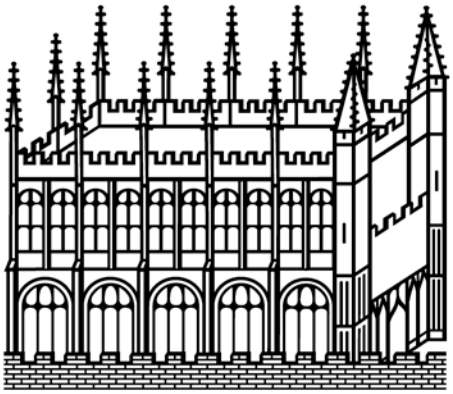

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INDEX.

Aberdeen University, Pass-lists, 293
Abscess of the Cerebellum, 235
Absinthism, 95
Academy of Medicine, the, 30, 215
Academy of Medicine, Annual Meeting, 124
Academy of Sciences, the 14, 71, 137
Acarus, Skin Diseases caused by the, 17
Accouchement of the Princess of Wales, 375
Acne, the Treatment of, with Cases, by P. L. Milton, 279
Acupressure, a New Method of Arresting Surgical Hæmorrhage, 19
Acupressure, by Mr. Syme, 153
Acute Bronchocele, Epidemic of, 164
Addison's Disease, Preparations, &c., to Illustrate, 27
Adulteration of Medicine with Methylated Spirit, 312
Advertising Quacks and the Press, 79
Advice Gratis to Mr. Thompson, Dr. Clay, and Mr. S. Wells, 153
Alcohol in Fever, 237
Alkali Works, Report on, 382
Alleged Murder, Case of Mr. R. Smith, 31
Anatomical Museums, the So-called, 356, 363
Aneurism of the Arch of the Aorta, 6
Aneurism treated by Lead, 189 . . . . . by Anastomosis of the Scalp, treated Successfully by Setons and Ligature of the Common Carotid, 212
A Night wi' the Pathological, 172
Anthropological Society, the, 15
Anti-Quackery, Association, Objects of the, 222, 246, 295, 308, 347
Amputation of the Leg, by a Long Rectangular Flap, 376
Amenorrhœa, a Cause of Insanity, 351, 403
Apothecaries' Hall, Pass-lists, 15, 31, 63, 94, 112, 128, 145, 162, 181, 193, 213, 229, 261, 327, 346, 363
Appointments, 15, 32, 64, 80, 94, 130, 146, 182, 198, 214, 230, 245, 262, 278, 295, 328, 329, 347, 364
Approaching Session of Parliament and the Medical Profession, 72
Army Medical Department, List of Successful Candidates for the, 177
Army Medical School Examination papers, 111
Arnica Montana, Remarks on, 282
Arnot, Mr., Reported Retirement of, 339
Arsenic and Antimony in Diseases of the Heart, 404
Assimilation of Fat in Consumption, the, 388
Association and its Journal, the, 12, 21
Australian Medical News, 297
Autopsy of the Late President Lincoln, 312

Baikie, Dr., the Late, 91
Battle's Vermin Killer, Suicide by, 309
Belfast Branch of the Royal Medical Benevolent Fund, Society of Ireland, 128, 145
Belfour, Mr. E., Death of, 91
Beneficence, 128
Benevolent Proposal, a, 328
Bennett Gang, the, 207
Best Mode of Delivering the Fœtal Head after Perforation, 44
Black Sheep in every Profession, 323
Black Cataract, two Cases of, 46
Blane Medals, the, 128
Blistering Treatment in Rheumatic Fever on its Trial, 225
Book of Prescriptions, the, 371
Books Received for Review, 16, 32, 64, 80, 112, 147, 198, 214, 230, 245, 278, 295, 347, 401
Brain Disease of a Tubercular Nature, Connected with Loss of Speech, 60
Breech Presentation, 495
Brewster, Sir D., on the Causes and Cure of Cataract, 63
Brighton Review, Accident at the, 278
Bright's Disease, the Pathology of, 37, 176
British Medical Journal, Analysis of the, 36, 51
British Medical Journal, Letter to the Members of the Association, by R. B. Carter, 313
Brodie, Sir B., Estimate of, 305
Brodie and Jenner again, 323
Bromide of Ammonium, the Uses of the, 134
Bromide of Potassium, on the Action of, 99
Brompton Hospital, Royal Visit to, 197

Bronchial Polypus, Specimens of, 180
Bronchitis, the Treatment of, 391
Brown-Séquard, Dr., in Dublin, 113
Burning *v.* Cutting, 171
Butler, Dr. A., Successful Defence, 289

Cæsar, Dr., Death of, 129
Calcutta, the Sanitary State of, 127
Cambridge, Facilities for the Study of Chemistry at, 229
Cambridge University Examination Papers, 400
Cambridge Local Examinations, 128
Cancer and the Tumours Analogous to it, Treatment of (Review), 7
Capital Punishment within Gaols, 155
Caseine, Chemical Researches, 181
Cases under the Care of Mr. Le Gros Clark, 4
Catarrhal Icterus, Treatment of, 352
Cerebral Disease, an Analysis of Several Consecutive Cases of, 33, 97
Cerebro-Spinal Meningitis, the Epidemic of, 300
Change of Type in Disease, disputed, 191
Change of Type in Disease, disposed of, 207
Change of Type in Disease, by a Scottish County Practitioner, 225
Charitable Bequests in Warsaw, 80
Cheap Wines, 138, 156
Chemical and Mechanical Diseases, and their Relationship, 23, 55, 142, 210, 218, 269, 359
Chemists and Druggists, and the Medical Profession, 394
Chemists and Druggists, proposed Legislation for, 206, 214, 222, 228, 345
Chinese Doctor, a, 382
Chlorodyne, Recipe for, 164
Cholera in Lower Bengal, 205
. . . . in the Collapsed State, Treatment of, 71
Cholera in India, 419
Chorea, Remarks on, 100
Christmas Party Poisoned by Hellebore, 15
Chronic Diseases of the Lungs, treated by the Inhalation of Atomised Liquids, 142
Cirrhosis of the Lung, 92
Cloudy Philosopher in the New Character of Wine-Taster, the, 359
Coagulum in the Pulmonary Artery, Specimen of, 235
College of Physicians, Elections at the, 15
College of Physicians, Pass-lists, 14, 144, 261, 294
College of Surgeons, Additions to the Museum, 31
College of Surgeons, Pass-lists, 46, 53, 78, 94, 112, 181, 261, 277, 294, 311, 326, 346, 363, 399
Congenital Hydronephrosis in a Boy, Four Years old, Repeatedly Tapped—Recovery, 219
Consanguineous Unions, 203
Contagious Affections of the Eye, Remarks on, 353
Contradictions in the Practice of Medicine, 131
Conviction under the Medical Act, 238
Cornea, Cancroid Affection of the, 91
Cornish Miner's Lung, Specimen of a, 381
Coronership for the Northern Division of the County of Dublin, 145
Coroner's Inquests at the East of London, 105
Correspondents, Notices to, 16, 31, 64, 80,95, 113, 182, 198, 214, 230, 245, 262, 278, 295, 329, 347, 401
Crime and Insanity before the Legal Tribunals, 140
Curvatures of the Spine, their Causes, Symptoms, and Treatment, 74
"Cyclops," and his Theory of Disease, 323, 340, 359, 372, 394, 416

Daly, T. *v.* Mr. Norton, Med. Officer of Holborn Union, 145
Dangerous Nuisances, 369
Dangerous Patient, a, 328
Dangerous Effects of Mercury through the Skin, 45
Davenport Brothers Defended, the, 117
Dawlish, the late Suicide at, 309, 342
Deaf-muteness, a New Method of treating, 48.
Death of the Czarewitch, 328
Definition of the word "Bid," 191
Delirium or Acute Insanity during the Decline of Acute Diseases, 281, 282
Demonomania in Women, 6
Dental Anatomy and Surgery, Handbook of (Review), 140
Diabetes, Lecture on, 55, 71
Dietary of Metropolitan Workhouses, the, 345
Differences among Doctors, 73, 223
Different Methods of Treatment Employed at the Hospitals of the University of Christiana in Constitutional Syphilis, 154
Digitalis, Efficacy of Large Doses of, 58
Diphtheria, Case of, 120
. . . Clinical Lecture on, 371
Discoveries in the Profession, 84
Diseases in Cattle, Prevention Bill, 173, 345
Diseases of the Testis, Remarks on, 326
Dismissal of Surgeon General Hammond, the, 24, 76
Distinguished Appointment a, 117
Downing College, Examination for Minor Scholarships, 197
Dropsies and Dropsical Effusions, on the Influence of Certain Nerve-centres upon the Production and Prevention of, 316
Dropsy of the Ovum, 333
Dysmenorrhœa and Amenorrhœa, 403

Eastern Antidote against Fever, 400
Eclamptic Fits at the Seventh Month of Pregnancy Relieved by Artificial Delivery, 136
Eczema of the Eyelids, Conjunctiva and Cornea, 61
Edinburgh College of Physicians and Surgeons Pass-Lists, 128, 363
Edinburgh University, Strange Scene in the, 142
Edinburgh University, the Students at the, 15
Editors, The Incognito of, 170
Editor's Protest, the, 323
Edmund's *v.* Thompson, Case of, 416
Electricity, the Effects of, By Dr. Griffith, 17
Embolia, the Diagnosis of, as Affecting the Great Vessels of the heart, 81
Endoscope, the, 213
English Pastile, the, 211
Enlarged Tonsils and their Treatment without Cutting (Review), 126
Enuresis Arising from Irritability, &c. (Review), 140
Epidemic at St. Petersburg, the, 209, 271, 304, 367
Epidemic in Savoy, the, 327, 368
Epidemic Years, 278
Erysipelas, the Pathology of, 58
Exostosis of the Jaw, 65
Exhibition of Alcohol in Inflammatory and febrile affections, 351
Extensive Compound Fracture of the Skull, with Laceration and Protrusion of the Brain, 2
Extraction of a Needle Imbedded for Three Years in the Foot, 56
Extra Uterine Fœtation, Case of, 120
Eulogium on "Detector," 207.
Eye, Remarks on Contagious Affections of the, 353

Face Presentation in the Mento-Posterior Position, Two Cases of, with Remarks, 318
First Fruits, 272
Falconer, Dr. Hugh, Death of, 90
Fallacies of the Faculty, the, 56
Fatal Dissecting Wound, a, 128
Fatty Heart, Associated with Great Dilatation and Thinness of Right Auricle and Ventricle, 60
Fellows by Election, 399
Fever Hospitals in London, the Want of, 259, 291
Fever, the best Treatment of, 84
Fever, the use of Stimulants in, 157, 226
Fibrous Tumours of the Womb, some Points Connected with the Pathology, Diagnosis, and Treatment of, (Review) 86
Flaw among Consultants, a, 84
Flexions of the Uterus, and their Treatment, 4
Fœtus with Three Legs, a, 347
Food for Infants, the, 46
. . . of Man in Relation to his Useful Work, the, 319, 343, 361
Forthcoming Elections at the College of Surgeons, the, 393, 411
Fossil Remains in the Valley of Lesse, 31
Fracture, the Immediate Treatment of, by fixed Apparatus, 158
French Academies, the, 261

Gangrene of the Penis, 235
Gastro-Colic Fistula, 337
General Association of French Medical Practitioners, 42
GENERAL CORRESPONDENCE:
Amendment of the Medical Act, the, 275
Bromide of Ammonium, the Uses of,
Classification of Skin Diseases, the, 185
Dangerous Nuisances, 369
Gorini's Process for the Prevention of Decay in Animal Substances, 292
Goss Testimonial Fund, the, 12
Hospital Abuses, 274, 308, 362, 408
Inhalers, something more about, 216
Injudicious Advertising, 107, 209
Ovarian Tumours, the Treatment of, 398
Medical Gossip, by "Vigilans," 12, 21, 36, 51, 68, 84, 106, 117, 131, 153, 170, 191, 207, 240, 256, 272, 305, 323, 340, 361, 372, 391, 408
Morel Mackenzie's Inhaler, 188, 231
Ovariotomy Controversy, the, 210, 232
Poor-law Medical Officers, the Treatment of, 86
Poor-law Medical Reform, by R. Griffin, 169, 201, 261, 291, 368, 397
Proposed Guarantee against the Possible Consequences of signing a Lunacy Certificate, 275
Revelations of Quacks and Quackery, by "Detector," 11, 21, 35, 51, 67, 82, 101, 118, 132, 150, 168, 185
Revelations of Quacks, 217
Reviewing, the Practice of, 119
Road Murder, the, 362
Siegel's Laryngeal Inhaler, 169
Smith's, Mr. H., Fatal Case of Stricture of the Urethra following the Use of Holt's Dilator, 200, 317, 310
Suicide at Dawlish, 309, 343
Suicide of a Corporal in the Guards, 187
Syme, Mr., on Acupressure, 153
Tea, the Abuse of, 84
"Uterine Compressor," by Dr. Griffith, 103
Want of Fever Hospitals in London, the, 259, 291
General Medical Council, Proceedings of the, 241, 247, 258, 263

Genuine Cow-pox, 125
Geologists' Association, the, 112
German Scholars and Foreign Interlopers, 68
Gibb, Dr., a Kind Word for, 84
Girdwood, Dr., of Falkirk, the late, 112
Glasgow University Pass Lists, 327
Glaucoma, Treatment of.—Comparative Value of Iridectomy and Hancock's Operation, 138
Goss Testimonial Fund, the, 12
Government Annuities Act, Deputation to the Postmaster-General, 189
Government Insurance and Annuity Tables, 145
Gratifying Testimonial to a Lecturer, 229
Great Northern Hospital, Annual Festival, 319
Greenhalgh, Dr., and the Oration at the London Medical Society, 171
Greenwich Hospital and the Naval Medical Service, 392
Greenwich Hospital and the Bill, 398
Guide to the Quacks of London, 254, 270, 304, 320, 338, 356, 392, 410
Gullibility of the Public, 419

Hairpin Removed from the Bladder of a Girl, 120
Hamburgh Spirit, Death from, 285
Harrison *v.* Grady, Action for Fees, 416
Hart Mr. E., and the 'Lancet,' 171
Heart Diseases, their Symptoms, Pathology &c., 1, 149
Heat a Mode of Cure, 290
Hellebore, a Christmas party Poisoned by, 15
Hereditary Syphilis by Dr. Barensprung, 199
Herpes Zona, the Treatment of, 359
Hip-joint, Excision of the, 6
History, Practice, and Theory of Syphilisation, 385
Holborn Union, and the Poor-law Board, the, 130
Holborn Union Workhouse, Charge of Neglect in the, 25, 57, 89
Holt's Dilator, Dilated upon, 191
Holt's Dilator, Acqitted, 225
Holt's Dilator, Mr. Smith's Fatal Case after using, 200, 217, 300
Homœpathy, a Pervert to, 84
Homœopathic Medicines, 303
Homœopathy in Chicago, 364
Horny Growth removed from the Face, 236
Horses Poisoned by Eating Yew-leaves, 230
Hospital Abuses, 274, 308, 362,
Hospital for Ladies, 357, 408

HOSPITAL REPORTS:
CHARING CROSS:
Injury to Hip and Thigh, 34—Hypertrophic Acne, Case of, 35, 100 — Syphilitic Leproasis, 81—Chorea, 100—Acute Pericarditis, 101—Diabetes, 101—Eczema Impetigmoides, 101–Acute Sciatica, 150--Paraplegia, Case of, 150 — Ovarian Tumour, Case of, 167—Jaundice, 167
KING'S COLLEGE:
Disease of Knee-joint, 2—Exostosis of the Jaw, 65—Traumatic Aneurism, with Fracture of the Skull, 65—Prolapsus Ani, 66—Condylomata, 67
LONDON SURGICAL HOME:
Operations by I. B. Brown, 19
ST. GEORGE'S:
Tumour in Back of Thigh, 50 — Vesico-Vaginal Fistula, 50
ST. THOMAS'S:
Amputation of Leg, 4

Hospital Surgeons in Paris, the, 47
Hospital for Merchant Seamen, Proposed, 294
Hospital for Sick Children, the, 364
Hunterian Oration, the, what it was, and what it should have been, 117, 128
Hunterian Society, List of Officers of the, 145
Hunterian Society, Discussion on Syphilis, 238
Hydatid Cyst Opening into the Bile Duct, 284
Hypertrophic Acne, Case of, 190
Hyposulphites in Zymotic Diseases, the Use of, 146
Hypodermic Administration of Certain Medicines, 377

Ichthyosis of the Tongue, Case of, 178
Impracticable Labour, Decapitation of the Fœtus, 332
Incident in Army Practice, Case of Twins, One White and the other Black, 142
Infantile Paralysis, 258
Inflamed Membranes, Presence of Animalcules on the Surface of, 30
Injudicious Advertising, 107
Influence of the Mind on the Development and Duration of Cutaneous Disease, 204
Inhalers, Something More About, 216
Inquests in Liverpool, 48
Insane Paupers in England and Wales, 39
Insanity and Crime, the Diagnosis Between, 174
Intermittent Hæmaturia, 109, 181, 352
In What Class of Cases may we expect a Cure in Epilepsy, 301
Irish Medical Mems, 26
Inhuman Neglect of a Fever-Stricken Family, 400
Invagination of the Intestines in an Infant Four Months Old, 336
Isolation of Small-pox, Cases in Hospitals, 30
Is the Pleasure Worth the Penalty, (Review) 298
Jaundice, Case of, 167
Justifiable Homicide, 399

Keloid or Molluscum, Rare Form of Skin Disease, 195
Kiernan, Mr., Illness of, 53
King and Queen's College of Physicians, Ireland, Pass Lists, 30
Knee-joint, Disease of the, 2
. . . . . Remarks on Excision of the, 158

Labour in Primiparous Women Late in Life, 318
Ladies' Sanitary Association, the, 79
'Lancet's' Changes of Tactics, the, 131
'Lancet's' Concession to the Homœopath's, 191
Lankester, Dr., on Infanticide, 311
Laryngeal Excrescences Removed from Two Little Children, 27
Laryngeal Inhaler, by Dr. Siegel, 169
Laryngo-Bronchitis, a New Remedy for, 51
Laryngoscope, its Use, by Drs. Johnson and Mackenzie, 108
Laryngoscopy, by Dr. Gibb, 69
Late Inquest at Mile End, the, 123
Lateral, and other Forms of Curvature of the Spine, Lectures on the Pathology and Treatment of, 202
Laurel Leaves, the Stimulating Properties of, 364

LEADING ARTICLES:
A Late Inquest in St. Giles's Workhouse, 223
Anatomical Museums, the so-called, 351
Approaching Session of Parliament and the Medical Council, the, 70
Cheap Wine, 138, 156
College of Surgeons, the Constitution of the, 410
Differences among Doctors, 223
Dismissal of Surgeon-General Hammond from the U. S. Army, the, 24
Epidemic Disease in the North of Germany, the, 304
Fallacies of the Faculty, the, 56
Hospital for Ladies, 351
Insanity and Crime, the Diagnosis between, 174
Legal and Medical Influence in the House of Commons, 339
Medical Act, Amendment of Fortieth Clause of the, 88
Medical Education, 286
. . . . . at Oxford and Cambridge, 320
Natural Science Tripos at Cambridge, the, 8
Naval Medical Service and Greenwich Hospital, 392
Parliament and the Profession, 190
Persecution of Medical Men, the, 8
Proceedings of the Medical Council, the, 24, 70, 206, 239, 254, 271
Proposed Legislation for Chemists and Druggists, 202, 226
Reported Retirement of Mr. Arnott, 339
Respite of the Convict Potter, 207
Russian Pestilence, the, 238, 255, 271
St. Giles's Workhouse and the Poor-law Board, 338
Sequel of a Sensation Story, the, Case of Timothy Daley, 89
Suicide of George V. Townley, the, 122
Treatment of Sick Poor in Workhouses, the, 8, 40, 104
Workhouse Hospitals, 358, 374

Legal and Medical Influence in the House of Commons, 339

LEGAL INTELLIGENCE:
Anatomical Museum, Charge of Assault at a, 363
Edmonds *v.* Thomson, Action for Libel, 416
Harrison *v.* Grady, Action to Recover Bill for Three Years' Attendance, 416
Scandal at the Northern Dispensary, 76
Templar *v.* Cosens and Another, Action to Recover Fees, 112
Webber *v.* Colbran, Action for Libel, 416

Leominster, the Election of Coroner for, 63
Letter to the Members of the British Medical Association Respecting their Journal, 313
Liberal Change in Bavaria, 312
Lithotomy, Observations on, 107
Llewellyn Fund, the, 181
London Fever Hospital, and its Physician, 53
London Hospitals, Bequests to, 78
London Surgical Home, Operations at the, 18
London University, the, 376
Long, Short, and Weak Sight, and their Treatment by the Scientific Use of Spectacles, 86
Loss of the Pulmonary Valves, Specimen of, 77
Lund, Mr., of Manchester, and the Case of Pryce v. Bowen, 57
Lupus non exedens, Cases of Treated at St. John's Hospital, by J. L. Milton, 115, 131

Mackenzie, Dr. M.'s "Inhaler," 188
Mackenzie, Dr. M.'s, Atomiser, 231
Malformation of the Genitals in an Infant, 179
Malignant Disease of Larynx, 284
Mary Green and Dr. Butler, of Holloway, Case of 287
Marylebone Vestry, Medical Officers' Salaries, 137
Medical Act, Amendment

XL. Clause, Suggestion of Scottish Branch Council, 59, 88
Medical Advertising—Medical Muffs, &c., 36
Medical Advertisments, a Smudge in Relation, to 372
Medical Congress at Bordeaux, the, 230

Medical Council, the Proceedings of the, 24, 206, 239
Communications from the Directors-General of the Army and Navy Medical Departments relative to the Examinations for Candidates for Medical Commissions, 247
The Practice of Medicine by Chemists and Druggists, 248
Application of Licentiate in Dental Surgery to be placed on the Register, 249
The Practice of Medicine and Surgery with a Single Qualification, 249
The Right of the Apothecaries' Hall of Dublin to grant Licences in Medicine, 250
The Registration of Medical Students, 252
The Supervision of Examinations, 253
The Question of Publicity in Medical Examinations, 263
Report of the Committee on the Amendment of the Medical Acts, 263
Compulsory Use of the British Pharmacopœia, 265
Memorial to the Home Secretary, 265
Report of the Committee on the Pharmacy Bill, 266

Medical Dictionaries, the Errors of, 207

MEDICAL GOSSIP, BY "VIGILANS."
The Association and its Journal — Medical Reviewing and Literary Piracy, 12, 21
Medical Advertising—Medical Muffs—Analysis of the 'British Medical Journal'—Laryngoscopy, 36
A New Remedy for Laryngo-Bronchitis — The British Spurious, 51
German Scholars and Foreign Interlopers—Laryngoscopy—Quack Advertisements and the 'Daily Telegraph,' 68
The Best Treatment of Fever—Discoverers in the Profession — A Flaw among Consultants—A Pervert to Homœopathy—At it again!—A Kind Word for Dr. Gibb, 84
Wells, Mr. S., on the Surgical Treatment of Cancer, 106
A Distinguished Appointment! — The "Bath Waters"—Professor Syme's "Tongue Case"—Quackery at Maidstone—The Hunterian Oration: What it was and what it should have been—George Victor Townley and Psychological Subtleties — The Davenport Brothers Defended, 117
The 'Lancet's' change of Tactics—A Last Word on George Victor Townley—The difficulties of Theophilus—Contradictions in the Practice of Medicine, 131
More Blots—Medical Men's Mistrust of Each Other, and How it is Exhibited—Advice Gratis to Mr. H. Thompson—Dr. Clay and Mr. Spencer Wells, 153
Professional Mistrust—The Incognito of Editors—Mr. Ernest Hart and the 'Lancet'—Burning *v.* Cutting—Dr. Greenhalgh and the Oration at the London Medical Society—A Night wi' the Pathological, 170
Change of Type in Disease Disputed—Specialties at the Pathological — The 'Lancet's' Concession to the Homœopaths—Definition of the Word "Bid"—Holt's Dilator Dilated upon, 191
Eulogium on "Detector"—The Bennett Gang—A New Dodge for Quacks—The Vinegar Eel—Change of Type in Disease Disposed of—The Errors of Medical Dictionaries — Dr. Clay, Mr. Spencer Wells, and Mr. Jephson Potter in the Ovariotomy Discussion, 207
The Blistering Treatment in in Rheumatic Fever on its Trial—Holt's Dilator Acquitted—The Poet of Seven Dials and Bids for Medical Practice—Poetical Advertisements—Change of Type in Disease, by a Scottish Country Practitioner, 225
The Russian Epidemic and Murchison's Lilliputian Essay in the 'Times'—Quarterly Account of "Vigilans," Sayings and Doings, &c., &c., 240
"Vigilans'" First Quarterly Account to Lady-day: Recapitulation, 256
The MEDICAL CIRCULAR'S Crusade against the Quacks—Eulogium of the 'Saturday Review,' 'Punch,' and and the 'Weekly Dispatch'—The Medical College Elections—A Few Words on the Supposed Coming Epidemic, 272
Dr. Alfred Butler's Successful Defence—Provincial Medical Puffing Anathematised—Plagiarism of the Metropolitan Board of Works—A New Periodical for Medical Dissenters, 289
Serious Subjects made Comic by a Pathetic Editor—Estimate of the late Sir Benjamin Brodie—Can a Physician be Both Honest and Successful?—Triumph of Mr. Barnard Holt—Dr. Jenner and Puffs in the 'Daily Telegraph,' 305
Pros and Cons Respecting the Strictures of "Vigilans"—The Editor's Protest—Brodie and Jenner again—Black Sheep in Every Profession—Theophilus, as a Musician—"Cyclops" and his Theory of Disease, 323
An Annual Blot to be Expunged—"Vigilans'" Correspondents Pro and Con—"H. S," "An Old Surgeon," "J. F." and "Cyclops'" Third Letter on Physiology, 340
A New Dodge for Getting into Practice; Opinions of the Medical Press Thereon—The Cloudy Philosopher in the New Character of Wine-taster to the Profession—"Cyclops'" Fourth Letter on Physiology, 359
Medical Candidates for the New Parliament — A Smudge in Relation to Medical Advertisements—"Cyclops'" Fifth Letter on Physiology, 372
Professor Fergusson's Lectures at the College—Professor Owen's Address at St. Mary's — Criticisms on "Cyclops'" Last Letter by "A Surgeon who Sees with Both Eyes, 395
Another Blot!—The College Election—Reform in "Examinations" — Homœopathy still All Alive O!—"Cyclops'" Sixth Letter: Answer to a Surgeon who Sees with Both Eyes, 412
The College Election — The General Election—Testimonial to Dr. Aldis—"Cyclops'" Seventh Letter on Physiology, 423

Medical Gossip in Paris, 163
Medical Men's, Mistrust of each other, and How it is Exhibited, 153
Medical Men, the Persecution of, 8
Medical Practice in Australia, 139
Medical Risks in Hospitals, 112

MEDICAL SOCIETIES.
HARVEIAN:
Coloured Photograph of a Case of Prurigo Senilis—Flexions of the Uterus and their Treatment, 5
A Case showing the Dangerous Effects of Mercury through the Skin—The Syphilitic Affections of the Nails, 45
Mooren's Operation for the Extraction of Cataract—Embolia, 94
Appendix Vermiformis which was the Seat of Perforation—Intermittent Hæmaturia—On the Antecedents and Treatment of Phthisis, 109
Ascarus Mystax—Antecedents and Treatment of Phthisis, 197
The Functional Diseases of the Retina — Alcohol in Fever, 221, 226
Alcohol in Fever, 237
Infantile Paralysis, 258
The St. Petersburg Fever—Intermittent Fever — In What Class of Cases may we expect a Cure in Epilepsy? 301
Specimen of Medullary Cancer of the Upper Part of the Right Femur—On the Etiology of Pulmonary Apoplexy—On the Treatment of Bronchitis, 391
OBSTETRICAL:
On Puerperal Embolism—An Inquiry into the Best Mode of delivering the Fœtal Head after Perforation, 43
Annual Meeting — Annual Address, 93
On a New Method of Securing the Pedicle in Ovariotomy—President's Address, 195
On Puerperal Fever, 219
Labour in Primiparous Women late in Life—Two Cases of Face-Presentation in the Mento-Posterior Position; with Remarks, 318
On a Case of Œdema after a Fall on the Gravid Uterus; Premature Labour; Recovery—Remarks on the Influence of Mental Impressions as a Cause of Bodily Deformity, 389
PATHOLOGICAL:
Removal of Laryngeal Excrescences from Two Little Children — Cured Spina Bifida — Diseased Supra-Renal Capsule — Preparations and Drawings to illustrate a Case of Addison's Disease, which was almost Typical in its Character—Parts remaining after a Successful Removal of the Elbow joint—The Urinary Organs and Testes from the Body of a Male Infant who died at the Age of Seven Days from the Consequences of a Malformation of the Bladder—Cordæ Tendineæ of Diseased Mitral Valve ruptured during Violent Vomiting — Sections of Different Skulls, showing the incorrectness of calling the Inner Table of the Skull the "Tabula Vitrea"—Report, 27, 30
Pityriasis Versicolar — Two Cases of Black Cataract, 46
A Photograph of Extensive Colloid Disease of the Intestines—Urine from a Case of Intermitting Hæmaturia—Plugging of the Pulmonary Artery, &c., 69
Galactocele — Loss of the Pulmonary Valves—Sebaceous Tumour in the Tympanum — Stomach, Duodenum, and Part of the Jejunum of a Very Fat Man, Sixty Years of Age—Lungs, Spleen, and Other

Parts of a Young Orang (with Wax Cysts), 77
Cancroid Affection of the Cornea—Cirrhosis of the Lung—Rupture of one of the Musculi Papillares of the Tricuspid Valves — Chronic Ulceration of the Larynx, 91
Congenital Syphilitic Disease of the Testes—Report on Mr. Windsor's Case of Black Cataract—Calculus which had been adherent to the Walls of the Bladder —A Hair-Pin Removed from the Bladder of a Girl by the High Operation—Extra-Uterine Fœtation—Aneurism pressing on the Pulmonary Artery—Right Hemiplegia, with Loss of Speech, Epilepsy — Diphtheria—Supra-Renal Capsules — Patient who had recovered from Necrosis of the Cricoid Cartilage — Portions of Ossified Tracheal Rings — Scirrhous Cancer of the Prostate Gland—Sebaceous Tumour in the Tympanum, 120
Rupture of one of the Aortic Valves from Injury—Rupture of the Aorta from Injury — Malformation of the Genitals—Strangulated Femoral Hernia — Melanotic Tumour of the Orbit — Bronchial Polypus — Intermittent Hæmaturia, 179
Disease of the Prostate—A Rare Form of Skin Disease, Keloid or Molluscum — Ulcer of the Stomach — Perforation of the Septum Ventriculorum — Rupture of the Cordæ Tendineæ of the Mitral Valve—Urinary Organs from a Man who had Suffered from Suppression of Urine for Ten Days —Gallstone—Portrait of a Patient, the subject of True Leprosy (Elephantiasis Græcorum) Photograph of a Patient—the Subject of Complete Alopœcia — Aneurism of the Basilar Artery—Changes in Muscles in Typhoid Fever, 195
Malformation of the Genitals —Gangrene of the Penis—Diseased Muscle from Cases of Typhoid Fever—Atrophied Brain of an Idiot—Abscess of the Cerebellum —Rupture of the Carotid Artery — Tumour of the Spinal Cord—Coagulum in the Pulmonary Artery—A Case of Trichinæ in Muscle—Mitral Valve Disease—Case of Spontaneous Cheloid—Horny Growth removed from the Face—Ruptured Aneurism of the Aorta, 235
Tubercle: its Seat and Origin in the Lower Animals—Open Foremen Ovale — Malignant Disease of Larynx —Hydatid Cyst opening into the Bile Duct — A Spleen from a Patient who had died of Typhoid Fever —Diseased Kidney—Semi-Solid Ovarian Tumour—Fatty Tumour of the Recto-Vaginal Septum, 284
The Epidemic of Cerebro-Spinal Meningitis, 300
Invagination of the Intestines in an Infant Four Months Old—Cancer (Medullary) from the Supra-Renal Body —Cancer of One Supra-Renal Capsule in an Infant aged Three—Tumour of the Brain from a Child aged Two—Gastro-Colic Fistula —Drawings of the Laryngoscopic Appearances of a Case of Primary Cancer of the Larynx—Peculiar Condition of the Finger-Nail—Softening of the Spinal Cord, in which there was Suppuration within the Theca Vertebralis — Embolism from a Case of Typhus Fever—Specimen from a Patient who died of Perforation of the Bowel after Typhoid Fever on the Forty-Sixth Day, &c., &c., 336
Osteo-Myelitis—Ovarian Cyst removed by Ovariotomy—Epispadias, &c., &c., 379
ROYAL MEDICAL AND CHIRURGICAL:
On Eczema of the Eyelids, Conjunctiva, and Cornea, 61
Contribution to the Natural History of "Winter-Cough," 92
Sea-Sickness as a Form of Hyperæsthesiæ, 108
The Treatment of Chronic Disease of the Lungs by the Inhalation of Atomised Liquids, 142
Annual Meeting, 158, 162
Case of Ichthyosis of the Tongue—Annual Address, 178
Remarks upon Osteo-Myelitis consequent on Gunshot Wounds of the Upper and Lower Extremities, and especially upon the Treatment of Stumps affected with Osteo-Myelitis after Amputation rendered necessary by such Injuries, 193
Case of Aneurism by Anastomosis of the Scalp treated successfully by Setons and Ligature of the Common Carotid, &c., 211
Congenital Hydronephrosis, in a Boy Four Years Old, Repeatedly Tapped; Recovery, 219
On some Forms of Delirium, or Acute Insanity, during the Decline of Acute Diseases, especially the Delirium of Collapse, 282
On the Influence of Certain Nerve-Centres upon the Production and Prevention of Dropsies and Dropsical Effusions, 316
The Surgical Treatment of Certain Cases of Acute Inflammation of the Veins, 335
Two Cases of Intermittent Hæmaturia: with Remarks upon their Pathology and Treatment—Notes of Four Cases of Intermittent Hæmaturia, 252
Amputation of the Leg by a Long Rectangular Flap from the Calf—Hypodermic Administration of Certain Medicines, 376
WESTERN MEDICAL AND SURGICAL:
Excision of the Hip-joint—Case of Aneurism of the Arch of the Aorta, 6
Medicated Collodion, 155
Medicines: their Uses and Mode of Administration, 54
Medullary Cancer of the Upper Part of the Right Femur, 390
Melanotic Tumour of the Orbit, 180
Merchant Seamen, Proposed Hospital for, 294
Metropolitan Sewage, the Utilisation of, 144, 173
Midwifery Diplomas, 155
Military Hospitals, the Condition of, 172
Moorens' Operation for the Extraction of Cataract, 94
Mortality at Gloucester, 79
. . . . . in Antigua, 129
. . . . . Paris, Decrease of, 181
Mortality in the French Army, 130
Munificent Bequests, 230
Munificent Offer of Mr. Clayton, 67
Myopy, Remarks on, 321

Natural Science Scholarships at Sydney College, Cambridge, 145, 173
Natural Science Tripos at Cambridge, the, 10
Naval Examining Board, the, 401
New Anatomical Museum at Berlin, 47
Newcastle and Gateshead Obstetrical Society, 343
New Dodge for Quacks, 207
New Employment for Medical men, 164, 173
New Medical Monthly Periodical, a, 412
New Method of Applying Electricity to the Body, with Description of Apparatus, 213
New Parliament, Medical Candidates for the, 372
New Periodical for Medical Dissenters, a, 289
Notes from Private Practice, by Dr. Griffith, 49
Nutrition, Notes on, by Dr. Beale, 158

Obstetrical Reports, a Series of, 299
Obstruction of the Duodenum from Pressure by the Gall-Bladder, 49
O'Callaghan *v.* Jordan and Wife, Case of, 417

OBITUARY.
Baikie, Dr., 91
Belfour, M. E., 91
Falconer, Dr. Hugh, 90
Garlick Joseph Prince, 408
Mackenzie, Dr. F. W., 240
Maclagan, Dr. D., 408
Mott, Dr. Valentine, 334
Quain, Dr. Jones, 87
Richardson, Sir John, 339
Southey, Dr. Henry Herbert, 408
Williams, Dr. T., 388

Odour of Flowers, the, and the Enfleurage Process, 116
Odontological Society, Meeting of, 262
Œsophageal Dysphagia, Lecture on, 38
Œdema of the Cervix, Premature Escape of the Amniotic Fluid, 204
Onychia, the Treatment of, 95
Open Foramen Ovale, 284
Operations at the London Surgical Home, by I. B. Brown, 18
Ophthalmoscope, the, as a Diagnostic Agent in Hydrocephalus, &c., 382
Orchitis, the Treatment of, 66

ORIGINAL COMMUNICATIONS.
Acne, the Treatment of, by J. L. Milton, 279
Analysis of Several Consecutive Cases of Cerebral Disease, by George Corfe, 33, 97
Embolia, the Diagnosis of, as affecting the Great Vessels of the Heart, by Dr. Stewart, 81
Effects of Electricity, by Dr. Griffith, 17
Extensive Compound Fracture of the Skull, with Laceration and Protrusion of the Brain, 2
Hereditary Syphilis, by Dr. Barensprung, 199
Lupus Non Exedens, Some Cases of, Treated at St. John's Hospital for Diseases of the Skin, by J. L. Milton, Surgeon to the Hospital, 115, 131
Obstruction of the Duodenum from Pressure by the Gall-Bladder, resulting in Perforation of that Gut into the Transverse Arch of the Colon, by Dr. McWharrie, 49
Pemphigues Contagious, by Dr. Purdon, 50
Scrofulous Otorrhœa, Case of, 116
Semple, Dr., on the Symptoms, Pathology and Treatment of the Diseases of the Heart, 1, 149
Tea, as regards Affections of the Heart, by Dr. Purdon, 65
Toothache, Acute Case of, by Dr. Griffith, 49
Osteo-Myelitis consequent on Gun-Shot Wounds of the Upper and Lower Extremities, and especially upon the Treatment of Stumps affected with

Osteo-Myelitis after Amputation necessitated by such Injuries, 193
Ovarian Cyst Removed by Ovariotomy, 379
Ovarian Tumour, Treated by Mr. H. Smith, 167
Ovarian Tumours, the Diagnosis of, 229
Ovariotomy, a New Method of Securing the Pedicle in, 196
Ovariotomy Discussion, the, 184, 207, 210, 232
Ovariotomy and Ovariotomists, by Dr. C. Clay, 141, 157, 232
Ovariotomy, the Results of, by Mr. S. Wells, 183
Overcrowding in the Dwellings of the Poor, 399
Owen, Professor, on the Claims of Medicine to Rank as a Science, 386
Oxalic Acid, the Consequences of, 177
Oxford and Cambridge, Education at, 319
Oysters, Notes on, 260
Ozone, on the Mucous Membrane of the Throat and Air Passages, Observations on the Effects of, 99
Paraplegia, a Case of, 150
Parasites, the Destruction of, 352
Parliament, and the Profession, 190

PARISIAN MEDICAL NEWS :
Academy of Medicine, Re-opening, of 14, 30, 70
Academy of Medicine, Annual Meeting of, 124—Vaccinal Syphilis, 215
Academy of Sciences, 14, 72, 137
Amenorrhœa a Cause of Insanity, 351
Amenorrhœa and Dysmenorrhœa, 403
Arsenic and Antimony in Diseases of the Heart, 404
Animalcules on the Surface of Inflamed Membranes, 30
Breech Presentation, 405
Catarrhal Icterus, Treatment of, 352
Consanguineous Unions, 203
Destruction of Parasites, 352
Dropsy of the Ovum, 333
Epidermic Concretions of the Auditory Duct (Perforating Ulcer of the Ear), 56
Eclamptic Fits at the Seventh Month of Pregnancy Relieved by Artificial Delivery, 136
Erysipelas, the Pathology of, 58
Extraction of a Needle Imbedded for Three Years in the Foot, 58
General Association of French Medical Practitioners, 42
Genuine Cow-pox, 125
Glaucoma, the Treatment of, 403
Myopy, Remarks on, 331
New Disease observed in Savoy, 368
Œdema of the Cervix—Premature Escape of the Amniotic Fluid, 204
Oysters, Remarks on, 260
Phosphate of Lime in Diseases of the Brain, Efficacy of the, 42
Practical Remarks on the Loosening of the Articulations of the Pelvis, 403
Presentation of the Head with Procidence of the Hand, simulating Presentation of the Shoulder, 405
Purification of Ships, 203
Retention of the Placenta, 406
The St. Petersburg Epidemic, 367
Spontaneous Gangrene of the Leg; Amputation by Means of Chemical Agents, 136
Stricture, Treatment of, Bromide of Potassium; Amussat's Bougies, 334
Syphilis by Subcutaneous Injections of Calomel, Treatment of, 135
Syphilis, the Treatment of, 276
Sycosis, the Treatment of, 14
Testis, Diseases of the, 326
Treatment of Pulmonary Tuberculosis, 125
Treatment of Tinea, 203
Tobacco, 215
Vaccinal Syphilis, 202
Vaccinal Syphilis : Letter from a Practitioner of the Département de la Nièvre, 332
Variola, 215

PARLIAMENTARY INTELLIGENCE :
Cattle Diseases Prevention Bill, 345
Chemists' and Druggists' Bills, No. 1 and 2, 228
Chemists' and Druggists' Bills—Select Committee, 345
Epidemic at St. Petersburgh, the, 237
Greenwich Hospital Bill, 398
Informal Confinement of a Man in a Lunatic Asylum, Case of Colonel Johnson, 302
Mary Green, the Case of, 293
Metropolitan Sewage, 144
Metropolitan Workhouses, the Dietary of, 345
Parochial Relief, 228
Poor-law Medical Officers, 127
Sanitary State of Calcutta, 127
Union Medical Officers in Ireland, 127

Pathological Society, Annual Meeting of the, 49
Pauper Nurses in Workhouses, 329
Pemphigus Contagiosus, by Dr. Purdon, 50
Pensions to Poor-law Medical Officers, 146
Perchloride of Iron, in Some Chronic Diseases, the Use of, 38
Perforating Ulcer of the Ear, Treatment of, 56
Pharmacopœia for India, a, 229
Phosphate of Lime in Diseases of the Bone, Efficacy of, 43
Physiology and the Practice of Medicine, a Manual of, 268
Plagiarism of the Board of Works, 289
Pneumonia Treated by Restoratives, 141
Poet of Seven Dials, the, and bids for Medical Practice, 225
Poetical Advertisements, 228
Poisonous Wafers, and Visiting Cards, 79
Pollution of the Thames at Kingston, 418
Poor-law Medical Officers, the Treatment of, 86
Poor-law Medical Relief, the Present System of, 41
Poor-law Reform, by R. Griffin, 170, 201, 292, 368, 397
Poor Carpenter's Wife, the, 272
Potter Mr., and the Ovariotomy Controversy, 210
Practical Dietary for the Poor, 16
Practical Remarks on the Loosening of the Articulation of the Pelvis, 403
Practical Therapeutics, a Manual of, (Review) 233
Presentation to Dr. Anderson and Mr. Bracy, 113
Prevention of Decay in Animal Substances, the, 292
Prevention of Poisoning, the, 46
Pritchard Dr., Testimonial to, 163—Trial of, 374
Pritchard Dr., the Case of, 229—Trial of 364
Professional Mistrust, 170
Prolapsus, Ani or Recti, Case of, 66
Proposed Guarantee Against the Possible Consequences of Signing Lunacy Certificates, 275
Provincial Medical Puffing, 289
Public Health, the Laws Relating to, 233
Puerperal Embolism, 44
Puerperal Fever, Lectures on, by Dr. Barnes, 210
Puerperal Fever, by Dr. T. S. Beck, 219
Pulmonary Apoplexy, the Etiology of, 390
Pulmonary Tuberculosis, the Treatment of, 125
Purdon Dr., Cases from Practice, 231
Purification of Ships, the, 203
Purification of the Public Press, 64

Quack Advertisements, and the 'Daily Telegraph,' 88
Quackery at Maidstone, 117
Quacks and Quackery, Revelations of, by "Detector," 11, 21, 35, 51, 67, 82, 101, 118, 132, 150, 168, 185, 205
Quain, Dr. Jones, Death of, 87
Quarterly Account of "Vigilans'" Sayings and Doings, 240
Queen Mary on the Sale of Poisons, 163
Quinine, the Subcutaneous Injection of, for the Cure of Ague, &c., 61

Rectum, Sugery of the, (Review) 291.
Remarkable Suicide, 53.
Report of the Questions Submitted by Dr. Farr, Concerning the Classification of Epidemic Diseases, 370
Respite of the Convict Potter, 207
Retina, the Functional Diseases of, 226.
Retention of the Placenta, Case of, 406.
Revelations of Quacks and Quackery, by "Detector," 11, 21, 35, 51, 67, 82, 101, 118, 132, 150, 168, 185, 205, 217

REVIEW OF BOOKS :
Adams, W., Lectures on Curvature of the Spine, 202
Book of Prescriptions, the, by H. Beasly, 371
Brodhurst, on Curvature of the Spine, 74
Chapman, Dr. J., on Sea-Sickness, its Nature and Treatment, 54
Clark, W. F., Manual of the Practice of Surgery, 371
Davis, Dr. Herbert, on the Treatment of Rheumatic Fever in its Acute Stage, 20
Enuresis, Arising from Irritability, &c., by Dr. W. A. Smith, 140
Half-yearly Abstract, by Drs. Ranking and Radcliffe, 74
Handbook on Dental Anatomy and Surgery, by Dr. J. Smith, 140
Hillier's Handbook of Skin-Diseases, 173
Is the Pleasure worth the Penalty, 298
Johnson, Dr. G., on the Use of the Laryngoscope, 108
Laws Relating to Public Health, the, 233
Mackenzie, Dr. M., on the Laryngoscope, 108
Manual of Practical Therapeutics, by E. J. Waring, 233
Mapother, Dr., Manual of Physiology, 268
Medical Errors, by Dr. Barclay, 298
Modern Treatment of Skin-Diseases, by J. L. Milton, 298
Neligan's Medicines, their Uses and Modes of Administration, 54
Nunn, T. W.,—Ward Manual, or Index of Surgical Diseases, 371
Obstetrical Society's Transactions, 344
Pathology, Diagnosis, and Treatment of Diseases of the Womb, by Dr. Routh, 86
Pathological Society's Transactions, Index to the, 202
Perfumes, Flower-Farming, &c., Lectures on, 371
Simpson, Dr. J. S., on Acupressure, 19
Smith, H., Surgery of the Rectum, 291
Squire's Photographs of Skin-Diseases, 74, 140, 202
Turkish Bath, Manual of the, 290
Turkish Bath Modified by the Employment of Radiant Heat, the, 371

Utilisation of Metropolitan Sewage, by Baron Liebig, 344
Wells, John Soelberg, on Long, Short, and Weak Sight, 86
Wilson, E., Student's Book of Cutaneous Medicine, 74

REVIEW OF THE PERIODICALS:
Abstract of a Clinical Lecture on Torsion, Ligature, and Acupressure, by Mr. Syme, 218
Addison's Disease, Lecture on, by Dr. Greenhow, 218, 257, 269
Beale, Dr., on the Use of Perchloride of Iron in some Chronic Diseases, 38
Bennett, Dr. J. H., on the Treatment of Pneumonia by Restoratives, 140
Bright's Disease, by Dr. Jenner, 54, 176
Chemical and Mechanical Diseases and their Relationship, by Dr. Bence Jones, 23, 55, 71, 117, 142, 218, 269
Clinical Medicine, Observations on, by Dr. Begbie, 39
Diptheria, Clinical Lecture on, by Dr. Greenhow, 371
English Bastile, the, 210
Fergusson, Mr. W., on Minor Surgery, 387, 407
Fever Duty, at the Glasgow Infirmary, Two Months of, 38
Fever, the Use of Stimulants in, 157
Food of Man in Relation to his Useful Work, the, 318, 343
Harley, Dr., on the Urine and Disease of the Urinary Organs, 13
Heart and Lungs, Pathology and Treatment of Certain Diseases of the, 13
Hepatic Abscess, some Remarks on, 343
Hassall, Dr., on the Determination of Chlorine and Urea in the Urine, 141
Holiday Notes on some Continental Spas, 281, 343, 408
Jordan, Mr. F., on the Surgical Bearing of the Tissue on Cellular Pathology, 359
Lithotrity, a Successful Operation, Proofs of, by H. Thompson, 141
Ovariotomy and Ovariotomists, by Dr. C. Clay, 141, 157
Oxalic Acid, the Consequences of, 177
Painful Cancer of the Rectum, Treatment of, 23
Paralysis, the Diagnosis and Treatment of, 37, 358
Principles and Practice of Medicine, by Dr. Jenner, 23, 37, 71
Puerperal Fever, by Dr. Barnes, 189, 210, 343
Rupture of the Eye through the Sclerotic, 388
Scarlatina, Remarks on, 158
Silver Solutions, the Topical Use of, 189
Skin Diseases, Notes on Some Forms of, 299
Tape-worm, the Successful Treatment for, 299
Tincture of Perchloride of Iron in the Cure of Renal and other Affections, 13
Townley, G. V., the Suicide of, 285
Typhus Fever, the Course of, 55
Unity of the Syphilitic Virus, the, 13
Uterine Disease and Phthisis, the Connexion Between, 358
Uterine Surgery, Notes on, by M. Sims, 157, 177, 371
Wells, Mr. S., on the Results of the Surgical Treatment of Cancer, 107
Wrist, Excision of the, for Caries, 210, 218
Reviewing, the Practice of, 117
Rheumatic Fever, the Treatment of, in its Acute Stage, 20
Rix, Dr., Death of, 146
Road Murder, the, 305, 362
Royal Institution, Monthly Meeting, 173
Royal Kent Dispensary, General Meeting at the, 47
Royal Medical College, Adoption of Bye-Laws, 78
Royal Medical College, Thirteenth Anniversary, 325.
Royal Present, a, 47
Royal Medical and Chirugical Society, Annual Meeting of the, 158, 178
Rum, Test for, 146
Rupture of One of the Aortic Valves from Injury, 179
Rupture of One of the Musculi Papillares of the Tricuspid Valves, 92
Russian Epidemic, the, 237, 238, 255
Russian Epidemic and Murchison's Lilliputian Essay in the 'Times,' 240.

St. Cross Hospital, Winchester, Restoration of, 163
St. Giles's and the Poor-law Board, 338
St. Giles's Workhouse, a Late Inquest in, 223
St. Mary's Hospital, Laying the Foundation Stone of the New Wing, 382
Scarlatina, Remarks on, 158
Scabies, Use of Petroleum in the Treatment of, 80
Sciatica, Case of Acute, 150
Scrofulous Otorrhœa, Case of, 116
Sea-Sickness as a Form of Hyperæsthesiæ, Remarks on, 108
Sea-Sickness, its Nature and Treatment, 54
Sebaceous Tumour in the Tympanum, 77, 121
Semple, Dr., on Diseases of the Heart, 149
Sequel to a Sensation Story, the, 89
Shrewsbury, Medical Candidate for, 409
Siegle s Laryngeal Inhaler, 169
Sir Robt. Rede Lecture, the, 344
Skin Diseases Caused by Acarus, 17
Skin Diseases, Handbook of, by Dr. Hillier, (Review) 173
Skin Diseases, the Modern Treatment of, by J. L. Milton, (Review) 298
Skin Diseases, the Classification of, 185
Skull, Extensive Compound Fracture of the, 2
Small-pox in Algiers, 128
Smith, Mr. H., Fatal Case of Stricture of Urethra following the Use of Holt's Dilator, 200, 218
Social Science Association, the, 229
Society for the Relief of Widows and Orphans of Medical Men, Anniversary Dinner of the, 272
Specialists at the Pathological, 191
Spontaneous Cheloid, Case of, 236
Spontaneous Gangrene of the Leg; Amputation by Means of Chemical Agents, 136
Sting of Reptiles, the, 47
Strangulated Hernia, the Treatment of, 398
Streets of London, the, 130
Suicide at Dawlish, 309
Suicide of a Corporal in the Guards, 187
Sulphur, the Price of, 79
Sulphur, the Efficacy of, in Saturnine Disease, 121
Supply of Expensive Medicines to the Poor, the, 322.
Supra-Renal Capsules from a Girl who Died of Addison's Disease, 121
Surgical Treatment of Acute Inflammation of the Veins, 335
Sycosis, the Treatment of, 14
Syme, Mr., on Acupressure, 151
Syme's Tongue Case, 117
Syphilis in the Navy, the Prevention of, 349
Syphilis, the French Treatment of, 276, 411
Syphilisation, History, Theory, and Practice of, 355
Syphilis Treated by Subcutaneous Injections of Calomel, 135
Syphilitic Affections of the Nails, the, 45
Syphilitic Lepriasis, the Treatment of, 82

Tamplin, *v.* Cosens, Action for Fees, 104, 112
Tea, as regards Affections of the Heart, Remarks on, 65
Tea, the Abuse of, 85
'Temple Bar,' on Medical Education, 10
Testes, Congenital Syphilitic Disease of the, 120
Tinea, the Treatment of, 203
Tobacco, the Pernicious Effects of, 215
Townley Case, and the General Press, 123
Townley, G. V. Suicide of, 117 122, 285
Townley, G. V. a Last Word on, 131
"Theophilus," the Difficulties of, 131
Topical Uses of Silver Solution, 189
Torsion Ligature and Compression, Mr. Symes, Lecture on, 218
Traumatic Aneurism, with Fracture of the Skull, 65
Trichinæ in Muscle, Case of, 236
Tubercle, its Seat, and Origin in the Lower Animals, 284
Tumour in Back of Thigh, Case of, 50
Turkish Baths, Manual of the, (Review) 290
Two Months of Fever Duty in the Glasgow Infirmary, 39
Tympanum, Tumour of the, Partial Ulceration of the Membrana Tympanum, 381
Typhoid Fever at Woolwich, Epidemic of, 63
Typhoid Fever, Changes in Muscles in, 195
Typhus Fever, the Cause of, 55
Typhus, the Prevalence of, 277

Ulcer of the Stomach, Specimen of, 195
Uncomplicated Gonorrhœa in the Male, Treatment of, 276
Uncomplicated Gonorrhœa in the Female, 276
Union Medical Officers in Ireland, 127
University College, Half-yearly Meeting, 163
Urinary Calculi, the Solvent Treatment of, 234
Uterine Compressor, by Dr. Griffith, 103
Uterine Surgery, Clinical Notes on, 157, 176

Vaccinal Syphilis, the Debate on, 202, 215, 332
Vaccination Act, Penalty inflicted for Non-Compliance, 181
Variola, 215
Venereal Diseases in Vienna, 230
Vesico-Vaginal Fistula, Two Cases of, 50
Victoria (Australia), the Diseases of, 297
"Vigilans'" First Quarterly Account to Lady-Day, 256
Village Hospital at Capel, Erection of a, 229
Vinegar Eel, the, 207

War.—Report of the Medical Service during the Crimean Campaign, 278
Week of Horrors, a, 288
Wells, Mr. S., and Dr. Clay, 412
Wells', Mr. S., Results of the Surgical Treatment of Cancer, 107
Westminster Hospital, Distribution of Prizes at, 319
Winter Cough, Contributions to the Natural History of, 92
Workhouse Hospitals, Medical Inspection of, 369, 374
Workhouse Hospitals, Our, 358
. . . . . Nurses, 303
Wrist, Excision of the, for Caries, 218

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.,

Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

The student or practitioner who endeavours to gain his knowledge of pathology, or to derive his rules of practice from the perusal of standard books, however celebrated may be the names of their authors, will undoubtedly be led into grievous error, for although in all probability the sequence of morbid action and the effects of remedial measures are governed by some general rules, it cannot be said that our information is yet sufficiently extensive and precise to make pathology an exact science, or to establish a dogmatic system of therapeutics. As soon as we have established some important truth in Medicine, we find that there is infinitely more to be investigated, and thus the further we advance, the greater appears the distance still to be accomplished before the goal is reached.

This observation is remarkably exemplified by the progress already made in the knowledge of Diseases of the Heart, their Pathology and Treatment. At the commencement of the present century, very little was known upon the subject at all, and the morbid conditions of the heart were detected only in post-mortem examinations. The brilliant idea of Laennec, of associating the sounds heard within the chest with the derangements of the living heart and lungs, threw but little light upon cardiac pathology, for although the morbid sounds of the heart were detected during life, the signification of these sounds was by no means understood by the great inventor of the system of auscultation.

It may fairly be stated that the advanced condition of our knowledge in reference both to the healthy and morbid sounds of the heart, and in consequence, our improved knowledge of the pathology of this organ, and of the treatment to be adopted in its diseased state, are chiefly to be attributed to the labours of British authors, and the names of Hope, Elliotson, C. J. B. Williams, Stokes, Bellingham, and Quain, will ever be associated with the progress of cardiac physiology and pathology.

But to prove how little we are at present justified in assuming that there is anything like finality in our knowledge of this subject, let me quote, only for the sake of criticism and refutation, the following passage from the classical work of Dr. Hope, who may be truly said to have created a new epoch in the history of heart-disease. In the edition of 1849, Dr. Hope thus writes :—

"Members of the Medical Profession are more apt than others to give way to these feelings (alarm and anxiety caused by nervous palpitations from inorganic causes, imitating disease of the heart), partly from their apprehensions being more keen, and partly from an impression too widely prevalent, that there is difficulty in distinguishing inorganic from organic palpitation, and consequently that they must remain in a state of anxious uncertainty. It may be said for the consolation of such, that the diagnosis presents no difficulty to one who, to general signs, adds a knowledge of those afforded by auscultation and percussion. I repeat this opinion with increased confidence in the present edition, not only on the grounds of additional experience, but because the signs both of organic and inorganic disease will now be found much more precise and simple, in consequence of the new lights thrown on particular valvular diagnosis and on inorganic murmurs."*

Now, notwithstanding the immense advance made by Dr. Hope in the precision of our knowledge of cardiac pathology (and I myself entertain a profound, though I believe not an exaggerated regard for all his observations), it cannot be said that the certainty of diagnosis here alluded to has yet been attained. The course of investigation has developed cases in which the most experienced auscultators have been at fault, while in certain maladies of the heart (and these, too, among the most fatal) the true and distinct diagnostic signs are still to be discovered. On the other hand the facilities afforded for diagnosis by the practice of auscultation introduced an evil in many instances quite as great as those it was intended to avert. For it was found that many persons apparently in good health, and being themselves conscious of no ailment, were really labouring under some organic affection of the heart, when tested by the auscultatory signs laid down by Dr. Hope and other writers on cardiac pathology ; and when the patients were informed of the circumstance, an amount of alarm was excited in the minds of many of them, which was absolutely worse in its consequences than the disease that was revealed. For the latter might in all probability have caused no present inconvenience, and the patient who was subject to it might have lived to the average term of human life, while the nervousness consequent upon such an unlucky discovery would make life in many instances almost intolerable, especially since the diseases of the heart were generally considered to be incurable and necessarily fatal. It can hardly have been forgotten that some fourteen years ago, a then distinguished member of our Profession, having submitted his heart to auscultation, and being informed that he was suffering from some valvular disease, was so distressed at the unexpected discovery, that he immediately destroyed himself by taking prussic acid. On a post-mortem examination it was found that the diagnosis was correct, but that the valvular lesion was so slight as to be quite compatible with the continuance of life and the enjoyment of health.

The truth is that, even admitting the diagnosis to be perfectly correct, it is impossible for any auscultator to ascertain the *degree* of the lesion of the valves, although he may accurately define its *seat*. Nay, more, the loudness and distinctness of the morbid sounds may be in the inverse ratio to the magnitude of the lesion, inasmuch as an almost complete closure of the valves by ossific deposit may cause a very slight murmur, while a comparatively slight obstructure to the current of the blood may cause a very loud one, just as a current of a river may cause a great noise by rushing past a trunk of a tree imbedded in the stream, while the same river passing through nearly closed floodgates will produce comparatively much less sound. Thus it has repeatedly been shown that the presence of a slight vegetation on the valves, or their imperfect closure by some defect in one of them, may produce a loud and well-marked sound, while in other cases the aortic orifice may be almost closed, and hardly any sound is heard.

(To be continued.)

* A Treatise on the 'Diseases of the Heart.' By Dr. Hope 1849. Page 476.

A CASE OF EXTENSIVE COMPOUND FRACTURE OF THE SKULL,

WITH LACERATION AND PROTRUSION OF THE BRAIN; COMMINUTED FRACTURE OF BOTH BONES OF RIGHT FOREARM; DISLOCATION OF THE LEFT ARM, WITH LACERATION; RECOVERY.

By Dr. STURKEY.

The patient is a youth of fourteen years of age, tolerably healthy-looking, and the son of parents in a humble sphere of life, resident in the parish of Wisbeach St. Mary's. The poor lad had, on the day he met with the accident (Oct. 29), been engaged in agricultural employment, and was placed between a pair of spirited horses, hauling a heavy drill in wheat-seeding, when it happened that a flight of geese flew across the field, which so alarmed the horses that they ran away, and he, not having power sufficient to stop them, after a while lost his hold and fell to the ground, the coulters of the drill coming in contact with his head and upper extremities, one of the coulters evidently striking the side of his head, another fearfully lacerating the posterior part of the left arm just below the shoulder-joint, the drill ultimately passing over him. Immediately after the accident, the poor lad is said to have been completely stunned, and to all appearance killed.

When first seen by myself, the whole surface of the body presented a very low temperature, the coolness being attributable partly to the state of collapse and partly to the loss of blood from the extensive scalp wound, which was bleeding at the time. The pulse being almost imperceptible to the touch, the surface of the body pale and cold, and the countenance expressive of suffering and exhaustion, some brandy-and-water was given to him, after which, in the course of a little time, he seemed to rally. As soon as possible I proceeded to examine the head more minutely, and on removing the matted hair, coagulated blood, and a quantity of brain, an extensive wound of the scalp presented itself; and on pursuing the examination and removing a considerable quantity of mutilated brain, the fractured portion of the skull, about three inches in length, was found firmly imbedded in the cerebrum to the extent of an inch, but, with very careful manipulation and the greatest difficulty, it was elevated, or nearly so, to its right position with the aid of a pair of tenaculums. The wound was brought together by strips of adhesive plaster, and applied over that were folds of dry lint. The fracture occurred in the superior and posterior portion of the right parietal bone, and a little forward of the parietal foramen. Both the ulna and radius of the right arm in their upper third were found to have received a comminuted fracture (these bones had been broken about a year previously, in the middle third), which was reduced and put up loosely in splints; and after reducing the dislocation of the left humerus and attending to the other lacerated wounds, I left my patient with but very little expectation of ever seeing him about again. On visiting him the morning after the accident, I found reaction had set in, with much constitutional disturbance. The head was hot and the face flushed, with heat and dryness of skin; he was very restless, rolling his head about a good deal, moaning and crying, and evidently suffering excruciating pain in his head, of which he complained when able to speak; the countenance dull and expressive of great uneasiness, he had had no sleep during the night. Prescribed some saline aperient medicine combined with a slight sedative; the head to be kept cool; light diet.

On the second day, I found he had had no sleep; he was very restless and constantly crying and moaning with the agony in his head; delirious, and to all appearances was gradually sinking. Left arm quite powerless, but very painful.

Third day.—Still very restless and crying about the pain in his head and left arm; he had no sleep last night; wandering delirium. Continue the mixture, with hydrarg. chlorid. gr. ¾, 4tis horis; to keep the head cool.

Fourth day.—He has passed a very restless night, complaining bitterly of his head and arm; and in the afternoon was seized with violent convulsions, which continued for some hours and actually shook off the splints and appendages, leaving the broken limb to be tossed about at each convulsive movement. He was now in a cold sweat from the violent spasmodic action of almost every muscle; the pulse was thready and very high in number, and to all appearance, it seemed that he could not get through the night. I prescribed liq. opii sedat. ℥xx. in a draught—half to be taken directly, and the rest to be given in four or six hours if necessary, which was done.

Fifth day.—On seeing him this morning, I was pleased to find that the sedative I gave him last night had produced a very good effect, and he had had a tolerably quiet night, with some sleep. He seemed more free from pain, and the countenance was somewhat more natural and less expressive of uneasiness; the convulsive fits, however, returned in a slight degree at intervals, the face becoming extremely anxious, with wandering delirium.

Sixth day.—Has had a better night; in the evening he fell into a deep sleep, which continued several hours, and most of the night; on awaking he said he felt much better, and he looked more himself.

Under this treatment he gradually progressed, and continues improving to the present time.

It is now just seven weeks since my patient met with his sad accident. Bearing in mind the very extensive injury, and looking at the rapid progress he has made, and considering his present appearance, I think I may fairly indulge in the belief that the little fellow in the course of a very short time will be himself again, and that a complete recovery will crown the efforts of myself and the nurse, who was the lad's mother, and to whom I must give much praise for the constant attention she paid him.

It is interesting to observe what large quantities of *anodyne* are borne under a high state of irritation of the system; the patient, a boy of tender age, took twenty minims of Battley's liq. opii sedat. at night for a succession of days, with the most gratifying effect, and even without one unpleasant symptom. In witnessing such cases as the preceding, the question naturally arises, whether the very extensive injury done to the skull, the brain, and its membranes will at any future period of the boy's life impair his senses and intellect. The answer probably lies between two extremes; but my own solitary opinion is, that it will not. I cannot close the report of this valuable case without adverting to the close connexion between Medicine and Surgery which is here illustrated, and to concur in the received opinion that a man cannot be a good surgeon unless he, at the same time, be a good physician. It is to me a most delightful experience to see any one discovery in *science* or *art* which restores to Man, however slightly, the mastery over created things. Is it not true that some diseases, once thought incurable, are now completely under control. Is it not also true, that operations once thought perfectly impossible, are now performed by surgeons with safety and success?

HOSPITAL REPORTS.

KING'S COLLEGE.

(Under the care of Mr. WOOD.)

[We were kindly favoured with the notes of this case by Mr. BELL.]

CASE I.—*Disease of Knee-joint.*—C. H., æt. twenty-four, re-admitted April 8th, 1863, into the Fisk Ward. Had been under Mr. Wood from August to December, 1862, for disease of the same joint. States that when admitted last year the knee was swollen and very painful; that it was placed on a splint, painted with iodine, and blistered; that this mode of treatment was followed up for a period of three weeks. Mr. Wood, at the end of that time, operated on him, and removed some dead bone from the head of the tibia. The active disease then ceased, and when he left the

hospital he could walk pretty well, the o g lmnn·oaəivbejitb There was a small sinus remaining, which discharged thin pus. It remained pretty well for four months after he left the hospital; he could walk very well, but when he stepped on uneven ground or made a false step, he felt pain in the joint.

About a month before his readmission, the disease seemed to return of itself; he still continued to keep about, but when he got into bed he was obliged to lift the bad leg up with his hands. At the same time it began to swell and to become very painful. He is a strumous-looking man, but his general health is pretty good and his lungs are quite healthy.

On admission the right knee was much swollen and was painful; there were two sinuses discharging pus and synovia; they were evidently communicating with the joint, the larger was below and to the outer side of the right tibia, the other is more to the inner side. The limb was placed in a McIntyre's splint, but did not make any progress towards recovery. On probing the sinus, it was ascertained to be extending into the joint. Excision, if practicable, was determined on; as, however, the joint appeared to be very much disorganised, it was feared amputation might be found necessary. There are a great many cicatrices on the patient, where the glands have suppurated and burst; one of the femoral glands is also enlarged, but it is now gradually lessening in size.

May 9th, 1863.—The patient was placed upon the operating-table in the theatre, and when fully brought under the influence of chloroform, Mr. Wood commenced the operation by making a slightly circular cut over the front of the joint; this was done in order that, if an amputation were necessary, there should be a good flap. The leg was then bent forcibly back upon the thigh, and the interior of the joint well exposed, in order to make a careful examination; less disease of the bone was found than was expected.

There was plain evidence of the old operation in the form of a canal extending into the joint—the sinus in the external part of the tibia—where the dead bone had been removed. The synovial membrane was in a gelatinous condition; the condyles of the femur were in a healthy condition, as was also the patella. The condyles and the patella were removed, the former being sawn off; then a thin slice of the head of the tibia was taken off, and any morbid-looking soft tissue was removed, as was also the head of the fibula. There was an abscess in the soft parts, only extending up between the rectus femoris muscle and the vastus externus; it was opened at the upper part and a piece of lint passed up; another piece of lint was also passed through the lower sinus. The limb having been then placed in a McIntyre's splint, the patient was put to bed. The parts came well into apposition. An opening was made through the popliteal space to allow of a free escape of matter.

On the evening of the 9th he had a sleeping draught, but did not sleep much, owing to pain in the joint; the bandage being somewhat tight, was removed by Mr. Pollock, and the patient was very much relieved.

On the nights of the 9th and 10th, there was some oozing of blood from the wound, which lasted till Mr. Pollock opened up the outer part of the wound, squeezed out some clots, and syringed the wound with cold water, which afforded him much relief. After this he went to sleep, and slept pretty well, though during the night the limb started a little at times. He was sick twice on Saturday night, and once on the Sunday following; since the last occasion, however, his stomach has retained the beef-tea, and he takes it with a relish. His tongue is clean and moist; pulse 102; he is a little thirsty.

12*th*.—Has had no bleeding; feels pretty easy; no sickness or shivering; tongue is clean and moist; pulse is 96.

13*th*.—Sleeps better; appetite improving; tongue clean; limb feels comfortable: wound is doing well; has had no sickness or shivering; position of the limb is good; pulse 97.

14*th*.—Took ol. ricini, which, however, has not yet acted; is doing well; the opening is discharging freely; pulse 93.

16*th*.—The leg seeming to be curved a little outwards, a long splint was placed along its outer side, and a shorter one on the inner side, being hooked on to the McIntyre's splint; the leg was also swung as well as could be done, and the limb was in good position.

20*th*.—He is doing well; his appetite is a little better; the leg is in good position, and not so painful as it was; he sleeps pretty well.

27*th*.—℞ Quinæ disulphatis, gr. iij.;
Acid. sulph. dil., ℥x.;
Spts. ether. chloric., ℥x.;
Aquæ, ℥j.—t. d.

July 15*th*.—For the last week the wounds have not been looking so well; there is a sloughing-looking spot at the lower and outer part of the knee, which looks very unhealthy. His appetite is not so good as it was; his face is looking pale; he has been removed into the Victoria Ward for a change, as another patient's wounds are looking pretty much the same as his.

August 10*th*.—The splint has been removed; very good union has taken place. Red lotion placed over the sores, which have not yet healed; a bandage has been applied tightly over the knee.

25*th*.—The bandage has caused a great lessening of the swelling of the knee; red lotion continued.

Sept. 2*nd*.—He seems much improved in condition. The swelling of the part is much reduced; his general health is good.

12*th*.—There is more swelling about the part; the bandage over the knee has been renewed; he does not take his food so well, and complains of nausea.

19*th*.—Is much improved again; the swelling is going down; he takes his food well.

℞ Acid. nit. dil., ℥xv.;
Decocti cinchonæ, ℥ss.—ter. in die.

24*th*.—Yesterday, the limb was placed between bands of cardboard and covered with red lotion dressing, the limb being surrounded with tow; a bandage prepared with plaster of Paris was then applied, also a thick coating of the same: by these means the limb was kept motionless. He was then taken down in a cab to London bridge, and sent to Margate by the boat.

February 17*th*, 1864.—Readmitted under the care of Mr. Wood, having spent the time at Margate since his leaving hospital. His general health has been very good, and he looks in very good condition. He thinks the knee is firmer than it was, but there is still movement between the bones. There are about five sinuses, which continually discharge; and there is the same number of ulcerated points, not, however, going deeply. Some dead bone has come away from a sinus in the anterior and inner aspect of the head of the tibia. There is little or no pain in the joint. The inguinal gland in the groin of the right thigh is still enlarged. It will be remembered that the right knee was excised on May 9th, 1863.

20*th*.—Mr. Wood amputated the leg at the lower part of the thigh, as near the knee as possible, the patient being under chloroform. The anterior flap was first made. The knife was entered at the outer part of the thigh well towards the back part, so that when the flaps were brought together there was an opening at the most dependent point, where the ligatures passed out. A posterior flap was then made; they were brought together by sutures, strapping, water dressing, and bandage. The part was vascular from old standing inflammation and several arteries had to be tied. The joint was very movable, and when cut across and forcibly bent, a few adhesions between the bones behind were torn. The greater part of the bones were covered with a smooth jelly-like membrane, resembling that of the joint. There were a number of sinuses, one of which ran for some distance up the side of the femur at its back part; through this a probe could be passed into and through the bone.

22*nd*.—He is doing very well. There has been but little pain in the part. He slept well; tongue is clean; limb started a little the first night; there has been no bleeding; pulse 120. Ordered eight ounces of brandy and half a pint of porter; appetite is good; and he is to be allowed a slice of bacon for breakfast should he desire it.

24th.—Pulse 100; is going on well.

25th.—Ordered chops and potatoes; pulse 96.

March 3rd.—Is doing very well; his appetite is good; some of the ligatures have come away. The wound is almost healed, and the discharge is very slight.

ST. THOMAS'S HOSPITAL.

(Under the care of Mr. LE GROS CLARK.)

CASE I.—The patient was a man of stout, full habit, of good health, and of about the middle period of life. Some few days previously he had been knocked down by a car, and, while down, had had the leg crushed by the wheel of the conveyance passing over it. Immediately after the accident, he had been brought to St. Thomas's Hospital. An endeavour was made to save the limb, and at first with some prospect of success; but, after the lapse of a little time, it became evident that such an endeavour could not be persisted in with any safety, either to the limb or to life: it was, therefore, as mortification had supervened, abandoned in favour of amputation below the knee-joint—that is, in the upper third of the leg. The operation was performed, anterior and posterior flaps being made, and the wire sutures being used, in preference to the silk, for the purpose of closing the wound.

Bearing upon this operation, the following remarks are made:—In all cases of amputation, it is advisable to operate as far as possible away from the centre of the circulation, since the nearer we go to the heart the greater is the danger incurred. The leg may be removed, as it was in this instance, from a point in its upper third, or in the middle or in the lower third; and when it lies in our power to make the selection for amputation, we should, in any case where it is at all possible, remove the injured or diseased part at that line in the sound portion of the limb which, being in a healthy condition, is remotest from the heart, as the risk of a fatal issue is thereby diminished.

When the lesion occurs in the foot or at the ankle, the best place to make the line of incision is at that point corresponding to the junction of the lower and middle thirds. There are cases, however, in which the skin and other soft tissues have been so injured by accident or by disease, that removal from this line is inexpedient, and must be performed higher up in the leg. Should amputation be attempted too near the ankle, we may easily fail in obtaining a good covering for the stump.

Amputation of the leg is by no means an operation fraught with very great dangers, since, from tabulated statistics, it is evident that the mortality-rate is not high.

When the muscular structures are greatly developed and the calf of the leg very full, it is not advisable to leave a large pad of muscle. Such would be of no avail; on the contrary, it would rather militate against the formation of a good stump, and, by tending to promote sloughing, would hinder the union of the wound. The less muscle left the better, not alone for the rapid healing of the wound, but likewise for the eventual success of the operation; indeed, it is far more wise to have only a skin-flap than a great cushion of structures composed for the most part of muscles. To avoid leaving a great mass of muscle, it is best to make anterior and posterior flaps from the integument, turn them up as we should the cuff of the sleeve, and then, in a circular manner, sweeping the knife all round the remaining soft parts, divide them in the same manner as we would when performing the ordinary circular amputation. In this way we form a good and sufficiently long skin-flap, and at the same time rid ourselves of the useless superabundant muscles. The objection urged to this manœuvre is, that the patient will, if an artificial leg be used, bear upon the cicatrix, and so produce a sore, and that too of such a nature as will be most difficult to heal; that the pressure cannot be borne upon the cicatrix, owing to the pain which it would occasion. The objection, however, is valueless, inasmuch as neither an ulcer can be formed nor any pain given by walking upon a pin, because it is not upon the cicatrix that the patient would rest his weight, but in front of it—that is, upon the anterior part of the stump.

The death-rate, we have said, is not high; but this remark must be taken not of all kinds of the operation. When amputation is performed for injury, the danger to the patient is not a little. Thus, in London and provincial hospitals, the death-rate for three years consecutively was 40 per cent.; in the Crimea it was 37 per cent.; at the University College Hospital it was 24 per cent. At Guy's Hospital, secondary amputations of the leg are more fatal than primary, the former being 66 per cent., the latter being 62. The converse to this is, however, the more general. Causes of death—exhaustion or shock; a return of the gangrene; pyæmic poisoning of the blood being the immediate occasion.

CASE II.—In another bed lay a man, under the care of Mr. Simon. The arm of this patient had been bitten by a horse, and had sustained a severe crushing and bruising; blood had been abundantly poured out amongst the different structures, and had puffed out the integument. Moreover, when an examination was made by the fingers, there was a very distinct sense of crepitation communicated; this crackling was occasioned, not by the friction of any broken bones, but by the moving about of the sulphuretted hydrogen gas in the cells of the connective tissue. The hand, forearm, and the upper arm, to a little distance above the elbow, were swollen and inflamed. In order to relax the distended skin, and free the forearm of its tension, Mr. Jones, who was visiting the patients for Mr. Simon, made an incision into the forearm, at about a line corresponding to the interosseous space. From the opening thus made there bubbled up a quantity of sulphuretted hydrogen gas, and through the same issued some blood, but not to any very great extent. Another aperture was made in the back of the hand, and from it likewise came the same mixture of sulphuretted hydrogen and blood. From these incisions the patient experienced great relief.

CASE III. was that of a boy who had received in the face a kick from a horse. The right eye was wholly disintegrated, and (in vulgar phraseology) had been "knocked out" by the injury; the bones of the nose had been broken into splinters, the septum destroyed, and the nose itself flattened. The eye was hopelessly destroyed, and from between the lids there flowed an abundant purulent discharge. A kind of plastic operation had been performed upon the nose, by which the septum had been somewhat righted and brought into a more shapely condition than obtained after the accident. Some of the splinters of bone had to be removed. No erysipelas, or inflammation of the cells in the sphenoid and ethmoid bones resulted.

CASE IV.—In another bed was a case of carcinoma affecting the right side of the tongue. The patient was a man under the middle age, of a florid complexion, red hair, and emaciated habit.

The tumour had existed for some time, but had recently taken on a rapidly-increasing action; the speech was very indistinct, and the words could only with difficulty be articulated; there was also a fœtid cancerous discharge, which proved particularly distressing to the sufferer, and which considerably added to his torments; the saliva was very much increased in quantity, and flowed from the mouth when it was opened.

The operation for removal was recommended, first, because the tongue was not altogether involved; part of it, namely, the posterior and some of the left lateral portions, being unaffected; secondly, because the glands in the neck were not enlarged, nor were those underneath the tongue or underneath the maxilla. The disease was circumscribed and isolated, and the mucous membrane of the mouth was not apparently engaged.

The case under consideration was one of genuine scirrhus. In some instances, however, the encephaloid cancer may attack the tongue. The appearance then presented will be that of a fungous mass, soft to the touch, rapidly spreading so as to implicate the surrounding tissues, such as the mucous membrane of the mouth, the sublingual and the submaxillary glands.

In the greatest number of patients the malady assumes the epithelial form, and unless timely extirpation be made cancerous cachexia supervenes, and the patient sinks from the exhaustion entailed.

It is of importance to remember that the ulceration, when it occurs, may be confounded with the same process arising from syphilitic disease of the tongue. The remarkable rapidity of action, the eroding character, the circular shape, and the non-induration of the base are pathognomonics of the true nature of the constitutional taint, which in such a case would, without doubt, be of the cancerous kind. Should any doubt remain, a microscopical examination of the discharge will at once solve the difficulty of diagnosis.

MEDICAL SOCIETIES.

HARVEIAN SOCIETY.

DECEMBER 1, 1864.

WILLIAM ADAMS, ESQ., F.R.C.S., PRESIDENT.

Mr. BALMANNO SQUIRE showed a

COLOURED PHOTOGRAPH OF A CASE OF PRURIGO SENILIS.

This disease, according to Mr. Squire, depends upon the presence of a louse in almost every case; and consequently the treatment should be entirely external and directed towards the extermination of the parasite. He used an ointment of stavesacre, formed by stewing the bruised seeds of the plant in lard.

Dr. DRYSDALE had for some time acted on the idea that prurigo senilis was caused by the presence of a parasite, and had found that external treatment, *i.e.* baths, &c., was, in most cases, all that was needed. He had used an ointment composed of sulphur, lard, and a small portion of blue ointment to kill the parasite.

Mr. SQUIRE thought that Dr. Drysdale would agree with him, that the use of so dangerous a substance as blue ointment over a large surface ought to be avoided if possible, and he thought the stavesacre ointment quite sufficient.

Dr. WEBSTER had used baths of hipar sulphuris in prurigo senilis with the best effect: ʒxiv. to twenty gallons.

A paper was read by Dr. GRAILY HEWITT on

FLEXIONS OF THE UTERUS AND THEIR TREATMENT.

Notwithstanding the attention of late bestowed on the treatment of flexions of the uterus, it cannot yet be said that the cure of this troublesome lesion is easy, or that the results of the various plans of treatment are as satisfactory as could be desired. The author's experience had convinced him that flexions of the uterus are more frequent than is generally supposed, as a cause of chronic suffering and prolonged ill health. The symptoms present are not uncommonly misinterpreted. The author's present object was to bring the subject clinically before the society, to illustrate it by describing a few typical cases, and to point out the method of treatment with which he had found most reason to be satisfied. Flexion of the uterus backwards is most common and the most serious; anteflexion is most rare. When there is flexion, more or less version of the uterus is always present, the whole uterus being then moved on its axis and the axis itself bent sharply. Retroflexion may occur in the virgin, from a sudden fall or slip, or is consequent on chronic congestion of the organ. It is most common, however, as a consequence of abortion, or as a result of labour at full term; it may occur acutely in the early months of pregnancy, first leading to abortion and subsequently becoming the cause of frequent abortions: after labour it results from imperfect involution of the uterus, combined with mechanical displacement from walking, &c. Flexions may result from tumours of the uterus, and they may be congenital. The symptoms produced are various, but the most common are severe backache, much increased by exertion, bearing-down sensation, aching in ovarian region, pains down back of the thighs and in defecation, leucorrhœa. The difficulty in locomotion is the most troublesome symptom, patients being often almost completely devoid the power of getting about comfortably. The strains in the ligaments of the uterus and on the ovaries seem to be the chief causes of this symptom. The want of exercise generally throws the patient into a state of chronic ill-health; digestion is impaired, and the uterus itself suffers, becoming enlarged, tender, and painful. The author then exhibited drawings to illustrate the following cases:—Case I., of five years' standing; retroflexion originally produced by a severe ride on horseback, which led to abortion a few weeks after marriage, since which no pregnancy had occurred. In the *second* case of retroflexion, the affection had come on after the birth of a child six years ago. In both cases the uterus was reducible by the sound, but immediately resumed its flexed position on withdrawing the instrument. Locomotion was much interfered with in both cases. In a *third* case the uterus was found retroflected three months after a miscarriage which had taken place at three months' pregnancy; in the case the uterus was an inch too long and sharply retroflexed. In a *fourth* case, a young lady, twenty-two, previously subject to menorrhagia, felt unwell after dancing for hours on a hard floor, and the following day slipped whilst descending the stairs. She suddenly experienced a stabbing pain in the region of the uterus, and almost fainted. The uterus was anteflexed, and the right ovary could be felt occupying a remarkably abnormal position, viz., anteriorily and above the vagina. The ovary appeared to be tilted over the Fallopian tube forwards, and was very tender to the touch. These symptoms pointed to acute ovaritis, the difficulty in locomotion being the most marked of these. Treatment was either palliative or curative. The inability to walk appeared to depend a good deal on the uterus being lower than usual in the pelvis giving rise to bearing-down pains; and that this is the case is proved by the relief afforded by an air-pessary in the vagina. This method of treatment is of greatest service as a palliative. The author believed, however, that chronic cases could only be effectually cured by means of assiduous replacement of the uterus by the sound, associated or not by the use of an instrument capable of keeping the uterine canal from bending on itself. The apparatus used by Dr. G. Hewitt, and which he has found reason to be satisfied with, consists of an ivory stem, rounded at its extremity and rather larger than a quill, just the length of the uterus. This stem is fixed by means of a small collar on an india-rubber air-pessary. The pessary and stem are introduced, and the pessary having been inflated, the stem cannot slip out of the uterus, which it has a strong tendency to do. Latterly the two parts of the apparatus have been made distinct, the stem with its collar being introduced first, and the pessary afterwards. In either case the two indications of keeping the uterus straight, and at the same time preventing its falling low in the pelvis, are fulfilled. The author objects to instruments having their fine point outside the pelvis as dangerous; the instrument employed by him has the advantage of allowing the uterus a certain degree of motion laterally and otherwise, while it prevented flexion of the canal. The treatment thus recommended should be preceded by dilatation of the cervix, which has the effect in some degree of straightening the canal, and facilitates further manipulations. This dilatation is exceedingly well effected by means of the sea-tangle tents recently introduced into practice. In chronic cases, the treatment must extend over a period of some months, although with intermissions during the time, in order to effect a cure. In very chronic cases little could be done beyond relieving the symptoms; but in view of this fact alone, that pregnancy rarely occurs with the uterus sharply flexed, it was often advisable to attempt the radical cure. Another plan of treatment advisable in certain cases, and deserving a further trial, was to employ dilatation by tangle tents a few days before menstruation, and with the view of restoring the canal temporarily to its natural size, and so facilitating conception; for if conception occurred, and the case was not a very chronic one, abortion might, with care, be prevented. Pregnancy was, undoubtedly, when it could be obtained, the best cure, and the author had successfully carried out this idea in some instances. As adjuvants to the treatment, the cold douche, and rest in the horizontal posture, especially at the menstrual periods, are important. Lastly, it should be remarked that hardly two cases admitted of being treated exactly alike. It was very important to be

aware at an early period of the existence of flexion of the uterus; the dislocation was of very easy treatment when of recent origin. Symptoms such as described above occurring in a woman recently delivered, or the subject of abortion, should always induce the attendant to make examination.

Dr. CHARLES DRYSDALE was glad to hear that Dr. Hewitt could speak so hopefully of the cure even of chronic cases of the retroflexion of the uterus. The pessary he proposed and the dilatation of the cervix by means of sea-tangle seemed likely, if anything could do so, to remedy the affection in question. His own experience of chronic cases of retroflexion of the womb was, that they were almost unamenable to any treatment, and, in fact, he had considered them as one of the saddest diseases to which females were prone. The air-pessary recommended by Dr. Hewitt was, in his experience, often kept with difficulty in the vagina; passing the uterine sound was often of use in recent and inflammatory cases, just as passing a catheter in irritable conditions of the male urethra.

Mr. JAKIN asked whether Dr. Hewitt had found bromide of potassium of service in cases of congestion such as those described?

Mr. BALMANNO SQUIRE would be glad to know how far pruritus vulvæ was to be considered as an indication of internal inflammation of the pelvic organs. He himself looked on it as usually symptomatic of some internal condition.

Dr. WEBSTER had had a case of retroflexion lately in a lady aged fifty, who was still a virgin, and which had been cured by rest in the prone position on a sofa for some time, during which it seemed as if a natural pessary of fat had grown up to keep the uterus in its natural position.

Dr. COCK observed that he had had large experience in the treatment of retroflexion of the uterus whilst Physician to the Farringdon Dispensary. In chronic cases the difficulty of effecting a cure was very great. The womb might be replaced over and over again by the uterine sound in its proper position; but no sooner is the sound withdrawn, than the organ slips back into its diseased position.

Dr. GRAILY HEWITT observed that the size of the air-pessary is of much consequence; it must be varied according to the size of the orifice of the vagina. The treatment of chronic cases might sometimes require a year. He had not found any evidence for considering pruritus vulvæ as a symptomatic affection; it was, he thought, usually local. He had not used bromide of potassium in the cases referred to.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, NOVEMBER 4.

Mr. GEORGE POLLOCK, President, in the Chair.

EXCISION OF THE HIP-JOINT.

Mr. HOLMES exhibited to the Society two children—one a boy seven years of age, the other a girl aged ten years—in whom he had excised the hip-joint in the course of the present year, and a dissection from another successful case in which the child had died a few months after the operation of inflammation of the lung accidentally contracted. The latter preparation had been exhibited at the Pathological Society, and will be found more fully described in the 14th vol. of their 'Transactions.' Mr. Holmes remarked that his object in this communication was rather to show what the results of successful excision of this joint are, than to discuss the general question of the propriety of the operation; he, therefore, merely dwelt so far on the latter subject as to insist that there are conditions for which excision holds out a prospect of cure where natural cure is hopeless, and in those cases the time required for recovery after operation is far less than that required for natural cure, while the joint which is left by it is more useful. In the case of the boy, there had been extensive abscess reaching nearly to the knee, and the child was rapidly sinking under the profuse suppuration at the time of the operation, which was performed in February last. At the operation the femur was divided through the trochanter, and the acetabulum, which was ulcerated, was scraped out. Recovery was comparatively speedy. The boy has been going about for some time, and has lately been walking on a high boot. All the wounds have long been soundly healed; there is motion in every direction; he can walk with a slight limp for a considerable distance, and his gait is daily improving as he becomes more accustomed to his boot; the shortening is about one inch and a-half. In the other case, that of the girl, there was great distortion at the time of the operation, much shortening, and very loud crepitation on rotating the limb. The head of the femur was lying loose in the joint, and the surface of the remaining part of the femur was ulcerated; consequently a natural cure was impossible. The acetabulum was healthy. The recovery was rapid, the operation having been performed in June, and the child having been about now for some weeks. It is only very lately, however, that she has been fitted with a high boot, so that she walks awkwardly as yet. The shortening also is greater than in the former case—about two inches,—but the range of motion is equally extensive. Most probably in both these cases the same state of things exists as in the dissected preparation, where the end of the femur is seen drawn up into the joint by the common tendon, and united to the acetabulum by numerous bands of adhesion, allowing free motion in all directions. A perfect capsule of fibrous tissue surrounded this new articulation.

In reply to a question, Mr. HOLMES said that he had never performed the operation except when there was abscess and loud crepitus on pressing the joint surfaces together.

Dr. WAY read a

CASE OF ANEURISM OF THE ARCH OF THE AORTA.

The subject of this disease, in the spring of 1861, received a severe blow upon the chest from a fall. In the summer of the following year he began to suffer severe pains in the chest, shoulders, and arms. In November of last year he first came under the author's observation, when a large pulsating tumour was apparent; its centre was at the level of the third costal cartilage, and vertically in a line with the left sterno-clavicular articulation. The treatment pursued was the continuous application of ice to the swelling, and persisted in for upwards of six months. Absolute rest in the recumbent posture was also adopted. These means relieved the patient of the severe pains, and his general health improved. In June last an attack of cough came on, with expectorations of a pneumonic character, followed by symptoms of spasm of the glottis, and later by dyspnœa, and evidences of a mechanical closure of the windpipe. He died exhausted in July. A post-mortem examination showed an aneurismal sac on the left side, reaching from the third rib to the crico-thyroid membrane—the circumference being thirteen inches—in front was the sternum and the ribs much eroded and absorbed, and behind absorption of the three upper rings of the trachea had taken place from pressure. There was also a projection of mucous membrane narrowing the calibre of the tube, and forming the boundary between the trachea and the aneurismal sac. The aneurism commenced two inches above the origin of the aortic arch, with which it formed a slit-like communication, extending as far as the origin of the subclavian artery. The sac was filled with hard and decolorised coagula in front; posteriorly, they were semi-fluid. There was œdema about the glottis, and the vagus and laryngeal nerves were involved in the tumour.

DEMONOMANIA IN WOMEN.—The following case, well worthy of being remembered, was mentioned by M. Deluen at meeting of the Medical Society of the Loire-Inférieure:—A woman was admitted into the hospital under the delusion that she was tracked and pursued by spirits. She moreover stated that the devil had made her pregnant. On examination, ovarian dropsy was diagnosed, and soon afterwards she was delivered of a child, which she would have strangled had those around not prevented her. From that moment she became perfectly sane!

REVIEW OF BOOKS.

On the Diagnosis and Treatment of Cancer and the Tumours analogous to it. By Maurice Henry Collis, M.B. Dublin, F.R.C.S.I., Surgeon to the Meath Hospital and County Dublin Infirmary, &c. Pp. 317. London: Churchill and Sons. 1864.

It was hardly necessary for Mr. Collis to apologise, in his preface, for the appearance of this book or to plead that there is room and occasion for its publication, for no effort can be deemed superfluous which seeks to establish in the minds of the Profession the characters by which the different kinds of tumours are associated with, or distinguished from, one another, inasmuch as the life or the death of a patient may depend upon the diagnosis. It is quite true, as Mr. Collis observes, that writers have been endeavouring, until very lately, rather to point out the differences of tumours than their analogies; and in the case of cancer, in particular, they have sought to establish characters which isolated it from all other growths, whereas in reality it belongs to a class, the individuals of which are allied by numerous intermediate gradations. Mr. Collis declares that he has derived great practical advantage from the circumstance that he has lately discarded the idea of the heteromorphism of cancer, and has ceased to look for wide points of difference, either anatomical or clinical, between it and other infiltrating growths. The assumption that cancer differs from all other tumours in being an infiltration among the natural tissues is erroneous, for it possesses this character in common with fibroid, fibro-plastic, myeloid, and other secondary tumours.

Within a comparatively recent period, it was customary to determine the cancerous nature of a tumour by its general physical characters, the symptoms to which its presence gave rise, the rapidity or tardiness of its development, and other such indications; but the progress of microscopical investigation appeared at one time likely to establish certain minute, but diagnostic marks which would supersede all former tests, and definitively separate cancer from other growths. The hopes of the microscopists, however, although partly realised, have in great measure been disappointed; for while the instrument has revealed many appearances which belong indubitably to cancer, it has also shown that these appearances are shared with other tumours, and that even in cancer itself the characters are not all constant even in the same specimen. In Mr. Collis's first chapter, in which he discusses the various forms of cell-growth, he corroborates the remarks we have just made; and although considering cancerous tumours as depending upon a peculiar form of cell-development, he shows that tumours can only be classified in a general manner, for that many of them are on the border lines of the classes, and cannot be referred positively to any. The rule he gives is perhaps as near an approach to the truth as can be at present enunciated, namely, "that to those (forms of lymph-cells) in which the cells present the greatest deviations from health in the direction of increased size, irregularity, and reproductive energy, the name of cancer is given; to those in which these abnormal features are less marked, the terms fibro-plastic and myeloid have been given," (p. 13). And again he observes, "that the nearer the constituent cells of a tumour approach to the healthy lymph-cell in form and power of development, the more clinically benign is the tumour; the further they are removed in these two particulars from the healthy type, the more destructive or malignant is the growth."

Hence it will be observed that there is really no one distinguishing or pathognomonic character by which a cancerous tumour can be recognised, but that a number of collateral circumstances, both microscopic and clinical, must be taken into account before an accurate opinion can be formed as to its nature. The transitions which may be traced among the different groups of tumours are very well illustrated in the first plate of Mr. Collis's book, where the various forms of cells are depicted in scirrhus, fibro-plastic tumour, epithelioma, colloid, and other allied morbid growths; and from an examination of these cells it will be seen that many forms are common to several of the tumours, which differ from each other rather in the arrangement and modification of the cells than in any essentially distinct features of the cells themselves.

As Mr. Collis's book is not merely on Cancer, but also on tumours allied to it, his classification embraces many growths which are not necessarily of a malignant character; and he criticises the views of those who draw a definite line between cancerous or malignant, and benign tumours. "If," says Mr. Collis, "a tumour is destructive to life or tissue, it is malignant; if not, it is innocent or benign. Many cancers are not malignant; many non-cancerous growths are eminently destructive to life." It will thus be seen that, in Mr. Collis's opinion, and we should add in the opinion of several other modern writers, cancer (including scirrhus and medullary sarcoma), instead of being exclusively stamped with a malignant character, is only the highest or most developed form of malignity, which may be shared by other tumours, often classed as benign. On the other hand, epithelial disease, which is ranked under the head of cancer by Mr. Paget and other writers, is considered by Mr. Collis not to belong to that category, as it "more nearly resembles pure and simple hypertrophy in its early stages; while in its destructive properties, more especially in its secondary developments, it bears no greater resemblance to cancer than many tumours classed by Mr. Paget as innocent" (p. 23). Melanosis, again, which is sometimes considered as a variety of cancer, is not always of that nature, but is rather an accident of many classes of tumours than a distinguishing mark of any one in particular.

Mr. Collis's classification of tumours is founded on their structure, and begins with cancers, properly so-called, including acute or encephaloid cancer and chronic or scirrhous cancer; the next in order are the cancroid tumours, including the fibro-plastic and the fibroid or recurrent; then come the fibrous tumours and epithelioma; and, lastly, cystic tumours, fatty tumours, enchondromata, and bony tumours.

In describing the various forms of tumour in the order suggested by his own classification, Mr. Collis gives an excellent practical sketch of the growths in question, but, as might be expected, the subject is viewed almost wholly in its surgical aspect, the real points to determine in most cases being the expediency of an operation and the mode and the time of performing it. Mr. Collis appears to be decidedly in favour of operative measures, especially at an early period of the disease; and from his results it would appear that the treatment of cancer and encephaloid disease is more successful in Ireland than in this country. The Medical history of morbid growths is but lightly touched upon, and their therapeutical treatment by drugs is not very strongly recommended. In these particulars Mr. Collis is not much to blame; and even where he recommends the use of external applications for the cure of cancer or encephaloid disease, we are not sure that his practice will be followed by much success. He seems to think highly of the application of bromine in such cases, but we are unable to understand the caution which he gives us not to use ingredients at the same time (such as an essential oil) which may *decompose* the bromine (p. 27). As bromine is an element, it is difficult to perceive how it can be decomposed.

We might remark, perhaps, that in other respects besides the instance just noticed, Mr. Collis's acquaintance with chemistry appears to be limited, and thus one method of distinguishing morbid growths is unduly neglected. But as a thoroughly practical work on the extensive and difficult subjects of which it treats, Mr. Collis's book deserves the warmest praise at our hands, and it will, no doubt, take a prominent place in the library of the surgeon. We should not omit to observe that there are numerous illustrations, many of them coloured, of the subjects described, and that they tend very much to augment the value of the contents of the volume.

THE MEDICAL CIRCULAR.

WEDNESDAY, JANUARY 4, 1865.

THE PERSECUTION OF MEDICAL MEN.

It is with great regret that we allude to a case which we published last week, and in which one of our Medical brethren has again been the victim of another groundless action at law. We had hoped, almost against hope, that the iniquity of such proceedings had at last become manifest, and that the good sense of the country had revolted against the practice, lately so prevalent, of making the unfortunate results of disease or accident the means of instituting malicious or vexatious actions against Medical men. But instead of such lawsuits being at an end, they seem to flourish as vigorously as ever; and as they bring money into the hands of the lawyers, whatever may be the consequences to the clients, they are not likely to want encouragement. But the evil is still worse when, in order to make out a case, members of the Medical Profession are found ready to come forward to give evidence against a brother practitioner, with a view of assisting others in damaging him in pocket or in reputation. If a Medical man knows anything about the case, he is, of course, liable to be called to come forward and give evidence; but there is no law to compel him to give a mere opinion on a matter of which he has no personal cognisance. We are deeply sorry to find, in the case to which we now allude, *Price* v. *Bowen*, that Mr. Lund, who is stated to be Surgeon to the Manchester Royal Infirmary, gave evidence against Mr. Bowen, although he could know nothing of the treatment adopted, except by the description of the patient herself. It also appears that, together with Mr. Lund, there were a bone-setter, named Evan Thomas, and his son, who is a surgeon, and they all gave evidence in favour of the plaintiff.

The following is part of Evan Thomas's evidence:—

"Which is the ulna and which is the radius? Ask me a plain question and I'll answer you.—Well, you don't know?—I never learned any Latin. Ask me which is the large bone and which is the small bone, and I'll answer you. Did not know whether in a healthy arm it was the large bone or the small bone which moved over the other.—Re-examined: Had never learned Latin, and had never been brought up as the doctors were, but it was impossible to tell how many thousand bones he had set."

What follows is an extract from the evidence of Mr. Thomas, jun.:—

"Was an assistant with his father. Was professionally brought up with a surgeon in Liverpool—in Cross-hall street—with Dr. Roose. Was with him about three years; was sixteen years of age when he went to him. After which he went to the University School of Medicine, where he remained about three months, and then he returned to Dr. Roose, with whom he had been about five years altogether. Got his diploma in London from the Royal College of Surgeons. Witness's father sometimes sent patients to Dr. Roose."

If this evidence is truly reported, it would appear that Mr. Thomas, jun., received his diploma from the Royal College of Surgeons of England upon rather easy terms, and the College owes some explanation of the circumstances under which the diploma was granted.

The result of the trial we have already recorded, but we ask, as we have asked on several former occasions, Why was the action allowed to be brought at all? Is it a rule or a custom of law, that whenever a broken bone does not unite, or when any other case terminates unfavourably, the Medical man, who has been unfortunately called in to the patient, is to be subject to loss of time, money, and reputation in defending himself against an action? If such be the case, and if a jury are to be the arbiters of a man's professional skill, then heaven help us all! for every one of us may be the subject of a lawsuit; and the multiplication of such cases proves that the danger is daily increasing, and that some united effort is imperatively needed in order to control a system which, probably under the fostering care of some members of the legal profession, who, in all of these suits, derive some pecuniary advantage, is spreading terror and dismay throughout the ranks of the Medical community.

THE TREATMENT OF THE SICK POOR IN WORKHOUSES.

An inquest which took place at St. Bartholomew's Hospital last week, on the body of a man who was alleged to have been improperly attended to at one of the metropolitan workhouses, has excited considerable attention; and as the proceedings are likely to be investigated by the Poor-law Commissioners, it will probably excite still more.

It appears that the man in question was brought into St. Bartholomew's Hospital last Thursday week, suffering from large bed-sores, and was in such a prostrate condition that nothing could be done for him except to give him food and stimulants. He died the morning after his admission, and on a post-mortem examination it was found that there was inflammation of the pericardium of some weeks' standing, and recent inflammation of the right pleura and lung. These are the facts of the case, so far as relates to the man's condition when he was in St. Bartholomew's Hospital; but Dr. James Andrews, one of the Assistant-Physicians to the Hospital, gave it as his opinion that the deceased had not received sufficient care at the hands of the authorities of the workhouse where he had been retained as a patient; that, with proper attention, he ought not to have fallen into such a condition, even though he was suffering from rheumatic fever; and that a water-bed and other appliances should have been provided for him.

Mr. Lowne, the Resident Medical Officer of the Farringdon Dispensary, of which charity the deceased became a patient after his voluntary discharge from the workhouse, described the nature and extent of the diseases he found on examination; and Mr. Lowne also stated his opinions as to the effect of the treatment the deceased had received in the workhouse. Mr. Lowne is reported to have said that the patient would have had no bed-sores if he had been under his care; that he had 2,000 cases a year, and never had a bed-sore; and that in rheumatic fever a man might be kept in bed for twelve years without sores.

Supposing that Mr. Lowne's evidence is correctly reported (of which we have some doubts), it certainly contains some astounding statements and expresses some curious opinions. His experience, or rather want of experience, in bed-sores is a staggering fact, even for the 'Times,' which, in commenting on the inquest, remarks that "the appearance of bed-sores is certainly not conclusive proof of neglect; for, in spite of Mr. Lowne's opinion, we know that this distressing symptom often baffles Medical skill when the patient is surrounded with all that money can procure." We are unable to endorse Mr. Lowne's opinion as to the possibility of a man being kept in bed without sores for twelve years in rheumatic fever, because we never heard of a man having rheumatic fever for twelve years, or even for twelve months; but possibly Mr. Lowne's experience is different from ours, or he uses the words "rheumatic fever" in a different sense to that in which it is usually employed by Medical men.

It transpired, however, in the course of the inquiry, that the deceased had often complained of the manner in which he was treated at the workhouse; that he had been put into a bed which was too short for him; that his poultices were not changed for a fortnight together; that he was neglected by the union surgeon; and that, in fine, he was so much dissatisfied with the treatment he received that he left the workhouse at his own request, after staying there for forty-five days, and went into lodgings, where he was visited by Mr. Lowne, and whence he was removed to St. Bartholomew's Hospital.

Mr. John Norton, Surgeon to the Holborn Union Workhouse, gave a very different version of the matter. He stated that when the deceased entered the workhouse, he was emaciated and dirty; that he had a typhoid form of rheumatic fever, and a complication of bad diseases, the nature of which other diseases, however, Mr. Norton did not specify. He declared that poultices of linseed meal and beer grounds were applied three times a day, that the bed was 6 feet long (the patient being 5 feet 9½ inches in height), and that he never complained of its being too short. Disinfecting fluid was employed to the bed-sores, and milk, wine, beef-tea, and porter were supplied to him. The amount of nourishment and stimulants given was even defined; and it was stated that during the forty-five days when the deceased was in the workhouse he had ten pints of wine and forty of porter, two pints of milk every day, arrow-root whenever he could eat it, and mutton for dinner. In this evidence Mr. Norton was corroborated by one of the wardsmen of the workhouse and by two nurses, who, in reference to the charge of neglect against the surgeon, deposed that the latter had examined the sores at least three times a week.

Upon the evidence adduced, and of which we have thus given a short abstract, the jury returned a verdict that the deceased died from natural causes, but they appended to their verdict an opinion that he did not receive sufficient care and attention from the Medical Officer of the Holborn Union.

Now, this censure of Mr. Norton by the jury appears to have been founded upon the hearsay evidence given by some of the Medical witnesses, and upon the extraordinary opinions advanced by Mr. Lowne; for all the direct evidence given by the officials in the workhouse tended to show that the deceased man was not at all neglected by the union surgeon. Some of the hearsay evidence of neglect is in itself incredible, for it is almost impossible to believe that poultices should be allowed to remain on a patient for a fortnight; and as to dietetic treatment, the quantity of food and stimulants supplied speaks for itself.

Nevertheless, although we consider that Mr. Norton is undeserving of the blame thus cast upon him, and although we do not believe that the Holborn Union Workhouse is a bad specimen of its class, we rejoice that the subject of workhouse mismanagement has been thus prominently brought under public notice, and that the Poor-law Commissioners are thus compelled, by a species of moral force, to investigate the subject. It has been stated that a water-bed ought to have been supplied for the patient, and so it ought; and we are not informed as to the quality of the nurses who attend the sick in the Holborn union house. Are they paupers, compelled, whether qualified for the task or not, to attend upon the sick poor; or are they properly-paid officials, ready and willing to perform their duties and to see that the orders of the Medical officer are properly carried out? Is the Medical officer suitably paid, are his recommendations treated with respect, or is he obliged to accept a niggardly pittance, like too many of his brethren of the Poor-law service, and to hold his tongue when his remonstrances are unpalatable to the Guardians?

After the treatment which too many Medical officers have experienced at the hands of Poor-law Guardians, who are almost invariably supported by the Poor-law Board, it is next to impossible to expect that any Poor-law surgeon will be foolhardy enough to advocate the cause of the sick poor, when he knows perfectly well that the loss of his place will be the reward of his honest endeavours to do his duty to the sick and the suffering. As long as he confines himself to the routine duty of ordering drugs and making out his official books he will not be interfered with, but as soon as he rises to the dignity of a sanitary reformer, and points out the necessity of an improved system of hygiene, he incurs the displeasure of his masters, who soon look out for some more convenient and less troublesome person as their Medical officer.

We therefore rejoice that the 'Times' has taken up the above case, although, in our opinion, it is by no means a strong one; but we should have been far more pleased if that Journal had lent its influence to the denunciation of some flagrant cases, such as that of Dr. Moore, of Bethnal-green, who was actually dismissed from his office because he exerted himself in favour of the sick and the destitute of his district. Not one word did the 'Times' vouchsafe to offer in condemnation of the Guardians who punished a most respectable member of our Profession merely because he had done his duty; and how can the public expect that honourable men will be found to accept such positions as those of Poor-law Medical officers, when Coroners' juries

are encouraged to censure them for supposed neglect of their duties, and Poor-law Guardians are enabled to cashier them for performing them?

THE NATURAL SCIENCES TRIPOS AT CAMBRIDGE.

(Communicated.)

The University of Cambridge would aspire to the name of a great scientific school, but the results of the late Natural Sciences Tripos Examination prove how far behind the age are her present efforts. The examination is over, the class-list has already been published, the examination-papers are before the world, and the questions are a wonder to scientific men. On looking to the Cambridge Calendar, we find the subjects for this Tripos enumerated under the heads of "Chemistry," "Mineralogy," "Geology," "Botany," and "Comparative Anatomy." The latter includes "Zoology" and "Physiology," a division far from satisfactory; but as the Syndicate have determined on this unscientific classification, the examiners are obliged to adopt it. But we are permitted to criticise the manner in which the latter have carried out their directions. Their questions appear to have been set almost wholly from text-books. The examiners seem, in perusing the latter, to have indiscriminately chosen little statements of detail, without considering whether the little detail involved any scientific principle or not. The passages are copied almost *verbatim*, making only the alterations necessary to convert them into the form of questions. One or two of these may be taken as typical, and will be enough to show how far the Natural Sciences Tripos is of value as a test of scientific proficiency. For instance, No. 71—"As a general rule, what difference is there between the branchiæ of annelida when they are sanguiferous only and when they receive the chylaqueous fluid?" This is copied from Carpenter's 'Principles of Comparative Physiology,' page 308, section 292, line 26. We search almost in vain for genuine and good questions in comparative anatomy; for although No. 43 may be accepted as one, it is taken from p. 71 of Huxley's 'Elements of Comparative Anatomy,' the very words used in Huxley's description being adopted into the question. A second, No. 123, is a question of general principle, but, unfortunately, is copied from Agassiz' essay 'On Classification,' p. 359; while the greater part of the so-called comparative anatomy questions are abstracts of little paragraphs of detail from Dallas' 'Natural History of the Animal Kingdom.' We would not say one word in disparagement of that excellent work, and we have little doubt that the Cambridge examiners found much pleasure in perusing it, but, nevertheless, however accurate the notices of anatomical principles may be which that book contains, they are not sufficiently full to furnish a student with more than an outline; still less are they fitted to be framed into questions to test his knowledge. Nos. 9 and 92 are specimens too absurd to be passed over. No. 9, "Of what do the humps of camels principally consist?" No. 92, "What was the origin of the error that the barnacle goose (*Anas bernicla*) is the offspring of *Lepas anatifera?*" From such puerile absurdities, we can but conclude either that the candidates were not expected to possess any knowledge, or else that the examiners were but little acquainted with the subjects they had to examine in.

The questions in chemistry and some of the other subjects are similarly set. The chemical physics are good so far as the arithmetical calculations are concerned, but the remainder of the chemistry is characterised by little details of paragraphs from the text-books of Miller and Gregory.

The other subjects may be similarly criticised. The only really creditable questions appear to be the botanical. So long as the examination remains thus, we cannot expect the Cambridge degree for natural sciences to become of much value; and though the advantages of a University education must be considered (apart from the degree), yet what encouragement is there to the rising generation of Medical men to possess themselves of degrees of this order; or what confidence can the University students of science have in either the examiners or the examination, when they know that their acquirements are to be guaged only by text-book detail, and tested by examiners whom, most probably, they could teach? But what else are we to expect when the examiners are chosen from among those whose avocation rather leads them away from science, unless they pursue it as amateurs?

We believe that for the most part the examiners are clergy men who have taken very fair or good mathematical degrees; but though this may be a recommendation, it is not a guarantee of their scientific knowledge; and our conclusion as to their inability to hold the office of examiners is founded on the circumstance that most of the questions could only be answered by an accurate knowledge of the special paragraphs of the text-books from which they were framed. For such an examination, questions ought to set out the broad scientific principles with which every student must become familiar, whatever book or books he may have read. With such questions his attainments might be fully estimated, and the power and grasp of his mind gauged by the accuracy and fulness of his answers. We earnestly hope, if the University desires to retain for her graduates in science the same kudos which her mathematical and classical men obtain, that she will provide the candidates for scientific honours with an examination conducted by scientific men whose reputation and achievements in science render them capable and worthy to hold such office. Then, and then only, will the Cambridge student scorn the idea of a natural science coach to cram him in text-book detail and examination paragraphs; then will he spurn to become a scientific text-book worm, and our Cambridge votaries of science will worthily become the most proficient and most courted members of our scientfic communities.

SUMMARY OF THE WEEK.

'TEMPLE BAR' ON MEDICAL EDUCATION.

We are not often enabled to praise the articles on Medical topics which appear in the pages of our non-Medical contemporaries, but the subject of Medical Education is handled with such ability in the number of 'Temple Bar' for the present month that we gladly draw attention to it. The writer appears to have a complete knowledge of the subject, and his remarks are characterised by great judgment and good taste. He points out that although improvements in Medical Education are imperatively called for, and are now actually in progress, it is Utopian to expect that the rising members of the Medical Profession can all enjoy the benefit of a first-rate and expensive training, inasmuch as the future rewards of our calling do not justify a very great outlay on the preliminary education; and that if the acquirements are fixed at too high a standard, irregular practice and quackery must be necessarily encouraged, from the inability of the general mass of the public to pay adequate fees for a very highly educated clas of practitioners. The remarks on quackery made by the writer of the article in question are also perfectly sound; and while he admits that the total suppression of quackery is impossible, and, perhaps, undesirable, he urges the Medical Council to take such steps for the amendment of

the Medical Act as will make a clear distinction between the quacks and the members of the Profession. The sentiments expressed in 'Temple Bar' are so entirely in accordance with those which we have repeatedly advanced in our own columns, that we have no hesitation in recommending them to the careful perusal of all those who take an interest in the subject of Medical Education.

GENERAL CORRESPONDENCE.

REVELATIONS OF QUACKERY.

LETTER I.

To the Editor of the Medical Circular.

SIR,—With your permission I purpose, in a series of letters of which this is the first, to lay before your readers a complete dissection or relation of the schemes and the plans pursued by the advertising quacks, first to entrap the suffering public, and next, by a cruel system of extortion and terrorism, to rob them.

I would, by way of preface, remark that, during the many years that I have been in practice in this metropolis, I have constantly had to deplore the ignorance and credulity displayed by a class of patients with whom I have come into almost daily contact. I allude to the victims of sexual hypochondriasis, nervous debility, spermatorrhœa *real* or *imaginary* (more often the latter), syphilis, and other maladies special to the genito-urinary organs. Deeply impressed by the large amount of both mental and physical suffering hence resulting, I have lost no opportunity of exposing the nefarious proceedings of the numerous impostors who, under assumed names and false Medical titles, prey on this class of patients. Indeed, so early as the years 1846 and 1847, under my present signature of "Detector," I, in some letters which appeared in the 'Lancet,' directed the attention of the Profession and the public to the nefarious proceedings of the quacks in question, and I have reason to know that these exposures in many instances saved hapless patients from falling into the toils. Nevertheless, the limited good thus effected has fallen far short of the need of exposure and relief required.

The recent trial and conviction of the so-called Dr. Henery and his accomplice have forcibly directed the attention of the Profession, the public, and a portion of the newspaper press to the system of terrorism and extortion which is so fearfully and successfully carried on by the numerous empirics, who infest not only this metropolis, but most large provincial towns. On all sides it is felt that some more determined steps should be adopted to arrest their hitherto unchecked career. But, notwithstanding this unanimity, the accomplishment of the desirable object is surrounded by innumerable difficulties, and this in a great measure through the guilty connivance and greed of a portion of the newspaper press. However, this is a subject to which I shall presently more amply refer. Here I would merely remark, it appears to me that the cure for these crying evils may be described in two words—*Publicity, Non-publicity.* On the one hand, let us have a wide-spread publicity given to the evil practices of the quacks; on the other, let us insist on the *non-publicity* by the press of their advertisements.

To your valuable Journal and to you, Sir, who have already so fearlessly contended against this monster evil, I look for the former. For the latter, I shall appeal to the honour and morality of the proprietors of our newspapers.

It is, Sir, undoubtedly, in a great degree, through the sordid connivance of, I grieve to say, a majority of the newspaper press that this crying nuisance of quackery and obscene advertisements has hitherto been able to defy the execration of all right-minded men. Without such aid, the miscreants could never have obtained more than an obscure existence, and a very limited power of doing evil; for they could otherwise have aspired to no higher position and no greater gains than those obtainable by thrusting their filthy handbills into the hands of passengers in the public streets, or by sticking up their announcements in urinals and other by-places; and thus we should never have been disgusted, nor public decency and honesty outraged, by the sight of these vagabonds lolling in their carriages in the parks and other places of public resort. That such things have been, are, I repeat, entirely due to the unscrupulous greed of a certain class of newspaper proprietors; and should these evils continue, we shall have to ascribe their maintenance to a similar cause. And now let me pause, to point out what has been the reply of some of our newspapers to the late universal exclamation of disgust at the proceedings of the class of men represented by Dr. Henery, and the demand made in consequence for the exclusion of such advertisements from the papers. How have the proprietors of the newspapers in question responded to this appeal made to them by the public, the Profession, and their own respectable contemporaries? Have they at once met the appeal in the only way that it should have been responded to—viz., by a prompt exclusion of the objectionable advertisements from their columns? Not they; on the contrary, with a cuteness and a greed equal to that of their customers, they have turned the appeal made to them into a means of *self-profit!* To this end, availing themselves of the late outcry against the quacks and their advertisements, they have in some instances increased their charges for this class of advertisements some *three or four hundred per cent.!* The facts, then stand thus:—These honest and modest proprietors having learnt by the recent trial how the quacks fleece their victims, they in their turn, taking advantage of the information they have acquired against their customers, coolly proceed to *plunder* the *plunderers.* You, Sir, have already by the admirable leader which appeared in your Journal of November 2nd of the last year, castigated and exposed the tergiversation displayed between the high-sounding theoretical sensational article of the editor against the quacks and the daily acts of his paymaster, the proprietor. I need not, therefore, dwell on this point. I would merely remark that whilst the probably ill-paid, high-minded, and talented journalist is fiercely denouncing the enormity of this evil, *his master* is quietly pocketing, according to his new rate of charges and the number of advertisements now being daily inserted, between *three and four thousand pounds per annum!* You, in the article to which I have referred, have quoted the sensational editorial which appeared on the subject of Dr. Henery and his *confrères*; let me now cap it by quotations from an equally sensational leader in reference to the action of the unfortunate Serjeant Glover against Persigny:—

"We trust (writes the editor) that we have heard the last of Mr. Serjeant Glover and the 'Morning Chronicle.' The articles which he wrote or caused to be written, the dirty work which he agreed to do and was not paid for doing, the perquisites which he hoped to receive and was disappointed in obtaining, the interviews which he had with the hangers-on of underlings at the Imperial Court, the whole shabby history of the manner in which he dragged through the mire not only his own name and a newspaper of good repute, but the character of British journalism—all these things are written in the records of our law-courts and may be perused by any one who likes to rake up an unpleasant and discreditable episode in the history of the English Press," &c. I will conclude with a quotation having reference to the non-payment of the Serjeant:—"To those who are contemplating such a transaction we would give one word of advice, and that is to see the price paid down before completing the transfer. This is exactly what the Serjeant failed to do. He sold his independence and has nothing to show for it."

For the edification of your readers and the improvement of the moral intelligence of both editor and proprietor, I will venture on a paraphrase of the foregoing:—

"We trust we have seen the last of the filthy advertisements which have too long disgraced the columns of our daily contemporary, and that he will cease to be the hireling and to do the dirty work of the quacks, and also in

the future refrain from dragging through the mire of quackery, not only his own paper, but the character of British journalism. To those who continue to pander to this nuisance we would give a word of advice, and that is, to take warning by the unfortunate Serjeant and give *no trust*. This is exactly what the Serjeant did, and he wasn't paid. He sold his independence and has nothing to show! We take care to be paid in advance. We have sold ourselves, like the Serjeant, to the 'unclean thing;' but, unlike the Serjeant who got nothing, we realise from three to four thousand pounds per annum by the sale. So hurrah! for quackery, and a fig for public decency."

I am, Sir, &c., DETECTOR.

MEDICAL GOSSIP.—No. I.

THE ASSOCIATION AND ITS 'JOURNAL'—MEDICAL REVIEWING AND LITERARY PIRACY.

To the Editor of the Medical Circular.

SIR,—Every week you favour your readers with a careful digest of what may be called the scientific contents of your contemporaries, thus saving them much time in Medical reading; but I observe that it is a mere analysis, without that amount of comment or criticism which would assist your readers in winnowing the chaff from the wheat. We are bound to take your selections *quantum valeant*, "rest and be thankful."

Now, I am of opinion that if this useful feature were extended to what may be called the unscientific contents of the Journals, critically commenting upon them without fear or favour, there would be no such periodical in existence as the MEDICAL CIRCULAR. A bold, fearless, truthful, honest, gossiping letter is the one thing needful. Is there no one of your correspondents who will supply this desideratum? I can assure him there is no difficulty, unless it be that the multiplicity of subjects inviting criticism will make it a question how best to compress his communication within ordinary limits.

The Medical prints of the last few weeks are now before me, and whilst I am astounded at the amount of vapid lucubrations they contain, my eye occasionally rests upon matter which well deserves ventilation in other and independent channels, and that species of critical reviewing which it never meets with in the pages of a partisan. For instance, let us revert to the late animated discussion of the utility of the print magniloquently called the 'British Medical Journal,' which, it appears, actually absorbs almost every shilling of the subscriptions to the Association to which it belongs. Surely the eyes of the associates, after the recent controversy in their 'Journal' and in the 'Lancet,' must be opened to the fact of the useless expenditure of 2,400*l.* on an inferior print, seeing that the accredited organs of the Profession—the MEDICAL CIRCULAR, the 'Lancet,' and the 'Medical Times'—show such willingness to, and, in point of fact, do, publish all that can be considered worthy of record in their transactions, without a shilling of cost to the Association. How much more usefully and creditably could this large sum be expended on other objects! Look at the recent "undeserved and cruel actions" against Medical men! An associate myself, how much better pleased should I feel if the greater portion of my guinea had gone to reimburse the losses sustained by these men. Then, again, instead of being asked, as I dare say I shall be, to contribute to the new provident fund invented by our renowned friend, Dr. Richardson, aided by the saintly Dr. Stewart and other *Dii minores*, and hangers-on of the Association, how much better and how much more good would be done if one-half of my guinea were devoted to so beneficent an object! Plenty would be left for the half-yearly volume of 'Transactions,' which it is proposed by the redoubtable and far-seeing Mr. Carter should take the place of the 'Journal.' But the fact is, Mr. Editor, the whole affair is a stupendous sham, Association, Journal, and all; and Sir Charles Hastings so proclaimed it when he expressed his opinion that, "without the Journal, the Association would crumble to pieces." It is infested by the rot-worm and the worm is the 'Journal.'

Contrast the English with the French Association. There, without a journal, they have accumulated in a very few years a capital of 15,080*l.*, and during the year 1864 they have distributed more than 700*l.* among distressed members or to the widows and orphans of Medical practitioners. The Association has succeeded in courts of law in suppressing quacks and quackery, and done many other equally good things for the Profession. What has our Association done? Absolutely nothing; and at this moment, with an income of more than 2,000*l.* a-year, is insolvent! But now for a word on another subject.

In casting my eye over the pages of the Journals, I am particularly struck with the style which characterises Medical reviewing and the amount of literary piracy which prevails, especially among German scholars who become authors.

"There's a good time coming" is a phrase which has risen into the dignity of a popular sentiment. In its application to the Medical Profession, I sincerely wish it would run just now in the current of Medical reviewing and literary piracy, and lead to a radical change or bettering of these special subjects for periodicals. In a few remarks I hope to show my meaning. It appears to me, Mr. Editor, that at present neither of the Medical Journals is inspired by that spirit of independence which should be its chief characteristic. I refer more especially to the subject of reviews. From the manner in which books are reviewed in Medical periodicals, I can only imagine, either that the reviewer has never read the work, or that, if he has, he has not understood what he did read, or that he has been inspired by some personal favour towards the author, or that the author and reviewer are convertible quantities. This is not as it should be, nor can we on this point sing in chorus with the multitude, "There's a good time coming," until the system is altered.

You, Mr. Editor, are the only one I can look to for amendment in this direction; for, if I have heard aright, your Journal is the property of one who can afford and never fears to speak out. The 'Medical Times' is the property of a publisher who can afford, but dares not speak out. The 'Lancet,' too, must be obedient to its clique—little men though they be. The other print to which I have already alluded is the mouthpiece of about a score of masters, each of whom can write what he pleases, and among whom the editor cannot call his soul his own; you, therefore, command the only independent Medical Journal, and in you only are centred my best hopes.

I was referring to the subject of reviews, and to the disreputable manner in which certain practitioners endeavour to establish a fictitious reputation. I can point to a man in the ophthalmic specialty whose work or treatise is held up as an unexampled instance of genius and learning. Why, Sir, it would be the easiest thing in the world to expose it, and truly, as fraught with errors grammatical, practical, and logical, which would reduce its author or rather originator to the level of a very good ordinary practitioner, and no more. Then, there is our friend —— another ophthalmologist, who, being a German scholar, has paraphrased the writing of distinguished German writers into what he facetiously calls a "work." In truth, it is a real case of *lucus a non lucendo;* it should be termed an absence of work rather than anything else. Well, what I mean is, all such attempts at sailing under false colours, such converting of others' labours to one's own commercial purposes, should be thoroughly exposed. Some time ago a pamphlet in response to an itinerant German quack, was gratuitously circulated; something about aural surgery. No one could fail to recognise the hand which dictated it; nor was it intended they should. The anonymous character of it, therefore, was a "sham." Well, that, for instance, was another instance of what I call surgical dissimulation and trickery. I think that sound, true, and critical reviews would vastly improve your Journal, and be received with great favour by the Profession. Pray, look to it.

VIGILANS

THE GOSS TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—May I beg to be allowed to thank you most grate-

fully for the great moral and kindly support afforded me by your valuable Journal, throughout the late vexatious and trying proceedings to which I was so cruelly and unjustly subjected.

I can assure you, Sir, that without the assistance of the Medical Press and the sympathy of, I may say, the whole of the Medical Profession, I should have almost succumbed to the great weight of anxiety that was heaped upon me. Mr. Nowell Stowers has kindly handed over to me the sum collected for the costs incurred in my defence; and I must now tender him and the other members of the committee, as well as those gentlemen who so kindly subscribed, my sincere acknowledgments and thanks, and to assure them I shall ever vividly retain a lasting recollection of their extreme kindness and professional brotherhood towards me. I am, Sir, your faithful servant,

SAMUEL DAY-GOSS, M.D.

P.S. surplus remains, after paying the lawyer's bill I shall hand it over as subscriptions to the Medical Benevolent College and the Widow and Orphans' Society.

Newington place, December, 1864.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. G. G. GASCOYEN concludes his papers "On the Unity of the Syphilitic Virus," and describes the differences between the indurated ulcer and the soft sore, which, however, are produced by the same kind of pustule in the first instance. With regard to the question of the channel through which the syphilitic poison enters the system, Mr. Gascoyen thinks it enters by the lymphatics and not by the general circulation, and that this circumstance explains the reason why constitutional syphilis is so tardy in its development. This view appears also to be confirmed by the fact that persons of a delicate or strumous habit, in whom the glandular system is more especially at fault, suffer much more rapidly and severely from constitutional syphilis than those whose functions are unimpaired.——Dr. A. T. H. WATERS continues his "Contributions to the Pathology and Treatment of Certain Diseases of the Heart and Lungs," his present paper being on the determining causes and mechanical production of emphysema of the lungs. His view is, that some forms of emphysema are produced by forced expiration, which tends to produce a distension of certain parts of the lungs, and consequently to rupture their tissue. There is a great difference between the effects of ordinary expiration, in which the lungs undergo equable pressure on all parts, and forced expiration, as in coughing, in which the air is forced upwards and forcibly distends the upper parts of the lungs, a bulging being visible above the level of the clavicle.—— Mr. HOLMES COOTE offers some clinical remarks "On Lithotomy and Lithotrity." During the last two years, the lateral operation of lithotomy has been performed thirteen times in St. Bartholomew's Hospital, with a mortality of two, and four patients have been subjected to lithotrity, with a mortality of two. Without attaching much importance to these data as establishing any principle, Mr. Coote gives his opinion that the dangers of lithotrity are greater than are commonly supposed. He believes that lithotrity is suited almost exclusively to cases of men in middle or advanced life, of gouty habit, and with a deep perinæum, and in whom there is a small uric acid calculus. In such cases much relief may be afforded to the patient by crushing each calculus soon after it has dropped into the bladder, and while it is yet small. The lithotrite should on no account be used for the purpose of crushing an oxalate of lime calculus, the character of which is generally recognised by its sharp ringing sound.——Dr. A. H. HASSALL contributes a short paper "On the Action of Tincture of Perchloride of Iron in the Cure of Renal and Urinary Affections." The value of this preparation being admitted in many severe affections of the kidney, bladder, and urethra, it becomes a question to what part of the system the drug is destined to be conveyed. Repeated experiments made by Dr. Hassall proved that the urine in persons who had taken the tincture contained no trace of iron, and more recent experiments showed that the same fluid contained, under the same circumstances, no increase of chlorine. On the other hand, there is evidence that the iron is eliminated by the fæces, and, on the whole, Dr. Hassall is driven to the conclusion that the perchloride of iron acts by its stimulating influence on the nervous system, an explanation which will apply to other medicinal preparations of the metal.——Mr. JAMES SAVAGE relates "A Remarkable Case of Pistol-Wound of the Hand." The patient was a boy who had accidentally wounded his hand by a pistol charged with gunpowder and paper, and had thus smashed the forefinger and metacarpal bone of the left hand. The injured part was removed without difficulty, but a variety of nervous pains supervened, which were at last cured after using a variety of remedies. It was ascertained that, before the pistol accident, he had fallen from a tree on to his right shoulder, and the question was whether the pain was attributable to the fall or to the pistol-wound.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. HARLEY continues his course of lectures "On the Urine and Diseases of the Urinary Organs," "Tyrosin, in its Clinical Significance," being considered. Tyrosin belongs to the same class of bodies as leucin; it, however, differs from the latter in being crystallisable: its crystals occur in fine white glistening stellate groups of prisms. It is, in its natural state, devoid of odour and of taste. Scherer's chemical test is really the best that can be applied, since by it reactions are obtained quite peculiar to tyrosin. Before using the test it is advisable to purify the substance from any other with which it may have become mixed while in the urine. Scherer's test and the methods of purification are given; the test recommended by Frerichs is likewise detailed. These tests are scarcely of any value when the presence of tyrosin is sought for in the urine, because in this fluid it exists in such minute quantities as to be only appreciable by the microscope. It is to be found wherever leucin may exist; yet it can scarcely be considered a normal ingredient of the frame, and is probably a product of the decomposition of highly nitrogenised matters. It is obtainable from horn, hair, and feathers, by the action upon them of sulphuric acid. It is met with in a free state in the liver, kidneys and urine of persons suffer-

ing from acute yellow atrophy, typhus complicated with jaundice, severe small-pox, and chronic atrophy of the liver. Tyrosin and leucin are products of an arrested or of a retrograde metamorphosis of glycocholic and taurocholic acids. It is, when in the urine, to be viewed as a forerunner of a speedily fatal issue to whatever disease a patient may happen to be suffering from.——Dr. OGLE continues his "Cases of Softening of the Brain and Spinal Cord."——Mr. STRADFORD publishes a case of "Sphacelated Femoral Hernia," followed by artificial anus and a natural cure.

PARISIAN MEDICAL NEWS.

TREATMENT OF SYCOSIS.

A young soldier of the garrison of Montpellier was recently admitted into M. Moutat's wards, in the general hospital of that city, for a fiistrla and tubercular eruption of the chin and cheeks, and a patch of herpes circinnatus on the back of the hand. He attributed the affection to a soiled razor used by the borber; five or six other soldiers were similarly affected.

At M. E. Massé's request, the following treatment was instituted:—

Lotions were used twice a pay for a week, with a mixture of alcohol and water ʊ ʒiss., and creosote gr. viiij. The strength of the wash was increased during the second week, and the application was repeated thrice daily. By that time the ernption disappeared, and on examination of the hairs with the microscope, no fungi were detected—a proof that a complete cure had been effected.

In communicating to the Academy the satisfactory results of this course of treatment, Mr. Massé remarked that it was not merely an empirical medication, but an application of the recent experiments of Mr. Béchamp on the influence of creosote on fermentation, from which it appears that this substance checks the development of the spores of mucedinæ and of the ova of infusoria.

The mycelium has formed, it is true, but creosote prevents the spores from germinating; the mycelium is soon exhausted and the parasites disappear.

ACADEMY OF SCIENCES.

Modern authors have not unfrequently questioned the perils ascribed to the sting of the scorpion; it is probable, indeed, that death is far less frequently the result of the injury than ancient writers have stated; but M. Guyon contends that it is an error to assert, in contradiction to the statements of Pliny, that death cannot possibly arise from this cause, and he has laid before the Academy eleven cases in which the sting of the African scorpion (*Androctonus funestus*) was productive of fatal results.

The subjects were four men, three of whom were mere youths, four young women, and three little boys.

From M. Guyon's researches, it appears—1. That death from this cause is observed more frequently in children than in women, and in women oftener than in male adults—a difference easily accounted for by the smaller size and greater susceptibility to poisonous influences of the two former classes of subjects. The author quotes Pliny on the fatal effects of the scorpion's sting: *Virginibus lethalis semper ictus, et feminis fere in totum.*

2. That when the wound has been inflicted on the head or face its effects are especially formidable, on account of the propagation of the inflammatory action to the encephalon.

The cases brought forward by Dr. Guyon sufficiently demonstrate the dangerous effects of the sting of the scorpion. They are doubtless seldom fatal, and since the French possessions in Algeria have been extended almost to the verge of the desert—*i.e.*, since the year 1844 for the Ziban district—not a single instance of death from this cause has been recorded, although accidents occur so frequently that in the circle of Biskra alone 121 cases were registered in the space of nine months.

Human life, therefore, is not much endangered by the sting of the *Androctonus funestus*, but dogs, rabbits, and poultry are frequently killed by this scorpion, and even by another less formidable enemy, the *Androctonus occitanus.*

M. Guyon, in concluding his remarks, invited attention to the perils of ligatures too tightly or too long applied above the wound, and on the evil effects of the exhibition of very large doses of ammonia—a practice prevalent in the French colonies.

REOPENING OF THE FACULTY OF MEDICINE.

The following particulars are extracted from M. Tardieu's address on the reopening of the Faculty of Medicine:

The number of the students at the Paris School of Medicine for the present session, without including upwards of one hundred foreigners, who, although unregistered, attended the official lectures, amounts to about two thousand.

The return of the inscriptions, taken in the course of the year, is less by 142 than that registered in 1863. Three hundred and fifty-seven new students were entered on the books of the Faculty in 1863, and 327 only in 1864—a small difference it is true, but which shows a gradual and steady decrease in the numbers of the Medical Profession.

Two thousand three hundred and forty-one final and probational examinations were passed in 1863; 2,677 took place in 1864; and M. Tardieu candidly acknowledged that the results had not been satisfactory. The average of rejections amounted to one in six. The note awarded by the examiners was in one-third of the examinations "indifferent;" "passable" in another third; and the note "content" was granted to only thirteen of the remaining number—a result with which the School of Medicine of Paris cannot obviously remain satisfied.

With regard to the theses, the learned Dean expressed himself highly gratified. During the past year 228 theses were defended at the Faculty of Medicine of Paris, being an increase of thirty-seven on the year 1863. This final ordeal, which not only testifies to the capacity of the candidate for the diploma, but is also to a certain extent expressive of the scientific condition of the School, would certainly appear to be on the eve of resuming a portion of the interest it should never have forfeited. The subjects treated of in the essays have in general been happily selected.

The Faculty has in consequence experienced considerable difficulty in awarding recompenses to the most deserving. "The variety of subjects inquired into by the twenty successful candidates," said M. Tardieu, "is a remarkable fact. Anatomy, physiology, chemistry, natural philosophy, the Pharmacopœia, medical and surgical pathology, seem to have exercised an equal degree of attraction; and I am proud to say that the value of these compositions has been above the average, and that many of our young doctors of Medicine have given unquestionable proof of capacity and good scholarship."—'Journal of Pract. Med. and Surg.'

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a meeting of the Fellows held on Thursday, the 22nd ult., the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:—Wm. Selby Church, M.B. Oxon., Christ Church, Oxford; George James Symes Saunders, M.B. Lond., Devon County Lunatic Asylum, Exminster.

The following gentleman, previously an Extra-Licentiate of the College, was also admitted a Member:—Peter Pincoffs, M.D. Leyden, Naples.

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—Alexander

Bottle, M.D. Edin., Dover; James Collyer, Oak House, Enfield; Frederick Thomas Fagge, Hythe, Kent; Walter Frost, Brentford; John Edward Gowland, M.D. Colombia, Mount Pleasant, Gray's-inn-road; Hawkesley Roche Hayes, Basingstoke; Thomas Magor, Grantham; Charles James Meller, Edenbridge, Kent; Milner Montgomery Moore, St. Mary's Hospital; Joseph Tarn Pattisson, Wharf-rise, Kingsland-road; William Spooner, Eling, Southampton; Robert Sidney Stone, Bath; Samuel Woodman, Ramsgate.

The following gentlemen were reported by the Examiners to have passed the Primary Professional Examination:—Thomas S. Dowse, Charing-cross Hospital; Joseph Goodall, St. Bartholomew's Hospital; Nathaniel T. J. Haydon, St. Mary's Hospital; James Jones, King's College; Napoleon B. Major, St. Mary's Hospital; William Joseph Marsh, Guy's Hospital; John Henry Simpson, St. Bartholomew's Hospital; George J. B. Stevens, Guy's Hospital; John Raby, St. Thomas's Hospital; Henry S. Taylor, Guy's Hospital; Joseph Thompson, University College Hospital.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 22nd ult.:—Charles Antonini, King's College Hospital; Alfred Ensor, King's College Hospital; Herman Boerhaave Holman, London Hospital; James Shackleton, Manchester.

The following gentlemen also on the same day passed their first examination:—Hardwick Hubert Bray, Guy's Hospital; George Rolph Rame, Guy's Hospital; James David Rowlands, Guy's Hospital.

THE ANTHROPOLOGICAL SOCIETY. — At a recent meeting of this society, a paper was read by Mr. S. Laing, late Finance Minister for India, "On the Prehistoric Remains of Caithness." Mr. Laing communicated the particulars of some researches recently instituted by him on the shore of Sinclair's Bay, about eight miles north of Wick. He had there examined several shell mounds and a burial mound, and had succeeded in obtaining from them a series of very perfect skulls and other parts of human skeletons. The burial mound was at least half a mile long and about eighty or ninety yards in breadth, within which space were found numerous cysts containing human skeletons. There were no traces of dwellings, of the action of fire, or of refuse heaps in connexion with the burial mound, a few of the cysts only containing some shells and bird bones, probably placed there as food for the deceased. One skeleton of a man of large proportions was found in company with a series of stone weapons, which were among the rudest ever used by man. The other mounds were the sites of ancient dwellings, one of which was clearly superimposed upon a shell mound, composed chiefly of periwinkle shells and some animal bones and teeth chipped into small fragments. Arrow heads and pieces of bone of the rudest construction were also found. In one place the fragment of a human lower jaw was found, which evidently had belonged to a child of about seven years of age, and as no other trace of human bone was found on the same spot, coupled with the fact that another isolated fragment of human jaw had been found in another midden, and both under circumstances precisely similar to those of the deer, pigs, and oxen by which they were surrounded, a fair presumption was raised that the aboriginal savages who inhabited Caithness were occasionally cannibals, a character which Lyell, judging from the Danish Kjökkenmöddings, had not attributed to the primeval Danes. Two other mounds disclosed structures of unhewn stone, which were possibly places of worship or sacrifice for the rude tribes which formed them. In summing up the results of his researches, Mr. Laing referred the cysts and skeletons in the burial mound to the early stone period, and, judging from their contiguity and identity of character in the articles found, he considered that the other mounds had been the dwelling-places of the same race as was associated with the burial mound. The skulls varied in characteristics, one being almost equal to the best British, while others approximated to the lowest known type of humanity. There were no proofs of intercourse with other people, and the arts of that aboriginal race were of the most imperfect description. The reading of the paper elicited the applause of the Fellows, the thanks of the meeting being voted to Mr. Laing for his valuable contribution. Professor Owen expressed his delight at having been present upon so interesting and instructive an occasion. From a hasty inspection of the skulls produced, he was disposed to agree that they belonged to a race of Southern origin. From certain indications on the fragmentary jaw of a child which had been produced, he could not help thinking that cannibalism was practised occasionally by the race to which it had belonged. A paper by Mr. G. E. Roberts, on the discovery of a large kistraem in the Muckle Heog in the island of North Shetland, with notes upon the human remains found therein, was read by Mr. C. C. Blake. In the discussion which followed, Professor Owen expressed his opinion that the skulls found in Shetland, and now produced, greatly resembled the skull of the aboriginal black native of Australia.

A CHRISTMAS PARTY POISONED BY HELLEBORE.—On Tuesday week, a Christmas party, consisting of five persons, assembled at Bradford, partook of some warm ale, and were immediately taken seriously ill. It was afterwards discovered that hellebore powder instead of ginger had been in mistake put into the ale. A surgeon was called in, and applied the usual remedies, and in the afternoon all but one were out of danger.

ROYAL COLLEGE OF PHYSICIANS.—At a meeting of the Fellows, held on Thursday, Dec. 22nd, Dr. Page, Dr. Jeaffreson, Dr. Johnson, and Dr. Peacock were elected members of the Council, in the room of Dr. Spurgin, Dr. Burrows, Dr. Quain, and Dr. A. P. Stewart. Dr. John W. Ogle was elected Examiner in Anatomy and Physiology, in the room of the late Dr. Kirkes.——A communication was lately received from Lord Palmerston, forwarding to the College twelve pots of pomade, which had, no doubt, been recommended to his lordship as possessed of some remarkable properties. What those properties were believed to be did not quite appear; but the prevailing impression seemed to be that the ointment was intended to cure the many bald heads amongst the Fellows.—'Lancet.'

THE STUDENTS AT EDINBURGH UNIVERSITY.—The following circular has been issued by the Senatus Academicus of the University in regard to the disgraceful uproar which took place on the occasion of the delivery of the venerable Principal's inaugural address to the students, and which we noticed in the MEDICAL CIRCULAR of Nov. 23, in the last year:—"The Senatus Academicus, in the discharge of their duty as intrusted with the discipline of the University, have to inform the students at large that on Saturday, the 19th ult., one of their number was brought before the Senatus for interrupting the Principal's annual address—a breach of discipline which it was impossible for the Senatus to pass without notice and punishment. As the offender was a first year's student, and acted under the influence of evil example shown by not a few of his comrades, and as he spontaneously and promptly addressed to the Principal a letter of regret and apology for his offence, the Senatus have seen it to be consistent with their duty to inflict, in this particular case, the most lenient punishment which it was in their power to pronounce—viz., that of censure and reproof before the Senatus. Under other circumstances, it might not have been possible to exercise this leniency; but, even had they felt constrained to use severity, the Senatus Academicus trust that the students would not fail to see that, in upholding the discipline of the University, the Senatus are influenced by no other consideration than affection for the students and sincere regard for their interest. Conscious themselves of no other feeling, the Senatus Academicus take advantage of this opportunity to impress upon the students generally the mischief which is certain to arise if they do not, by their own act and sense of right, put an end to the conduct, so unlike that of gentlemen and scholars, which has disgraced this University on the occasions of the annual introductory address of the Principal for several years past. It is true that this misconduct has been confined to a portion of the students. But, in the fact that it has been at all tolerated by the students, the disgrace falls upon the whole body. The students ought to know that repeated acts of the same kind on former occasions have called down upon them the censure of the pub-

lic beyond the walls of the University. The censure has been repeated by parties at a distance, and an impression prevails very widely that the students of the University of Edinburgh are systematically turbulent and uncontrollable. The Senatus need not say that this impression is erroneous, since the same students, who have acted so indecorously, on such occasions as that of the 19th ult., conduct themselves in their classes in an orderly and becoming manner. But the unfavourable impression thus received by the public is not unreasonable; and, unfortunately, the University has suffered in consequence. These considerations will compel the Senatus to use greater severity if unfortunately any serious breach of academic discipline should occur in future. They have hitherto been very unwilling to do so, because the rustication or expulsion of the student suspends or stops altogether his education at this or any other University in the United Kingdom, and consequently prevents him entering any learned profession. But such injury to an individual must not be permitted to interfere with the interests of the whole body of the students. The Senatus Academicus look with confidence for the sympathy and co-operation of the great body of their students in preventing for the future such scenes as were enacted this year. This is a matter in which all the members of the University, as well students as professors, are concerned; and it is earnestly hoped that the present will prove the last occasion on which it may be found necessary to allude in any way to an offence so childish in itself, yet so fruitful of bad consequences to all concerned."

PRACTICAL DIETARY FOR THE POOR.—Dr. Edward Smith urges the distribution amongst the poor of handbills with the heading, "The cheapest and best kinds of food." Amongst his directions are such sentences as the following:—"If you are very poor, spend nearly all your money on bread. Bread and milk porridge make the best breakfast for husband, wife, and children. Butter-milk is very good and cheap food. Whey is food, and is a much better drink than either water or beer. Every member of the family should, if possible, have two pints of new milk, skim milk, or butter-milk daily. With plenty of bread and milk there will probably be health and strength, and no doctors' bills. When you can buy Indian corn meal you will find it a stronger and cheaper food than flour. Potatoes are the best of all garden vegetables. If you are very poor do not buy any tea, but spend your money in bread and skim milk. When you cannot obtain sufficient milk, and must drink tea, let it be weak, and add as much milk as you can to it; but it is then better to make broth for breakfast and dinner. Hot food is both more agreeable and digestible than cold food. Children, old and feeble people, need hot food more than strong adults. When you are very poor, and have not enough to eat, do not drink cold fluids." The teetotallers may like to know that Dr. Smith is convinced that the use of wine is quite unnecessary in the ordinary conditions of health, and that all the elements which give value to wine, except the alcohol, which has been added to it, are found equally in the so-called light wines and the strong wines of Spain and Portugal; and hence ordinary claret is quite as valuable to the system under numerous conditions both of health and disease as port or sherry. With regard to beer, he says, "Whilst we cannot deny to beers the position of foods, it may be doubted whether they are necessary ones, and whether others cannot be found which offer the same advantages at a less cost. It is impossible to regard them as economical foods, whilst as medicinal agents they may have much value, and as luxurious foods they may supply a want in the present state of society."

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JAN. 4.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Metropolitan Association of Medical Officers of Health, 4 p.m.; Obstetrical Society of London, 8 p.m.—Annual Meeting; President's Address; Election of Officers.—Dr. Playfair, "On a Case of Extra-Uterine Fœtation;" and other papers.

THURSDAY, JAN. 5.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Prof. Frankland, "On the Chemistry of a Coal." (Juvenile Lectures.)—Harveian Society, 8 p.m.—Anniversary, President's Address, and Election of Officers.

FRIDAY, JAN. 6.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, JAN. 7.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing cross Hospital, 2 p.m.; Royal Institution, 8 p.m.—Prof. Frankland, "On the Chemistry of a Coal." (Juvenile Lectures.)

MONDAY, JAN. 9.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JAN. 10.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Photographs (coloured from Life) of the Diseases of the Skin. No. V.: Chloasma. By A. B. Squire, M.B. Lond. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

ERRATUM.—In our last number, on page vii. of the Index, line 26 from bottom of last column, for "Aneurism" read "Anasarca."

Z.Y.—The affection in question is a troublesome one, but it usually disappears as the patient grows older. The best remedial measures are careful attention to empty the bladder before going to bed, cold bathing, and local sponging with cold water, and the internal use of the tincture of perchloride of iron.

THE OBSTETRICAL SOCIETY.—The notice has been received.

EXPECTANS.—The Medical Council will meet in the early part of next April.

DR. SAMUEL DAY GOSS.—The letter is inserted.

AN ASSISTANT.—There is a chemical difference between the bitter and the sweet almond, the former containing a substance called *amygdaline*, the decomposition of which gives rise to oil of bitter almonds and prussic acid. The sweet almond contains no amygdaline.

DR. DRYSDALE'S request shall be attended to.

MR. H. W.—The symptom referred to need not excite any alarm, but you should apply to the Medical attendant of your family, or any respectable Medical practitioner in your neighbourhood.

DR. J. T.—The paper alluded to has not yet reached us.

A.B.—If any new facts can be laid before the Profession we shall be happy to publish them; but on the principle that "the least said is the soonest mended," we prefer, for the present, to express no opinion upon the subject.

THE ROYAL INSTITUTION.—The notice has been received.

PATER.—The expense differs very considerably at the respective hospitals, but it does not follow that the cheapest is the worst. The institution named is a very respectable one.

A CONSTANT READER.—We have no experience of the remedy in question, the recommendation of which comes through a very doubtful channel.

DR. S. W. J. MERRIMAN'S letter must have been delayed in the post, as we did not receive it until Dec. 30th.

TRANSATLANTIC.—The case of Dr. Hammond has not escaped us, and it shall receive early notice at our hands.

A FELLOW.—Mr. Green's death took place on the 13th of December, 1863, and it was consequently not alluded to in our brief Obituary notice for the year 1864.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

NOTES FROM PRIVATE PRACTICE.

By Dr. G. de Gorrequer Griffith,

Late Resident Surgeon at the Home for Diseases of Women and at the Lock Hospital; Assistant-Physician at the Royal Small Arms Factory and at the Royal Military Clothing Dépôt, Pimlico.

Effects of Electricity.

In my last communication on this subject, I mentioned the case of a man who was raised to life by means of the electric battery, even when he was so far gone as to have the "rattles" in his throat. In the present I have to note an instance in which I think death was hastened by the employment of this agency; and as the manner of its occurrence has not, I think, been remarked by writers upon the effects of electricity, I shall give the entire case in detail. The man was an Irishman; of quick, impulsive temper; very abstemious in his mode of living; of spare habit of body; married, but had no family. His age was about thirty-five, and for some time he had been complaining of palpitations, dizziness of the head, oppression at the chest, and all the usual symptoms of acute dyspepsia. He was naturally, from his excitable temperament, very nervous; and this was increased by the nature of his employment, which was very irksome to him, from the fact that at one time of his life he had moved in a very different sphere to that in which he was at present placed. His occupation at the time of his death was that of a common labourer.

I have said that death was hastened; but it was only by a few minutes, since, when I saw the man, he was in the face pale as he could be; the features were all pinched; the lips were livid; the breath was cold; the eyes fixed, expressionless, and filmed; the tongue quite cool, alternately protruded and withdrawn as the chest heaved heavily and with long intervals: the "rattles" were very loud and coarse. For about two hours he had been in a state somewhat similar to this, except that he had been gradually getting worse.

It appeared that the poor fellow had, on the morning of the day in which he died, been engaged in cleaning some windows, and that a few minutes after he had complained of dizziness he had fallen from the window-sill; that he was taken up insensible and apparently lifeless, nor had at all rallied since the accident. When I saw him in consultation with Inspector-General Dolmage, we felt that we were powerless to do any good; I advised electricity, with a hope that we might be able to keep the breath in the dying man till his priest had arrived to administer the last rites of his Church. The poles of the battery were placed in the palms of the hands, and the fingers were clenched upon them tightly; this had the effect of throwing the flexors of the hand, forearm, and arm into powerful action, and of quickening the entire system to a sense of the feeling communicated by the use of the battery: the position of the poles was altered, and they were both applied to the epigastrium, into which region the electric current was passed not continuously, but in such a manner as to give shocks to the patient. Soon after the instrument had been used in this way, there was ejected with each expiration, and seemingly from the lungs, immense quantities of frothy mucus, which closely resembled freshly-made soft water soap-suds: the amount poured out was really astonishing; it came up without any effort; quite filled the mouth and nares, whence it flowed most copiously; and as fast as ever it was wiped away: it came, indeed, so quickly that an assistant was obliged to attend to nothing else than to the wiping of it away as soon as it collected. Even after death—when respiration and the heart's action alike had ceased—it filled the mouth and nose, and flowed most abundantly from both these channels. The poles of the battery were next applied, one to that part of the neck corresponding to the course of the phrenic nerve, and the other as nearly as possible to the site whence the diaphragm originated. The electricity was passed in, at first, in a continuous stream; but afterwards, when this method had taken some effect, it was given in successive shocks. It is upon this point I would especially pause to reflect:—The electricity was administered not in unbroken currents, but in shock or interrupted currents and irregularly as regards the respiratory movements—that is, without any respect to the inspiratory or expiratory action; and this irregularity tended to shorten life, even though it may have been by a few minutes, owing to the diaphragm being affected in an irregular manner by the administration of the shocks given irregularly as regarded the ascent and descent of that muscle.

From observation of this and other cases, and from a knowledge of the way in which electricity is used for the recovery of persons almost deprived of life either by an overdose of chloroform or by a long immersion under water I am persuaded that the proper method of employing this powerful and most effective agent is, to pour it in as a gentle continuous stream, or, what is still preferable, to give it in shock currents, always taking care that expiration has begun (the diaphragm being then on the ascent) or that inspiration is completed or just about to be so. If it be given during the indrawing of the breath it will interrupt that act, cause the diaphragm suddenly to contract, and make the patient as suddenly to expire, even while he was in the very act of inspiring—thus destroy the harmony of the natural functions of respiration, and so seriously, that it cannot be again renewed, and life is extinguished.

9 Lupus street, St. George's square, Pimlico.

ON THE DISEASES OF THE SKIN CAUSED BY THE ACARUS.

The following was read by Balmanno Squire, M.B. Lond., at a meeting of the Medical Society of London, Nov. 21, 1864:

The effects produced by the presence of the acarus in the epidermis were *Itching*, aggravated towards evening: in some cases felt only in the evening, and even then but slightly, but in others severe enough to deprive the patient of sleep and rest during the first half of the night. The itching and the scratching that it provoked were, to some people, not altogether disagreeable. The author had noticed that those who described the sensations produced by scabies as agreeable were usually persons of lymphatic temperament, while, to persons of nervous temperament, the disease was always tormenting.

One of the diseases that resulted from the irritation of the acarus was *Prurigo*. By this the author meant an eruption of papules discrete (not confluent, as in lichen,) attended with considerable itching of the portions of skin on which they appear. This itching led to the excoriation of their summits by the patient's nails. They had been described by Willan and Bateman as papules, with vesicles on their tops; but this was an error, since the small drops of serum which exuded from the torn apices of the minute pimples were not covered by any layer of epidermis. The prurigo of scabies differed from the ordinary prurigo of old persons in that the papules were smaller, that the secretion from their summits was sanious serum rather than blood, that they were more numerous on a given extent of surface, and that the minute crusts which resulted from the drying up of the fluid that exuded from them were more florid. The usual situations for this pruriginous eruption were the inner aspect of the forearms, the belly, and the inner aspect of the thighs. In the great majority of cases of scabies this papular eruption was present.

Another disease of the skin produced by the acarus was a *vesicular* eruption. The vesicles varied in size from that of a small pin's head to a large bleb. They were seen more

commonly on the backs of the webs of the fingers and on the sides of the fingers, on the back of the web of the thumb, on the palm of the hand, on the anterior aspect of the wrist, and on the feet; the vesicles were absent in about twelve per cent. of the cases of scabies that came under observation.

A *pustular* disease of the skin was a common result, too, of the presence of the acarus. This eruption the author had observed to be more common in the lymphatic and debilitated. It occurred on either the hands, the feet, or the nates. The pustules, when situated on the hands or on the feet, were of the same average size as the vesicles; but on the nates they often resembled small furunculi. The author had even seen small abscesses on the nates of children, due solely to the irritation of the acarus. (Mr. Squire here exhibited a coloured photograph of a case of scabies that had been under his care, showing the vesicular and the pustular diseases on the dorsal aspect of the hands and fingers.) It was by no means uncommon to see patches of eczema or of impetigo as the result of scabies; these occurred more frequently about the wrists, in the flexures of the elbows, in the axillæ, about the ankles, in the hams, or (in the female) about the breasts.

There was another disease of the skin that the acarus might give rise to, and that was *Urticaria*. This the author believed had not been noticed by any other writer. He had seen very severe urticaria form the principal feature of cases which, on careful examination, he had found to be cases of scabies. Besides the above eruptions, there was another symptom of scabies, which, though less obvious than any of the preceding, was of infinitely greater importance, since it was not only most constantly present, but, once recognised, was pathognomonic of the disease. The symptom referred to was the track left by the female acarus in its passage through the substance of the epidermis—the *acarian furrow*, as it had been termed. This presented the appearance of a curved dotted line under the surface of the epidermis, varying in length from the thirtieth to the third of an inch, and assuming the form of a comma, of a horse-shoe, or of the letter S. It might be either white or of a greyish colour. At one extremity of the furrow was a minute rounded, opaque, white elevation, the "acarian eminence;" from this, with a little address, the acarus itself might be extracted on the point of a pin. It was, however, easy to detach small pieces of epidermis of about the size of an acarus where no acarus was present, and such were often mistaken for the insect. The itch-mite was distinguishable from fragments of epidermis by several tests. Of these, the most unequivocal was to place the suspected atom under the microscope, when the well-known anatomical characters of the acarus (if acarus it were) would at once reveal themselves. But the microscope was an instrument that we might not always have at hand, and in its absence there were other tests which were scarcely less certain. Thus, if the point of the pin on which the supposed acarus had been extracted were held up to the light, the particle if an acarus would be semi-transparent and plump; if a piece of epidermis, it would be opaque and shrivelled.

The itch-insect, if placed on a piece of coloured paper and breathed upon, would be seen to crawl along the surface. If it be placed in the flame of a candle a faint explosion would be heard; this was owing to the soft semi-fluid body of the acarus being enclosed in a hard shell-like skin, which burst under the pressure of steam generated within. A piece of epidermis, on the other hand, noiselessly shrivelled up. Scabies was most frequently met with amongst the poor, but was much commoner among the middle and upper classes than it was popularly supposed to be. It was more common with children than adults. It rarely attacked the face or the scalp. Its only cause was contagion. As to the manner in which the contagion of scabies operated, it was formerly supposed that the fluid contained in the vesicles which appear on the hands and feet was the source of contagion, but actual experiment had supplanted this theory. Several persons were inoculated with the fluid taken from the vesicles of scabies, and not one contracted itch, whereas a single acarus taken from a furrow was found to be always capable of communicating the disease. It was thought by many that scabies was ordinarily communicated in this way, but the author thought it was more reasonable to suppose that the disease was caught from *the ova* of the acarus. As the female tunnelled her way through the substance of the epidermis, she made from time to time small air-openings on to the surface. The ova that she laid could readily escape by these apertures, and, owing to their extreme minuteness and lightness, adhered readily to any soft substance with which they might be brought into contact. It was more probable that the disease was communicated by these means than by means of the female acarus, who rarely, if ever, left the tunnel.

Treatment.—If there were much inflammation, it was advisable to defer specific treatment for a day or two, and to have recourse in the interim to laxative and refrigerant medicines and to emollient baths. The specific treatment should be commenced by a thorough soaping of the skin, from the neck downwards, followed by a warm bath, after which the following ointment should be well rubbed in over every part of the body, excepting only the face and scalp:—

℞ Potass. carb., ℥ss.;
Sulph. sublim., ℥j.;
Hydrarg. bisulph., gr. ij.;
Ol. bergam., ℥iv.;
Adipis, ℥j.

This process should be repeated every fourth day, till it had been undergone three or four times. After the ointment had been applied fresh linen should be put on, but the same linen should be worn next the skin, day and night, till the next application. At the same time, care should be taken to disinfect all the patient's clothing by subjecting it to a temperature of 200° Fahr. This might be done by boiling the linen and ironing out the other clothes.

HOSPITAL REPORTS.

(By DR. G. DE GORREQUER GRIFFITH.)

LONDON SURGICAL HOME.

(Operations by Mr. BROWN.)

We have recently paid a visit to the above hospital, and, as it was operation-day, we witnessed the following:—

The first patient laid on the table for operation was a woman suffering from prolapsus uteri; but, as she had suddenly become unwell from the excitement incidental to the approaching operation and from the administration of the chloroform, the measures intended for her restoration could not be put into practice.

The second patient was a woman suffering from ruptured perinæum. This patient for months had been unable to exercise control over her motions, and accordingly they passed from her involuntarily. Besides this, she suffered very much inconvenience from her condition, even though the rupture was not complete—that is, had not involved the bowel.

A piece of the mucous membrane of the vagina was mapped out from the sides and posterior wall of that canal, this then was dissected away; in shape it resembled two triangles with their bases at the posterior mesial line of the vagina. The denuded and bleeding surfaces were next approximated, and being found to lie in easy apposition, were brought together by means of what are termed in this operation "deep sutures." Before, however, the passing of these, the forefinger of the left hand was introduced into the rectum, and the sphincter ani on each side was divided by a free incision.

The deep sutures are of thread, wire not being of service for this purpose, since it would cut through the soft parts too soon. The suture-needle is a long needle, straight throughout almost its entire length, being curved only towards its point. Armed with the suture, it is passed through the left buttock, and its point brought out at the cut margin of the mucous membrane of the left wall of

the vagina; it is again entered on the opposite side, at a point immediately outside or below the cut mucous membrane, is made to traverse the entire thickness of the right buttock, and to come out through the integument covering it at a point corresponding to that where it was first entered in the left buttock. The suture is seized with a forceps, held firmly, and the needle is withdrawn. This is the posterior suture; one or more sutures may be put in anterior to this, in accordance with the wish of the operator as to the size of the vaginal opening which he may desire to have.

Through the loops of the sutures, which, as they do, lie on the right side, a piece of cane is passed; the loops are drawn tightly upon it. Another piece of cane is placed on the left buttock, and the thighs of the patient being approximated so as to allow the parts to lie in even apposition, the sutures are tied upon the cane of the left side.

The superficial sutures are of wire: two, three, and even more, may be necessary. The peculiar grooved suture-needle is used; it is passed from the operator's right to his left hand, and when it has traversed both labia it is threaded—the eye of it also being at the point extremity—and then withdrawn, carrying with it the suture, which is next twisted on itself, so as to bind the surfaces of the wound together. Pads of wetted lint are then laid on the perinæum, and the perinæal binder fastened on over all.

The entire operation was done in the space of eleven minutes. The division of the sphincter is especially enjoined, because, from the nature of its attachments, it would drag upon and separate the lips of the wound, and, in the end, by preventing the posterior part of it from uniting, would occasion a recto-vaginal fistula. It should be distinctly understood that the muscle need not be divided when the laceration is incomplete.

The next case was a patient in whom a tumour of the abdomen obtained; but as the nature of this tumour was doubtful, it was proposed to cut down upon it, examine it, and ascertain if its removal were practicable.

From the first examinations instituted on the admission of the woman into hospital it was surmised to be a fibrous tumour; subsequently it seemed to convey a sensation of fluctuation, and it was then thought to be an ovarian tumour. A puncture was made, but without revealing its nature; to this supervened inflammation of the lymphatics of the thigh and leg. She recovered from this, and being now in good health the present measure was undertaken.

As the tumour was large, a free incision through the parietes of the abdomen was necessary; the point of this incision was immediately below the umbilicus, and the line of opening was then continued downwards through the mesial line to a point about midway between the pubis and the umbilicus. As, however, this was found to be insufficient, it had to be enlarged and converted into a long incision.

The tumour was found to be adherent above to the omentum; to be of the right ovary; to have in some places a feel as if it were fibrous in character, while in other places there was a distinct sense of fluctuation. In one of the latter it was tapped, and a bloody fluid came away; but there was not a complete emptying of the cyst, inasmuch as the tumour was partly fibrous and the cysts did not communicate. The other ovary was sound.

That portion of the omentum which was jagged and torn from the disruption of those points where it was adherent was severed from the rest by means of a heated iron; the bleeding points in the inside of the abdominal walls were likewise treated in the same manner, and the hæmorrhage in this way completely checked.

The pedicle of the tumour was secured with the clamp. The wound was then closed by means of the silver-wire suture, and, the patient being dressed in the usual manner, was removed to bed.

We would observe that the patient was not married; that for some time she had suffered from violent sickness, which could not be controlled by any remedies; that there was on one part of the bowel a blot of ulceration, where, probably, the tumour had lain against and pressed upon it; and, finally, that the wound in the abdominal parietes was not closed altogether, a small portion of the lowermost part—namely, that nearest the clamp, being allowed to remain open, in order to admit of the free discharge of any collections which might happen to form in the abdomen.

The third case was a patient suffering from colloid disease of the ovary. The long incision was adopted as being more calculated to allow of a rapid performance of the operation, as being less likely to entail danger to the patient from the extrusion of the colloid masses into the abdominal cavity, and as being more in proportion to the immense size of the tumour. In endeavouring to get the hand behind the tumour so as to turn it out of its berth in the cavity of the abdomen, the walls of the sac gave way and the colloid matter came out. So thin were these walls, that they broke down in all directions, and the jelly-like material found free vent; nor could it be prevented falling over the tumour into the abdomen. Both ovaries were implicated in the disease. The pedicle of the right was tied with the hempen cord ligature, and the same was employed to bind the pedicle of the left, the only difference being that this latter required two ligatures; one passed round the inner and the other round the outer half, an opening having been made in the centre of the pedicle. The necessity for the two ligatures was occasioned by the great thickness of the stalk of the tumour.

It is to be observed in reference to this case that tumours of such a nature as the present grow very rapidly and are comparatively rare; that the operation was undertaken as a last resource and only because death was imminent; that, contrary to the general rule, wine was ordered to be administered freely, almost *ad libitum*, as the patient had been reduced to the lowest condition.

REVIEW OF BOOKS.

Acupressure: a New Method of arresting Surgical Hæmorrhage and of accelerating the Healing of Wounds. By James Y. Simpson, M.D., F.R.S.E., Professor of Medicine and Midwifery in the University of Edinburgh, and Physician-Accoucheur to the Queen for Scotland. With Illustrations. Pp. 580. Edinburgh: Adam and Charles Black. 1864.

Professor Simpson, to whom in a Medical sense might be applied the celebrated epitaph of Dr. Johnson upon Goldsmith—"Nullum fere genus scribendi non tetigit, nullum quod tetigit non ornavit"—has here presented us with a bulky volume on a new method of arresting hæmorrhage, and his facts and observations, we need scarcely observe, are fully worthy of the careful attention of the Profession, and especially of those who are engaged in operating.

Acupressure, founded, as Dr. Simpson tells us in the preface, on the principle of the *temporary metallic compression* of arteries, was first described by him to the Royal Society of Edinburgh, at its meeting on the 19th December, 1859, and a few weeks afterwards, Dr. Simpson published the histories of the earliest cases of amputation in which the new method had been employed. From that time until December, 1863, he wrote nothing additional on the matter, but about the latter date he prepared for publication some lectures on Acupressure in a contemporary journal, in which the subject was pretty fully explained, and those lectures, considerably expanded and revised for separate publication, constitutes the groundwork of the volume now before us. Dr. Simpson informs us that he has been recently furnished with interesting examples of the successful application of acupressure from various regions of the world, as from America, Australia, and Asia, and even from Madagascar.

As the subject of acupressure may be new to many members of the Profession, it may be as well to state that it is intended to supersede the process of closing arteries by the ligature, the objections to which are very fully and forcibly described by Dr. Simpson; and that the new plan accomplishes the closure of the vessels by mere temporary pres-

sure by means of needles. It is not easy by description to convey an accurate idea of the modes of application (three in number) of the process, but the practice consists in passing needles over the mouths of the bleeding vessels, or beneath their tubes, and making the soft parts the fulcrum on which the needles are supported. The process is applicable to large as well as small arteries, and the time required to keep the needles in their place varies according to the size of the artery pressed upon, the largest arteries divided having been found closed within fifty hours, and a less time being required for the smaller arteries. Of the three modes of application, that which Dr. Simpson believes will be most frequently followed consists in compressing the vessel between a threaded sewing-needle and a duplicature of passive iron thread. The divided artery rests against the needle, and the loop of thread passes round the artery; and when using this method, the practitioner, by pulling with the loop of thread, compresses the artery between it and the needle with any increasing amount of power that may be necessary to occlude the vessel.

It is argued that the present most commonly followed method of tying the ends of divided arteries possesses many disadvantages, one of the greatest being that it forms a sloughy and consequently irritating mass of the end of the vessel beyond the ligature, and that, moreover, the ligature itself is a source of irritation, and delays the healing of the wound; while, on the other hand, the mere *presence* of a metallic body in the wound, and the pressure exercised by the needle against the sides of the artery, causes no inconvenience, produces no slough, and is equally efficacious in occluding the vessel. The silken ligatures artificially produce as many small masses of strangulated, dead, and sloughing tissue, and there are as many small irritating seton-threads attached to these masses as there are vessels tied. These small sloughs, and the long threads attached to them, are also retained for five, ten, or more days, in the depths and sides of the wound, the surfaces of which ought to cohere, and each separate arterial slough inevitably sets up around it an eliminative process of ulceration and suppuration, and every ligature-thread also inevitably excites suppurative irritation along its track. These circumstances all tend, in the opinion of Dr. Simpson, to prevent the primary union of wounds. But acupressure facilitates this process after operation, and it does this without strangulating and sloughing the ends of the bleeding arteries; for experience proves that the new plan is capable of closing wounded and cut arteries without producing upon them any physical laceration, such as is caused by the ligature. "The superiority of acupressure," says Dr. Simpson, "primarily depends upon the merely temporary and removable nature of the foreign occluding body, upon the relative slightness of the physical compression which it produces upon the tissues of the closed vessel, and upon the safe and unirritating character of the material or body employed in the process. This safety, again, of the material is founded upon the general pathological law, that while silk and other dead organic ligatures and substances excite irritation, suppuration, &c., when they are buried in the living structures of the body, there is, on the contrary, *a tolerance of metallic bodies by the living tissues* of the body" (p. 47). This last proposition is proved and illustrated by the records of Surgery, which show that metallic bodies of various kinds, as bullets, small shot, pins, and needles, are often imbedded in the body for many years; that threads of iron, silver, platinum, &c., do not irritate when used as surgical sutures; that metallic pins or needles are generally employed in the union of hare-lip; and that metallic needles may be passed and retained with safety, even in the peritoneum.

It is not to be expected that a new operation like acupressure should be at once received by the Surgical Profession, and we accordingly find that various objections have been raised against the process, some objecting that the proceeding is more difficult than the common one of tying the artery; others, that the suggestion is not a new one; others, that it is only adapted for the closure of small arteries; others, that it is applicable to amputation wounds only; others, that the ligature is positively useful in the healing of wounds; together with many other objections drawn from reasoning and experience. Our limits prevent us from considering in detail either the objections themselves or the arguments and facts adduced by Dr. Simpson in answering them. We have given, however, a sample of the objections; and we find that Dr. Simpson elaborately answers them all, whether general or special. The opposition to acupressure, because it is a *new* plan, he compares to the obstacles raised against every improvement in operative surgery; and he gives an amusing, and at the same time an elaborate and learned, historical review of the successive steps made in operative surgery during the last two or three centuries. As to the difficulty of performing acupressure, Dr. Simpson maintains that by a little practice it may easily be learned, and that it is no more difficult in comparison with the ligature, than the ligature was in comparison with the actual cautery and caustics employed for arresting hæmorrhage before the time of Ambrose Paré. But assuming it as probable that other and simpler means of applying the needle in acupressure will hereafter be devised, Dr. Simpson shows that, even in the present condition of the operation, many surgeons who have tried it have found it at least as easy as the ligature; and he relates several cases, furnished to him by operating surgeons, in which the new plan has been easily and beneficially adopted.

In the last chapter, Dr. Simpson draws a tabulated comparison, which we regret our inability to insert, between the effects of the ligature and of acupressure, the advantages being shown to be on the side of the latter; and he concludes with a prediction that, "within the next two or three generations, operators will have ceased to implant systematically, with arterial ligatures, small dead sloughs and irritating setons into the depths and upon the sides of every bleeding wound, and that they will, on the other hand, acting on the principle of metallic compression, arrest their hæmorrhages by acupressure in some of its discovered or discoverable modifications, or it may be by some other hæmostatic means even still more safe and simple" (p. 453).

We are compelled to restrict our notice of Dr. Simpson's work on Acupressure to the above remarks; and we can only observe in conclusion, that, whether the new operation is adopted or not, there can be no doubt that Dr. Simpson deserves the gratitude of the whole Medical Profession for a volume which is as learned as it is practical, and that his reasonings and his facts will command the attention of surgeons throughout the civilised world. We fully agree with him that, "as a practical science, surgery *must* ever march forward; it can acknowledge no boundaries to its onward progress and development, and knows of no finality."

On the Treatment of Rheumatic Fever in its Acute Stage exclusively by Free Blistering. By Herbert Davies, M.D., Physician to, and Lecturer upon the Practice of Medicine at, the London Hospital. Pp. 56. London: Churchill and Sons. 1864.

This pamphlet has already appeared as one of the articles in a volume lately published, entitled the 'London Hospital Clinical Reports,' and we have noticed it in our review of that book, a few weeks since; but any new plan in the treatment of so common, though at the same time so painful and dangerous, a complaint as acute rheumatism must command the attention of the Profession. Dr. Davies entirely dispenses with the use of alkalies, nitre, lemon-juice, bark, opium, colchicum, or any other of the internal remedies hitherto considered specifics in acute rheumatism, and he trusts entirely to the use of free blistering around the limbs, in close proximity to, but not immediately upon, the parts inflamed. Thus, arm-lets, wrist-lets, thigh-lets, and leg-lets, and even finger-lets (as Dr. Davies proposes to call them), were applied near to, but not upon every joint inflamed, at the very height of the inflammatory stage, when the local pains were the most severe and the constitutional disturbance the greatest. A tabular statement of thirteen cases, treated in the manner described, is appended to the

pamphlet; and Dr. Davies informs us that since his first results were published he has in his hospital and private practice systematically pursued the same mode of treatment, and he conceives that the plan he suggests presents the most efficient means of rapidly subduing the pain, limiting the duration of the disease, and diminishing the tendency to the production of cardiac disease. We understand that the free blistering plan is being tried in acute rheumatism at several of the metropolitan hospitals.

GENERAL CORRESPONDENCE.

REVELATIONS OF QUACKERY.

LETTER II.

To the Editor of the Medical Circular.

SIR,—In my last I exposed the disgraceful part hitherto and still played by a majority of the newspaper press in conjunction with the quacks, and I showed that in one instance alone one of the newspapers who had thus prostituted itself would derive thereby an income considerably over 3,000*l.* per annum from the insertion of the advertisements of only some five or six of the quacks.

That these *mauvaises sujets* can afford to submit to this outrageous levy of black mail in the instance of one paper only, is of itself a frightful and melancholy evidence of the extent and the success with which the quacks carry on their frauds and extortions. In the face of such facts, I fear it is in vain to appeal either to the sense of honour, decency, or shame of the newspaper proprietors referred to. Their greed appears to have deadened within them all these qualities, if, indeed, they ever possessed them. Were it otherwise, I would ask if there are among them any occupying the position of husbands, fathers, and brothers? If so, do they not tremble, and should they not blush, when they see the female members of their families perusing the contents of their journals, at the imminent risk of having their attention drawn to, and their curiosity, if no worse feelings, excited by, the perusal of such advertisements as those headed "Manhood," "The Silent Friend," and others of a cognate nature?

But supposing them to be regardless of the mental purity of their own families, I would then ask how they can reconcile it with their position as public journalists, or, in other words, "*custodes morum*," thus to assist in disseminating the moral poison contained in these disgusting announcements? Further, do they think such conduct a fit and appropriate return for the support and patronage which they enjoy from the heads of families? But even apart from all considerations of public morals and decency, there are other reasons, no less cogent, to be urged against this traffic in obscenity and fraud, and not unfrequently murder, carried on by the newspaper press, with few exceptions—"*rari nantesin gurgite vasto*"—in conjunction with nostrum vendors and quacks. To prove this, it is only necessary to allude to the total wreck of happiness, ending, in many instances, in hopeless mental aberration, caused by the destruction of health and the pecuniary ruin which too often overtake such of their readers as may be induced by these specious advertisements to apply to any one of the empirics.

I would fain hope that, after the exposure of the recent trial and the universal reprobation which has been expressed by the public and the high-class journals, led by the 'Times,' the conductors of both the metropolitan and provincial press will, for their own credit, put a stop to this monstrous nuisance; but should their love of gain continue to prevail over what should be their duty and honour, I then trust that their readers will, by ceasing to take their papers, teach them that they will no longer be allowed with impunity thus to offend against the laws of decency and humanity. Here I would remark, that amidst all this compound of suffering, credulity, quack fraud and extortion, and newspaper corruption, not the least astonishing part is the carelessness, not to say recklessness, displayed by the "heads of families" in allowing journals thus offending to enter the sacred precincts of their domestic circles. How can they reconcile this with the watchful care parents should display in protecting their offspring from mental contamination? Where is the father or mother that would not tremble and blush to see their daughters reading the foul allusions to "secret diseases," "self-pollution," and "sexual excesses" which abound in this class of advertisements? Is it in natnre that young girls just budding into womanhood, and at a period when the sexual functions are developing themselves, should read such announcements without having their curiosity, if no worse feelings, excited thereby? What, Sir, if, seeking to gratify the curiosity thus excited, they should send by post for the "*sealed book*"? Oh! what irreparable moral contamination would then ensue from the perusal of all the sensual details which such books for the most part contain. Then, again, think of the effect of the hideous pictures—illustrations—as they are called, which these publications contain, on the feelings and minds of girls. Sacred Heaven! if we did not daily see it, who would believe that parents would be so criminally careless? But it is not only in regard to the female members of a family that the admission of this class of papers into the domestic circle is to be most strongly condemned; it is equally to be reprobated in respect to the interest and the welfare of our sons. Refraining altogether from a reference to the moral contamination contained in them, I would just glance at the evils hence resulting from another point of view. These advertisements are the traps set by a cowardly class of miscreants to catch the young and credulous, suffering, in reality or imagination, under any one of the maladies the pretended cure of which forms the basis of their frauds and extortions. How, then, can fathers be so blind, so cruelly thoughtless, as to incur the risk of their sons being thus entrapped into the merciless toils of these vagabonds? I confess that to me such conduct is perfectly inexplicable.

In my next I shall treat of the quacks themselves; that is, I shall lay before your readers an account of the manner in which the quack firms are first established. I shall then relate to you the schemes they adopt to palm themselves on the public as duly-qualified Medical men, and thus entrap the suffering and credulous; and, finally, I shall expose the various dodges they practise in order to plunder those who are so unfortunate as to fall into their toils. In this narration I shall refer only to the proceedings of two or three of the more notorious quacks; for it is obvious that it would be impossible, within the space of these communications, to refer pointedly to each one of the numerous impostors who infest this metropolis. Indeed, if it were possible, it would scarcely be necessary to my object, inasmuch as the exposure of the means whereby some of the principal quacks carry on their nefarious trade will serve as a type of the methods of fraud and extortion which the whole gang more or less pursue, and will be a sufficient warning against seeking the aid of any one of them.

I am, &c.,

DETECTOR.

MEDICAL GOSSIP.—No. II.

THE ASSOCIATION AND ITS 'JOURNAL'—LITERARY PIRACY.

(Continued.)

To the Editor of the Medical Circular.

SIR,—From the letters which have reached the office under cover for "Vigilans," it would appear that my strictures have been applied to subjects which are unusually interesting to your readers, and I am entreated to continue them. The shortcomings of the Association and its 'Journal' seem to be particularly inviting and afford a wide field for censure and condemnation, and the question of 'Journal' or 'Transactions' increases in interest as the time approaches when the fight is to come off between Mr. Carter, of Stroud, and Dr. Markham, the Editor, to determine it. As it is a question of 200*l.* a year for the latter, he will doubtless be found to be a tough antagonist, though I am myself of opinion that if he had bestowed a tithe of the labour and pains on his specialty that he has on his 'Journal,' he would by this time have attained a much higher position in the Profession than he at presents holds. It is lamentable to see a man of unquestionable ability sacrificing himself to so worthless an object as editing a spurious journal; for, although he has a wonderful contempt for Lindley Murray,

and sometimes is remarkably economical of the facts of a case, he has many good qualities for an editor. I cannot say much for his style. I don't think you would have used so many words in the following paragraph, extracted from the current number :—

"The Medical Act gave the colleges the power (if they chose *to avail themselves* of it within a given time) of excluding themselves of the benefits of being able to enforce their claims for fees in a court of law. The London College did *avail itself* of this privilege on behalf of its fellows; but we believe no other of the colleges has *availed itself* of the dispensing clause. Consequently, most of the physicians in the country can *avail themselves* of the full benefits of the Medical Act." (p. 738).

One of my correspondents has addressed me some very sensible remarks on literary piracy, so much to the purpose, that I quote them entire, observing that I have no knowledge of whom the cap is intended to fit, nor do I care; all I know is, that it will fit a vast many more than the one for whom it is meant:—

DEAR VIGILANS,—You have opened a dark page in our history which deserves further ventilation: I mean the subject of literary piracy. If the following remarks will aid you in the exposure, they are quite at your service:—

To rob another of his worldly possessions has from the earliest ages of civilisation been regarded as a crime and been punished accordingly; to filch the productions of another's brains has, by a strange inconsistency, been viewed simply as a moral delinquency, not involving the gravity of an actual crime. All the law does is to protect the person injured, by compelling the delinquent to make a proper compensation and preventing a repetition of the offence. If an inventor can show he has sustained a direct pecuniary loss by an infringement of a patent, the law obliges the offender to compensate the patentee and to desist from any further infringement of his rights. Even in literary productions any direct and palpable piracy of an author's works is legally met. But there is a form of this latter offence so cunningly devised, as practically to elude the enactments of any legal barriers that are, or could be, erected against its commission, and to which I wish to direct your attention This offence will be best understood by reference to the process in which it originates, and to the purposes to which it is converted.

The literary pirate has, in the first instance, read—and perhaps even partially understood — the works of some eminent man. Those he selects on which to base his own "work" are usually written in the German language. This is important; for otherwise the general public would, prematurely for the secondary author's reputation, detect the literary forgery. For a similar reason it answers our author's purposes best if his original sources are scattered over a variety of periodical publications, rather than collected in one single work. The material determined on, its metamorphosis into what our author facetiously designates as his "work" is as speedy, as it is easy. He but rarely commits himself to *translation* from the original; cowardice and cunning alike deter him from venturing on so dangerous an expedient: he knows too well there's an artifice known to reviewers as "parallel passages" that might compromise his "originality" and seriously interfere with his mercantile speculations. What he does do, is to *paraphrase* the original in such an artful manner, that whilst his "work" acquires a semblance of originality, it simultaneously eludes the danger of any general detection. Two ends are thus gained by the one simple process of paraphrasis. It is true the originality our author aspires to is not of a very extensive character; for his pages are profusely adorned with the names of distinguished foreign authors: thus he displays his own erudition, and by a species of subtle finesse destroys any charges that might otherwise be brought against him of not having duly acknowledged the sources of his own inspiration.

I lately fell across one of these precious works of art. I found well-known German names at every second page; but—and this is a point of some interest—I found the name of every metropolitan surgeon in the same specialty most carefully excluded, with one single exception, and that was the name of his "patronus," the crumbs from whose table he is at present content to snap up: one day he may rise to the dignity of a loaf—all to himself too. "My game is to advertise myself, not other people," is the sentiment that animates this bird of prey.

Having compiled his work, the next question is how to turn it to the most profitable account. This is effected by the simple agency of advertisement. According to prevalent ideas, it would not be respectable to advertise one's name; but one's work! Most respectable. And yet a carping sceptic might be led to ask whether the former plain, unvarnished quackery would not, in a moral point of view, be less objectionable than the latter disguised charlatanism. One of the first and most important points for our author's consideration is, what he shall christen his work. This, in the "work" that has inspired these reflections, is a miserable imitation of an older and better work, written some years ago by an eminent surgeon. This latter selected a very *ad captandum* title, which our special author has servilely, almost literally, copied. As regards the contents of the book, it is a bad abridgement of a standard work, garnished with a few stray German words by way of displaying the author's intense profundity. Throughout the work runs a vein of tacit advice to his readers, that if they wish to have their patients' cases *properly* treated, they had better consult the author *personally*. In fact, the subject is in this sense handled not very dissimilarly to what that of certain diseases is in the pamphlets of the unclean quacks: the knowledge imparted to the practitioner reaches to a certain —useless—point: for further information apply to Mr. ——, No. — ——— street (*vide* "Preface" for the exact address).

Such works, as I have before said, are in a general way merely written for the purposes of advertising the author's name: what he is and who he is. I lately saw the work I have taken as a type of this class of writing advertised actually twice in one and the same impression of the 'Times,' on the same day; in the 'Saturday Review,' the 'Athenæum,' the 'Spectator,' the 'Reader,' &c. Our author thus got into strange company—sometimes of a pastoral nature, such as the 'Flower of the Flock;' and then I found him in the kitchen in close proximity with 'Everybody's Pudding-Book' and 'What to do with the Cold Mutton;' or he was flying off into the 'Pennsylvania Oil-Regions,' or consorting with the 'Tribes of the Syrian Desert;' or his domestic instincts brought him close to his 'Little Darling at Home;' and finally I find him amidst his own profession, with "Parr's Life Pills" and "Du Barry's Revalenta Arabica" by his side, not to mention 'Clean Skin: how to get it and how to keep it'—a work I most cordially recommend to his serious consideration.

Such are the ignoble artifices such men resort to to obtain practice: pirating others' labours, ignoring contemporaries' merits, shameless indiscriminate advertisement of their trashy compilations; but I trust the Profession will discourage any such charlatanism, by studiously inflicting on them the severest punishment—namely, not sending them any patients.

> "These write to lords some mean reward to get,
> As needy beggars sing at doors for meat.
> Those write because all write, and so have still
> Excuse for writing, and for writing ill.
> Wretched, indeed! but far more wretched yet
> *Is he who makes his meal on others' wit.*
> *'Tis changed, no doubt, from what it was before;*
> *His rank digestion makes it wit no more.*
> Sense, pass'd through him, no longer is the same,
> For food, digested, takes another name."

Thanks to my clever correspondent, whose sentiments I cordially endorse.

Another letter calls my attention to the quackery of laryngoscopy, which of late has been running a race with ophthalmology, and on which no little of printers' ink has been expended, as the 'Times' advertising sheet daily testifies. But this subject must be reserved for a future letter. Yours, &c., VIGILANS.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

The number opens with an introductory lecture "On the Principles and Practice of Medicine," by Dr. JENNER, as delivered at University College Hospital. The plan of the course proposed by Dr. Jenner is expressed in the following words, which we quote entire, as we are unable to understand their meaning:—"In the course which I am now giving, and of which I propose to commence the publication on the conclusion of the lectures, of which the first appears in this day's 'Lancet,' I aim merely at giving what seems to me to be the present state of practical knowledge of the subjects and diseases treated of in it." The lecture itself is on Bright's disease, and Dr. Jenner gives a plain and practical description of the maladies included under that term, and a brief account of the healthy anatomy and of the physiology of the kidney.——Mr. CURLING contributes some observations "On the Treatment of Painful Cancer of the Rectum, without Obstruction, by establishing an Anus in the Left Loin; with Cases." Mr. Curling first considers the objections to the operation of colotomy, with a view of combating them, and he proceeds to relate a few cases in which the operation afforded much present relief, and was not attended with much subsequent inconvenience. "An artificial anus in the loin," says Mr. Curling, "well established, is attended with little inconvenience or trouble in a healthy state of the alimentary canal. Fæces pass only at regular intervals, and the escape of flatus and feculent matter at other times may be prevented by a well-adjusted pad and bandage. An artificial anus, however, under any circumstances, is much less inconvenient and annoying than a cancerous rectum with incontinency, or with such frequent and pressing desires for relief, that the patient is constantly disturbed during the day, and is obliged to rise eight or ten times in the night."——Dr. HENRY KENNEDY, of Dublin, communicates a paper "On the Application of Statistics for the using of Wine in Typhus Fever." In this paper the writer combats the views advanced by Dr. Gairdner, of Glasgow, in the early part of last year, to the effect that wine is injurious in the treatment of typhus. Dr. Kennedy examines Dr. Gairdner's statistics, and thinks that they do not prove the positions laid down by the latter. Dr. Kennedy, indeed, considers that statistics are not fairly applicable to the question at all, because epidemics of typhus present very different characters at different times, places, and ages, and habits and constitution modify very materially the characters of the disease. Dr. Kennedy, for instance, has very rarely known of a death from pure typhus in the young, as from five to fifteen years of age, and many of these recover without the use of wine. But he argues, in opposition to Dr. Gairdner, that there is no evidence against the use of wine in properly-selected cases, and that the quantity must be regulated by the individual characters of the fever.——Mr. ERNEST HART relates "A Case of Amaurosis from Progressive Atrophy of the Optic Nerve, with Epileptic Complications," treated successfully by the application of ice to the spine. The nature of the disease was detected by the ophthalmoscope, and the ice was applied to the spine in the mode recommended by Dr. Chapman. The sight, which was at first much impaired, was greatly improved by the treatment.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. BENCE JONES commences a series of lectures "On Chemical and Mechanical Diseases, and their Relationship." The present number contains the prefatory lecture, which discusses the conservation and correlation of force in the body. The object of the course is to set forth the origin and connexion of actions which constitute disease, and also the actions of the remedies by which those diseases are modified or removed. In the course of the lecture, it is shown that the 1-2,000th part of ozone in respired air causes dangerous engorgement of the lungs; while a smaller quantity occasions bronchitis and pneumonia. The blood, by ozone, is made rich with fibrine, and is made to undergo active oxidation. A number of diseases are brought forward, in which the morbid action is supposed to be dependent upon simple errors of oxidation. A division of the nervous system is given: it is, first, central organs; secondly, conducting organs; thirdly, sense organs; fourthly, peripheral working organs. The nervous system is stated to be not the originator of force, but the liberator of it—the converter of latent into active force. When we take food into the system we are really taking in force, but in a latent form.——Dr. HARLEY continues his "Lectures on the Urine, &c.," diabetes mellitus, glucosuria, saccharine urine, its nature and treatment, being considered. In 1674, the urine in certain cases of diabetes was first observed by Dr. Willis to have a sweet taste. In 1774, Dr. Dobson detected sugar in the blood as well as in the urine, and from this he argued that the saccharine matter was not formed in, but only excreted by the kidneys. In 1778, Cowley separated sugar from urine in a free state; in 1796, Surgeon-General Rolls pointed out that animal diet had the effect of diminishing both the quantity of sugar in the urine and the urine itself; in 1815, M. Chevreul proved diabetic sugar to be more closely allied to grape than to cane sugar. Gmelin and Tiedemann, in 1825, described the change which was effected in starch as it passed through the alimentary canal, being transformed into sugar. In 1837, McGregor, of Glasgow, found sugar in the vomited matters of diabetic subjects. In 1848, Claude Bernard showed that the liver secretes sugar as actively as it does bile; in 1849, Bernard proved that irritation at the floor of the fourth ventricle occasioned the appearance of sugar in the urine. In 1853, Dr. Harley discovered that diabetes could be induced by excitation of the liver by means of stimulants introduced directly into the portal system. In 1859, Bernard discovered that sugar is formed by the liver even when the viscus has been removed from the body; in 1856 and 1857, Dr. Harley and Chauveau, that the sugar is not burned off in the lungs, but disappears from the blood when that fluid is passing through the capillaries. In 1857, Bernard discovered that albuminous substances are changed into animal starch before they are converted into sugar. In 1859-60, Brüke and Jones ascertained sugar to exist in normal urine. The chemistry of this sugar in the urine and, under the head of the chemistry, the various tests for its presence are next detailed in full.——Dr. CLAUDIUS, of the University of Marburg, contributes an original communication "On the Position of the Uterus." The main object of this paper is to contrast the position of the uterus in dead and living subjects.——Mr. GAFFNEY has a case of "Rupture of the Bladder," occurring in a labouring man, who leaped from a height and in falling came upon the handle of a pitchfork, which penetrated the rectum to a distance of ten inches. Extravasation of urine and death on the third day resulted.——Mr. HUSSEY publishes a case of "Dislocation of the Humerus, with other Injuries—Comminuted Fracture of the Coracoid Process." The injuries sustained were of such a character as to destroy life.

THE MEDICAL CIRCULAR.

WEDNESDAY, JANUARY 11, 1865.

THE PROCEEDINGS OF THE MEDICAL COUNCIL.

Our statements, made on Dec. 28 of last year, as to the recent proceedings of the Branch Councils of England and Ireland, are correct in every particular. The Branch Council for Ireland has passed certain resolutions proposing that it shall be unlawful for any persons to assume any Medical or Surgical titles unless they are registered under the Act of 1858. The English Branch Council has passed no resolutions, owing to the fact that at the recent meeting, many of the members of the Council were absent, but some notices of motion have been given, to be hereafter discussed; and the greatest unanimity prevails as to the necessity of legislation in the amendment of the Act.

Our contemporary, the 'Lancet,' has somewhat inopportunely taken the occasion to publish the amendments which have been from time to time proposed by the Branch Councils, together with the remarks made upon those proposed amendments by Mr. Ouvry, the solicitor of the Medical Council. The document is quite authentic, but remarkably out of time and place, as the date of Mr. Ouvry's commentary was *anterior to November* 28, 1862, and was discussed and disposed of more than two years ago; and it was with a perfect knowledge, and after a full consideration of Mr. Ouvry's objections, that the Branch Councils have recently reviewed the whole subject, and have arrived at the conclusions to which we have directed attention. We have only to repeat that the whole Council is unanimous in proposing an amendment of the Medical Act to the next meeting of Parliament; and any legal quibbles (if any still exist) should be met and overborne by the loudly-expressed voice of professional opinion.

THE DISMISSAL OF SURGEON-GENERAL HAMMOND FROM THE UNITED STATES' ARMY.

A consideration of the circumstances connected with the recent dismissal of Dr. Hammond from the post of Surgeon-General of the United States' Army proves that acts of arbitrary tyranny and injustice may be performed by republican governments as well as by despotic sovereigns. Dr. Hammond, who has been the victim, is a gentleman who owed his post to no act of favouritism on the part of political patrons, but to a high reputation for professional and scientific skill, obtained by the most honourable and legitimate means. He had not only served for many years as an army surgeon with the greatest credit, but he had occupied the Chair of Anatomy and Physiology in the University of Maryland; and his original investigations in certain departments of physiological chemistry have been received and quoted by many contemporary writers, and have excited general attention throughout the European continent as well as in America. On the breaking out of the civil war, Dr. Hammond resigned his Professorship and returned to the army as an assistant-surgeon, but he speedily rose in the service, and at last, in April, 1862, was nominated by the American President Surgeon-General of the Army of the United States.

With such antecedents, and owing his appointment to such merits, it is difficult and almost impossible to believe that in the course of a year or two, Dr. Hammond could be guilty, in his official capacity, of wilful corruption and wilful falsehood, besides the minor and questionable faults of insubordination and ungentlemanly conduct; and yet it is of these offences that he has been accused and convicted by a court-martial, and the result of his conviction has been his dismissal from the army of the United States. Notwithstanding this sentence, it is but too evident that he has been most unjustly treated by the War Authorities, and that his dismissal is really due, partly to personal animosity on the part of the American Government, but mainly to his fearless and honest discharge of the onerous and responsible duties which devolved upon him. We have seen in our own country, at the outbreak of the Crimean war, how the Medical Department was made to bear the blame of official mismanagement in head-quarters; and the same difficulties seem to have been encountered by the American Medical Department under similar circumstances; and Dr. Hammond has been made the victim of his own energy, self-devotion, and energy of purpose.

It appears that on Dr. Hammond's appointment a great and not unnatural amount of jealousy was created against him among the older members of the Medical corps, who considered themselves slighted by the promotion of a man much their junior; but this annoyance was but trifling in comparison with the persistent animosity of Mr. Stanton, the American Secretary of War, who seems to have omitted no opportunity of thwarting Dr. Hammond in all his efforts for the sanitary welfare of the army, and to have pursued his enmity till he accomplished his final ruin. It is difficult to conceive how a man having any pretensions to statesmanship can have pursued a course so discreditable, and can have allowed his private feelings to warp his judgment and distort his views of fairness and justice; but, with the evidence placed before us by Dr. Hammond, we can come to no other conclusion than that the Secretary of War has sacrificed all ordinary notions of honour to gratify his malignity, and to persecute a most meritorious public servant.

The transition of even a regular army from a state of peace to one of war must necessarily be accompanied with an enormous increase of duty and responsibility to those who administer its sanitary arrangements, and the change is far greater in the case of the United States' Government, whose boast it has been to keep no standing army at all. In the case of the United States, before and after the commencement of the civil war, we find that the army, which in fact is a kind of militia, numbered only fifteen thousand at the former period, and swelled out into more than seven hundred thousand during the latter. The

scientific department of the Army Medical Service had been altogether neglected, and the first duties of Dr. Hammond were to organise an Army Medical Museum, to institute manufacturing laboratories in New York and Philadelphia, to call for full and explicit reports from all the Medical officers, to place in competent hands the work of preparing a Medical and Surgical history of the war, and to excite a spirit of professional emulation in the Medical Department.

The gigantic nature of the duties connected with the Medical Department of the American Service during the civil war may be estimated by the facts that hospitals for more than twenty thousand sick and wounded were established in Washington alone during the first three or four months of Dr. Hammond's administration ; that in one instance beds for five thousand were set up in five days ; and that in the spring and summer of 1862, accommodations were provided for more than seventy thousand sick and wounded soldiers. Under these circumstances it is evident that the person trusted with such an overwhelming amount of responsibility should not only be left unshackled in making his arrangements for the welfare of the troops intrusted to his care, but that he ought to receive from the Central Government all possible co-operation and encouragement. But, on the contrary, we find that Dr. Hammond was exposed to every kind of obstacle and impediment to the fulfilment of his duties, and that the chief opponents to his policy were to be found in the Government itself, and especially in Mr. Stanton, the War Minister. From this latter person, indeed, it appears from the published correspondence, that Dr. Hammond received nothing but insult, animosity, and contempt; and his eventual dismissal from his charge is mainly to be attributed to Mr. Stanton's machinations.

It would be as tedious as it would be unprofitable to relate in detail the series of petty annoyances, as well as the direct insults, encountered by Dr. Hammond in the performance of his onerous duties ; and we cannot wonder if, in a money-making country like that of America, there was an eager competition for war contracts by the traders and purveyors, and a bitter disappointment on the part of those who failed to secure them. Such disappointments and such jealousies must be expected under such circumstances ; and, while Dr. Hammond utterly denies that he was influenced in his operations by any fear or affection for any party, he fully admits that the expenditure was enormous, and he very justly observes that his object was not to save money, but to save the lives and improve the hygienic condition of the troops. There is no evidence whatever that Dr. Hammond was influenced by any corrupt motives in making the contracts for Medical supplies, and we believe the best proof of this fact to be that Dr. Hammond leaves the service a poorer man than when he entered it.

The charges on which Dr. Hammond was tried at the court-martial were almost entirely connected with the performance of his duties in providing the supplies for the Medical department ; and, while it is fully admitted that he obtained supplies from some contractors and refused to receive them from others, it is entirely unproved that in exercising his right of choice he was governed by any other than pure and honourable motives, although the opposite was falsely charged against him. But before a prejudiced tribunal, and the enduring animosity of the Secretary of War, Dr. Hammond had very little chance ; and although he was specifically acquitted of being actuated by corrupt motives, which was the only real accusation on which he could be condemned, he was, as is well known, dismissed from his post and from the army of the United States. But, as Dr. Hammond truly remarks, it is crime and not punishment that brings disgrace, and the consciousness of his innocence has hitherto supported him in his bitter trials, while the sympathy of his Professional brethren throughout the world will attend him in his unjust and cruel deposition from a post which he filled, as it appears, only with too much honesty and self-devotion.

SUMMARY OF THE WEEK.

THE CHARGE OF NEGLECT IN THE HOLBORN UNION WORKHOUSE.

In reference to the circumstances connected with the death of a man named Timothy Daley, who had been an inmate of the Holborn Union Workhouse, we find that a weekly paper, the 'Spectator,' has been indulging in an article in which the most unmeasured abuse has been heaped upon the officers of that Union in general, and upon the Medical officer in particular, upon whom, as is usual in such cases, the whole blame, if blame there be, is made to fall. The writer of this article, encouraged by the extra-judicial expression of opinion on the part of the coroner's jury, at once assumes that the surgeon has been guilty of manslaughter, and while attaching the utmost weight to the mere opinions and the hearsay evidence of the witnesses on one side, refuses any credence whatever to the positive evidence on the other. As the whole case has been brought under the notice of the Poor-law Commissioners, we shall not follow the example of the 'Spectator' by offering any further opinions on the case at present, except to express our regret that the 'Times,' in its zeal for the interests of the sick poor, should have thought it necessary to transfer the virulent attack of the 'Spectator' into its columns. Instead of vilifying the Medical officers of workhouses for the results of alleged neglect or ill-treatment of sick paupers, the general Press would render much more service to the poor if it attempted to strengthen the hands of the Medical officers, and to render them more independent than they now are of the Guardians. We think it only fair, however, to Mr. Norton, the Medical officer to the Holborn Union Workhouse, to print his letter, written to the 'Times,' on the subject to which we refer :—

"*To the Editor of the 'Times.'*

"SIR,—As the Medical Officer of the Holborn Union, will you permit me to say a few words respecting the in-

quiry into causes which led to the death of Timothy Daley, and the comments upon the inquest which appeared in your paper of Thursday last? I do not for a moment wish this letter to be considered in the light of a defence; that I reserve for the inquiry which will be instituted by the Poor-law Board.

"I am, however, anxious to vindicate my character and professional reputation to some extent by pointing out certain facts of the case which have either not been reported or have been misrepresented by the witnesses examined. It may be asked why, if I had evidence which could disprove the allegations brought against me, I did not bring it forward at the inquiry? To this I reply, that up to the time of the inquest I had no idea that it would take the form of what I may almost term 'a prosecution.' I had, therefore, no professional adviser to cope with the clever practitioner engaged against me (although I am indebted to Mr. James for the assistance he rendered me). Moreover, I was told the evidence of two witnesses I was anxious to call was not needed.

"1. Daley is described as being at the time he was admitted into the Holborn Union a strong, muscular man, whereas the evidence of Mr. Lathbury, the surgeon who saw him on the two days previous to his admittance, proves that he was in a low, weak state, thin and emaciated, and in a condition in which bed sores were likely to occur.

"2. With regard to the length of the bed, it cannot surely be maintained that a man of 5ft. 9in. in height could be cramped in a bed 6ft. long.

"3. With respect to changing the poultices; three witnesses were examined (and two more were present, but not called) who distinctly asserted that the poultices were changed never less than twice, and more frequently three times a-day. As to my professional care of Daley, the testimony of the nurses proved that I saw him every day, and examined the sores every two or three days, which was as often as I thought necessary, the painful state of his joints causing him extreme agony.

"4. As to the bed sores, in contradiction to Mr. Lowne's assertion that they ought not to have occurred, Dr. Andrews stated, in reply to Mr. James, that if a patient, in addition to rheumatic fever, was in a low, weak, typhoid state, in all probability it would be totally impossible to prevent bed sores.

"5. The man was in the Infirmary six weeks, yet he made no complaint whatever, although a committee visits the wards every week for the express purpose of seeing that the patients receive proper attention and treatment.

"6. A point is made against me on account of my not having signed the dietary cards. Now, these cards were introduced by me to enable the patients to ascertain that they were receiving the diet ordered, poor people being generally suspicious of the treatment they receive in workhouses. These tickets were written by my authority, and when new ones were needed they were copied by a clerk, I invariably satisfying myself that they were correct. There are no regulations concerning them.

"I trust you will kindly give insertion to this letter, which I venture to think does away with much that has been advanced against me. I have been in practice fourteen years, ten of which I have been Medical officer to the Holborn Union Workhouse, during which period I have had many thousands of patients under my charge, yet no complaints have been made against me. I feel it, therefore, a grievous hardship that a charge should be brought against me of which I am entirely innocent.

"Fortunately, the verdict of a coroner's jury does not settle the matter; I have a court of appeal, and I trust you will give the same publicity to the investigation which will be instituted by the Poor-law Board as you have to the inquiry which took place on Tuesday last.

"I remain, yours obediently, "JOHN NORTON."

While this article is passing through the press, the Poor-law investigation has taken place at the Holborn Union Workhouse. The evidence, which includes that of wholly disinterested witnesses, entirely contradicts the views of the matter taken in the sensation articles already published, and shows that many of the statements made are positively false. For instance, instead of the man Daley having been in a robust state when he entered the workhouse, it is sworn that he was admitted there *because* he was emaciated, badly taken care of, and half-starved in his own lodgings; and the written records of the workhouse prove that his diet was abundant. The nursing, however, was, no doubt, most defective; but on this and the other features of the case we reserve our remarks for the present.

IRISH MEDICAL NEWS.

The Smyly Ward for children in the Meath Hospital was opened on Thursday last in presence of the Lord-Lieutenant and a distinguished company, which included the Lord Mayor, the Archbishop of Dublin, the Lord Chancellor, Mr. Napier, the Archdeacon of Dublin, several leading members of the Medical Profession, and a large number of ladies. The ward is a memorial erected to the memory of the late Surgeon Smyly, who had been thirty years connected with the Meath Hospital, and was held in the highest esteem by all his professional brethren, as well as the public. Dr. Manning Collis read a report from the memorial committee, from which it appears that a ward for sick children was selected as the most suitable memorial. The sum of 650*l.* had been subscribed, and provision had been made for the support of nine out of the ten beds which the ward contained. The ward itself is a model of neatness. At the head of each little bed is printed the name of the lady who has undertaken to support it, either from her own resources or money collected among her friends.

Before the reading of the report an interesting address to the Lord-Lieutenant was read by Dr. Stokes, who, having borne testimony to the merits of his departed friend, referred to the alarming prevalence of infant mortality in different countries. The following passage is of general interest:—

"From a pamphlet by Dr. Moore, 'On the Value of Hospitals for Sick Children,' we learn that the mortality of children in London, up to the tenth year of age, is about 35 per cent. In Manchester the mortality before five years of age is 55 per cent. In Berlin, on an average of forty years ending in 1822, 52 per cent. died in the first year of existence; and during the war in the early part of the present century we have the authority of Casper for stating that not less than 71 per cent. perished. On this subject Mr. Simon, the Medical officer of Her Majesty's Privy Council, well observes that a high local infantile mortality must necessarily indicate a high local prevalence of those causes which determine a degeneration of race. Without in the least impugning the value of children's hospitals, which is established beyond all question in their statistical returns, it may be asked whether special hospitals for the diseases of children are to be preferred to the allocation of wards for a similar purpose in a great general hospital. This is just one of those questions which must be solved by experience. In the meantime I may be permitted to express an opinion that of the two plans the latter is the preferable one. The powers of the human mind become narrowed whenever they are long confined to any one specialty, and it is probable that the Medical attendant of a children's hospital would in time become a less able practitioner than one who had a wider field of exertion and experience. Great physicians and great surgeons are only made by practice in a general hospital, where all diseases affecting all kinds of constitutions pass under their observation. In an hospital exclusively devoted to infantile disease it is not likely that its inmates could ever have the advantage of such judgement and skill as that possessed by a Cooper, a Brodie, or a Bailey, or by a Crampton, a Cheyne, or a Graves. We

should not debar the sick children from such advantages, nor, as a rule, intrust their care to the specialist. Again, the inmates of a children's ward in a great hospital will have in all cases of difficulty the advantage of the combined experience of the entire staff of the institution. It is plain, at all events, that the establishment of a children's ward or wards is a matter greatly to be desired in every large hospital. The success of the children's ward in the Adelaide Hospital may be appealed to, and it is probable that this mode of relieving infantile disease will prevail in Dublin. The Smyly Memorial Ward will be the second of these institutions, and I happen to know that it is the intention of the community of the Sisters of Mercy to allocate a portion of the hospital of the Mater Misericordiæ for the same important purposes."

The Lord-Lieutenant having acknowledged the complimentary allusions to himself and Lady Wodehouse in the address of Dr. Stokes, referred to the statistics quoted by him, and rather dissented from the remark that great infant mortality in any population is a sure sign of its degeneracy. That observation seemed to Lord Wodehouse to be founded on a mistake, for in Russia, where he had an opportunity of observing the matter, there is a large proportion of deaths among infants, but the adult population are not the less vigorous on that account. Indeed, the fact that the sickly, weakly, and ill-formed children died naturally led to the inference that the portion that survived would be more robust and vigorous than the whole population would have been if all the infants had lived. This objection was made with much deference to the authority of Mr. Simon and Dr. Stokes. Perhaps they would reply that the value of the argument depends upon the causes of the large infant mortality. If it arose from the fact that the children were born so weak that they could not be kept alive even with good and careful treatment, it was a plain proof of physical degeneracy; but if they died through neglect, bad treatment, and foul play, whether in hospitals or elsewhere, it would only be a proof of moral degeneracy.

The Lord Mayor moved the adoption of the report. The Archbishop of Dublin seconded the resolution, which was unanimously adopted. Mr. Batty proposed the thanks of the subscribers to the Smyly Committee for their exertions. The Archdeacon of Dublin seconded the resolution, which was also adopted. Dr. Collis returned thanks on the part of the committee. The Lord-Lientenant then formally opened the ward, and the proceedings terminated.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, DECEMBER 20.

MR. PRESCOTT HEWETT, PRESIDENT, IN THE CHAIR.

Dr. MORELL MACKENZIE brought before the Society

TWO LITTLE CHILDREN, FROM WHOM HE HAD REMOVED LARYNGEAL EXCRESCENCES.

The first case was a child aged four years, who for two years had suffered from loss of voice, stridulous breathing, and occasional attacks of threatened suffocation. On examining the patient with the laryngoscope, an oblong tumour, about half an inch long and a quarter of an inch wide, was seen to be attached just above the anterior insertion of the vocal cords. After a consultation with Mr. Mason, who also examined the case with the laryngoscope, Dr. Mackenzie removed the growth with his laryngeal forceps. After this growth had been taken away, numerous excrescences were seen below, and some of these had since been removed. The base of the growth could still be seen. In this case the respiration had become easy, but the voice was still suppressed. In the second case—that of a child aged six years—there had also been loss of voice for two years. The patient had been under several Medical men, and among others, under Dr. Martyn, of Knightsbridge, who used the laryngoscope, and recognised the nature of the disease. Finding numerous excrescences on the true and false cords, before operating Dr. Mackenzie had a consultation with Mr. Mason. Since the growths had been removed the voice had become loud and distinctly phonetic, though it was still a little hoarse. He had brought these cases before the Society whilst they were still under treatment, as the bases of the tumours could still be seen, and as he wished to show with what facility operations on the larynx could be performed. These were the youngest children from whom excrescences had been removed either in this country or abroad. The fragments removed in each case were exhibited, and also drawings showing their previous position in the larynx. Dr. Mackenzie also showed the forceps with which the growths had been removed.

Several members examined the children with the laryngoscope.

Mr. MASON said he could corroborate Dr. Mackenzie's statements, as he had examined the children with the laryngoscope both before and after the operations.

CURED SPINA BIFIDA.

Dr. PLAYFAIR then exhibited a patient who had had spina bifida. When first seen a year before, there was a large tense swelling. It was smooth and covered with vessels. The mother objected to its being punctured. Now there is no tumour, but in the position of it the skin is curiously folded, strikingly like the convolutions of the brain.

The PRESIDENT, after remarking on the great interest of the specimens, suggested that a drawing of the appearances should be made for the Society's 'Transactions.'

Mr. BROOKE suggested that a photograph would give a better idea of what was to be seen.

Dr. CAYLEY then showed a specimen of

DISEASED SUPRA-RENAL CAPSULE.

There was a yellow tumour in one part of the cortex, but in the rest of its extent the capsule was nearly normal. There had been no bronzing of the skin.

Dr. GREENHOW said that although there was disease of the capsule in this case, it must be kept in mind that it was not disease of the kind found in Addison's disease.

At a previous meeting, Dr. DICKINSON brought forward some

PREPARATIONS AND DRAWINGS TO ILLUSTRATE A CASE OF ADDISON'S DISEASE, WHICH WAS ALMOST TYPICAL IN ITS CHARACTER.

The patient was a woman, Sarah D., thirty-nine years of age, who died in St. George's Hospital, under the care of Dr. Pitman. She had been losing strength for eighteen weeks, and had been growing dark for twelve. The colour of the skin when she came into the Hospital was most striking, and the hair had become darker than it used to be. She had repeated vomiting, and at last sank. Death was preceded by slight convulsions. When the body was examined it was seen that the tint was generally that of a mulatto, though some variety was found. The face was darker than the shoulders, the colour shading off like a sunburn. There was a dark patch above each patella, but the darkest places were the buttocks, and the front surfaces of the thighs near the groins. The hair was dark brown, short, and curly. There were indications of whiskers and moustache. The supra-renal capsules were produced; they were both increased in size, the left weighed three-quarters of an ounce, and was adherent to the surrounding structures. It was hard, nodular on the surface, and of a light buff colour. On section, it had much the appearance of a fibro-plastic tumour. The centre was different from the rest: it was soft, yellowish, and not unlike crude tubercle. Under the microscope the outer part was found to consist of an aggregation of cells, large, and various in shape. Some were spindle-shaped, some spear-headed, others rounded or polygonal; almost all were nucleated. The central part contained oil-globules and imperfectly-formed pus. On the whole the structure was something *sui generis*; it had some points of resemblance to a fibro-plastic tumour, and some to a malignant formation, but it was clearly distinct from both these forms of disease. It was far removed in its characters from tubercle. The right supra-renal body was only a third as heavy, but was similar in all other

respects. Under the peritoneum in many places small growths were seen, of the size of mustard-seeds, or smaller, which were firm, grey, and semi-transparent, and had the same microscopical structure as belonged to the supra-renal bodies. All the other organs were natural, excepting the lungs, in which one or two isolated crude tubercles were found. Thin sections of the discoloured skin were made after freezing in ice and salt, and the disposition of the pigment was found to be precisely such as is represented by Mr. Hutchinson in the eighth volume of the 'Transactions.' The colouring-matter was limited to the single layer of epithelial cells which is in contact with the papillæ. In the section, the deepest row of cells was the only place where any pigment existed. The row of cells in contact with these was, like all the rest of the cuticle, perfectly free from colour. For the purpose of comparison, sections were made in the same way from the skin of a Hindoo, which was coloured to about the same depth. Here a great difference was found in the disposal of the pigment, which, instead of being limited to the deepest layer of cells, was most marked there, and gradually diminished towards the surface, so that all the cuticle was more or less tinted. The difference was so decided that it would have been easy to say from the microscopic appearances whether the specimen was obtained from a case of supra-renal bronzing or from an inhabitant of the tropics. It was suggested that the difference might be due to the fact that in one case the colouring was congenital, and the deep layer of cells which first received the colour had had sufficient time to become superficial, so that the active epithelial growth had become more or less tinted; while, in the other case, the colour was due to a comparatively recent cause, and enough time had not been allowed to take the brown cells to the surface in the natural progress of epithelial growth.

Mr. HENRY SMITH showed

PARTS REMAINING AFTER A SUCCESSFUL REMOVAL OF THE ELBOW-JOINT.

A little boy was operated on three years ago, when he was five years old. He had been under observation until three weeks ago, when he died from disease of the spine. During the last two years he had been able to use the arm quite well; in fact, as well as the other. The lower part of the humerus, part of the radius, and ulna were removed, and in the specimen the triceps was to be seen attached to the ulna, and the biceps to the head of the radius. The bones were fastened together by dense fibrous tissue. The motions of the *ci-devant* joint were free, and there was no disease.

Mr. HULKE said it would be interesting to hear more exactly the condition of the ends of the bones. If the biceps were attached to the head of the radius, the excision could only have been partial.

Mr. HENRY SMITH said that he could give no information as to the condition of the ends of the bones than was to be seen in the specimen. No doubt very little of the radius had been removed, but a resection would be complete, however little was removed. A similar objection had been made to some of the cases operated on by Mr. Jones, of Jersey. It was said that some of his cases of excision of the knee were not complete, as scarcely any of the bones were removed. But Mr. Jones remarked that the excision would be complete if the thinnest slice were taken away.

Mr. HOLMES exhibited

THE URINARY ORGANS AND TESTES FROM THE BODY OF A MALE INFANT WHO DIED AT THE AGE OF SEVEN DAYS FROM THE CONSEQUENCES OF A MALFORMATION OF THE BLADDER.

As the parts had only been removed from the body a few hours, there had been no time to make an accurate dissection, and the specimen will, therefore, be exhibited and more fully described at a future meeting; but it was thought desirable to exhibit it when quite fresh, in order to call the Society's attention to the peculiar shape of the bladder and the singular appearance of its lining membrane. The bladder consisted of two distinct sacs, each about the size of an orange, communicating with each other by a round hole about half an inch in diameter. One of these was the true bladder, containing the openings of the urethra and ureters, all of which were quite unobstructed. The parietes of this sac were very thick and studded with red projections like nævi. The other sac was thin, and appeared to contain little, if any, muscular tissue. There had been no retention of urine during life. The testes were retained in the abdomen. There was considerable deficiency of the muscular parietes of the abdomen, though the skin was perfect, and there was a nævus occupying the region of the pubes. Further particulars will appear in the report of a future meeting.

CORDÆ TENDINEÆ OF DISEASED MITRAL VALVE RUPTURED DURING VIOLENT VOMITING.

Dr. PEACOCK exhibited the heart of a female aged twenty-one, who died recently at the Victoria Park Hospital. She had been an in-patient of the Hospital in 1851, labouring under cardiac symptoms, the sequence of an attack of rheumatic fever two years before. She had not been under any Medical care for some time, and was in her usual health, when she was taken in a cab from her home in Artillery-street, Bishopsgate-street, to the Victoria Park Hospital, to be examined for admission. The motion of the cab was very uneasy, and shortly after leaving home she vomited violently; she was then attacked with difficulty of breathing and faintness, and when she reached the Hospital, a distance of scarcely a mile and a-half, she was pulseless at the wrist, and apparently dying. When seen by Dr. Peacock, a few minutes after her arrival, she had in some degree rallied; the pulse was feebly to be felt at the wrist, but she was too week to be carefully examined, and the loud tracheal rhonchus rendered it difficult to hear the cardiac sounds. It was, however, thought [that there was a feeble systolic murmur at the apex of the heart. She was removed to bed, but died in a few hours. On examination after death the pericardium was found to be entirely attached by old and firm cellular adhesions. The heart, when deprived of the adherent pericardium and freed from coagula, weighed 20¼ oz. av. (the healthy range for males being 9 to 11 oz. There wasconsiderable dilatation of the left ventricle, but the walls were not increased in thickness, measuring from ·1776 to ·3996 of an English inch (the healthy average in males being ·541 of an English inch). The aortic aperture was somewhat contracted, measuring 2·93 of an English inch (average in males 3·145), and the ventricular surfaces of the valves were considerably thickened, while the crescentic edges were free. The left auriculo-ventricular aperture was slightly diminished in capacity, admitting only a ball measuring 3·996 of an English inch in circumference (the healthy average in males being 4·02 of an English inch). The mitral valve was considerably thickened and indurated, and the cordæ tendineæ of the free fold of the posterior columna carnea were entirely torn from their attachments, so that the valve was entirely loose, and must have admitted of free regurgitation. The walls of the right ventricle were somewhat thickened, measuring ·1776 of an English inch (healthy average ·1666 of an English inch). The right auriculo-ventricular aperture was slightly constructed, measuring 3·996 of an English inch (healthy average 4·791 of an English inch), and the tricuspid valves were thickened and firmer than natural. The lungs were much congested, and the bronchi contained bloody mucus.

Dr. PEACOCK remarked there could be little doubt that the tendinous cords had been torn from their attachments during the violent vomiting soon after the girl entered the cab, for her mother expressly stated that she did not suffer at all seriously when she left home, and that she had not the slightest idea that there was any risk in taking her to the Hospital. Though cases of rupture of the valves or their attachments, when diseased, were of more common occurrence than such injuries to healthy valves, yet all such cases were very rare. The case did not throw light upon the question of the effect of universal adhesion of the pericardium to the heart upon the functions and nutrition of that organ, for there was considerable disease, both of the aortic and mitral valves, which would explain the great

increase of weight. He had, however, seen specimens in which the pericardium had been universally attached, and evidently inflammation of old date, in which the size and weight of the heart did not exceed the healthy average.

Mr. TEEVAN exhibited

SECTIONS OF DIFFERENT SKULLS SHOWING THE INCORRECTNESS OF CALLING THE INNER TABLE OF THE SKULL THE "TABULA VITREA."

Mr. Teevan observed that in nearly all anatomical and surgical works it was stated the inner table of the skull was more brittle than the other; and hence had been named the *lamina, vel tabula, vitrea*. The two facts which had given rise to the above suspicion were—firstly, when a foreign body penetrates the skull from without, the inner table will always be found more injured than the external; and, secondly, fracture of the internal table alone, without any injury to the external table, sometimes occurs from violence applied externally. He remarked, the above did not happen because the inner table was more brittle, but depended on other causes. The reason why the inner table of the skull is found more damaged than the outer when a bullet enters is because the aperture of exit is always larger than the aperture of entry when a foreign body passes completely through any part of the skull; it matters not what the direction may be. One of the specimens was a section of a skull, in which both parietal bones had been perforated by the same bullet, showing an aperture of entry in the inner table of the right parietal bone the same size and form as an aperture of entry in the external plate of the left parietal. Three other specimens were calvaria, in which Mr. Teevan had produced fracture of the external table without any fracture of the internal table by striking from within. He then explained the causation of the above, and also why an aperture of exit is always larger than an aperture of entry.

Mr. BROOKE suggested that the difference depended on the form of the striking body. A cylindrical, flat-headed bullet would make a hole with apertures much more parallel; and the same was borne out by experiments at Shoeburyness.

Mr. TEEVAN had tried the experiments with bullets shaped as Mr. Brooke had suggested, and had witnessed the experiments at Shoeburyness, and had found no reason to alter his views.

(To be continued.)

TUESDAY, JANUARY 3, 1865.

MR. PRESCOTT HEWETT, PRESIDENT.

ANNUAL MEETING.

The PRESIDENT declared the ballot open at eight o'clock, and appointed Mr. Hinton and Mr. Hulme to act as scrutineers.

The Treasurer's account and the Report of Council were then read.

REPORT.

In summing up the proceedings of the past session, the Council of the Pathological Society has much pleasure in being able to continue the tone of congratulation which has now become customary in these Reports. It was stated in the Report for last year, that "the Society was, at that moment, constituted by a larger number of members than at any previous period of its existence;" and it is very gratifying to be able to state that at the present moment the number is even in advance of what it was last year—more new members having joined during the past session than in any other of which a record has been preserved. The receipts of the Society for the year do not show a proportionate advance—in fact, are somewhat less than in the previous year; but this is merely because last year several members availed themselves of the privilege offered to them, by the Society, of compounding for all future payments by a life subscription, while this year none have done so. This, however, is no permanent disadvantage to the Society, since if it diminishes the present receipts it increases the future annual income. This annual income, it must be allowed, is now more wanted than ever. The large rent lately imposed by the Royal Medical and Chirurgical Society, for the use of their rooms, taxes the resources of this Society to the utmost. Still, it has been thought undesirable to move from a situation which is so convenient and so well known to the members; and, as a saving has been effected on the cost of the present volume, as compared with the last, the income of the Society has been still adequate to meet its expenditure, and even to leave a slightly increased balance in the Treasurer's hands. This saving in the cost of the volume has not, it is hoped, been made at the expense of its value as a collection of pathological facts; but is the result, partly, of a reduction voluntarily made by the printer (in consequence of change of prices in that trade), but mainly of a diminished expenditure on engravings in which the fourteenth volume was considerably in excess of the average. It is very gratifying to the Council to be able to state that the interest felt in the Society's meetings, as testified by the large attendance of its members, and the value of the specimens exhibited, appear to be steadily on the increase. It is also peculiarly pleasant to notice that, while the new members of the Society are assuming their full share of the work, the old ones have not fallen off; but that the latest volumes of the 'Transactions,' and the latest meetings of the Society, have been enriched by the matured experience of many of those whose contributions were the main source of interest and value to the earliest. The increasing number of the members of the Society renders some increase necessary in the number of copies of the 'Transactions' and the Council has accordingly sanctioned such an increase. The number now published leaves only a very small margin for purchase by future members and the public, so that several of the volumes are already out of print, and several more must be so in a very short time. A general index to the whole series of the fifteen volumes of 'Transactions' has been prepared, and is in course of distribution to the members. A notice prefixed to this volume by the Council will explain the circumstances under which it came into the possession of the Society. The Council have now to call the attention of the Society to the general results of the Treasurer's account. The total receipts of the Society, including a balance from last year of 78*l.* 2s. 6½d., amounted to 430*l.* 3s. 4½d.; of this sum 27*l.* 14s. 1d. resulted from the sale of the 'Transactions'—a very large increase on last year, and a testimony to the increased value in which the series is held; 8*l.* 5s. 9d. was interest on the Society's funded property; and the remainder, 316*l.* 10s., was received by the collector. The total expenses were 343*l.* 2s. 3½d., leaving therefore a balance of 87*l.* 1s. 1d. to carry forward. These expenses include a sum of 45*l.* 3s. for the purchase of stock (49*l.* 7s. 11d. 3 per cent. Consols). The money represents the life subscriptions and composition fees, which it has always been customary to invest. This will make the funded property of the Society 308*l.* 11s. 4d. The Council cannot allow the retirement of their Medical secretary, Dr. Bristowe, to occur without publicly recording their high sense of the valuable services which he has rendered to the Society in that capacity. It would be superfluous to point to the great value and extent of Dr. Bristowe's contributions to the 'Transactions,' since they must be well known to all readers of these volumes. The Council indulge the hope that although they have lost Dr. Bristowe's services as secretary, the Society may long have the benefit of his co-operation in other offices.

Dr. WILKS moved that the accounts and the Report be received, and entered on the minutes. He adverted to the satisfactory condition of the attendance and of the finances of the Society. He advocated the continuance of the plan hitherto adopted by the Society of rather devoting the time of the Society to the collection of facts than to the expression of pathological opinions.

Dr. MORRIS TONGE seconded the motion.

Mr. CURLING proposed that the thanks of the Society be offered to the President of the Society on his retirement from office, and to the Vice-Presidents and other members of the Council who are now retiring from office.

This was seconded by Dr. GREENHOW, and unanimously agreed to.

The late President, Mr. HEWETT, acknowledged the compliment, and presented to the Society the Index to the fifteen volumes of the 'Transactions' now published, which had been recently prepared, and is now in course of distribution to the members.

Dr. QUAIN proposed, Mr. HUTCHINSON seconded, and it was carried by acclamation,

"That the thanks of the Society be given to Mr. Hewett and Mr. Holmes for the gift of the Index."

PARISIAN MEDICAL NEWS.

PRESENCE OF ANIMALCULES ON THE SURFACE OF INFLAMED MEMBRANES.

A communication has been made by M. Pouchet to the Académie de Médecine on the production of vibrios and bacterias in inflammation of the bronchi, of the Schneiderian membrane, and the lining of the auditory duct.

The author having frequently remarked that in inflammatory affections of the trachea, and bronchial tubes, and also in those of the nasal mucous membrane and of the auditory duct, the patients after a good night's rest often complain of intense itching in the diseased parts, surmised that the cause of the irritation might be analagous to that observed at the margin of the anus when oxyuri exist in the intestines, and might possibly arise from the presence of microscopic animalculæ. Further inquiry has confirmed the accuracy of this conjecture.

On two separate occasions, a man suffering from slight pulmonary catarrh awoke after a perfectly quiet night with a sensation of intense titillation in the trachea; M. Pouchet examined the first sputa thrown up, and found a large amount of extremely lively bacteria, mixed with monads. Copious expectoration followed, and in the course of half an hour the irritation ceased, and the animalculæ disappeared from the secretion.

M. Pouchet made the same observation in a case of coryza.

In another subject affected with otorrhœa, this gentleman, on eight or ten separate occasions, remarked that whenever the discharge was scanty and formication distressing, the secretion invariably contained a large number of animalcules, chiefly bacteriæ, mixed with monads and vibrios. When the suppuration was abundant and unattended with itching, no living infusoria were discoverable.

Hence, the author concludes that when, under peculiar circumstances, the secretions of the mucous membranes or of some parts of the skin are altered in their nature by inflammatory action, bacteriæ, vibrios, and monads are generated, and that the unbearable pruritus complained of chiefly arises from the movements of the former, which are always present in large numbers. The phenomenon ceases when the animalcules disappear or perish. No infusoria exist in the healthy secretions of the bronchi, ear, or nasal fossæ. Their developement coincides with a morbid change in these liquids, induced by heat and moisture, which promote putrefaction of the fluids thrown out by mucous surfaces.

ISOLATION OF CASES OF SMALL-POX IN THE HOSPITALS.

An interesting report on a question connected with hospital hygiene was read by Dr. Vidal at the Medical Society of Hospitals. The author inquires into the expediency of isolating all cases of small-pox, and urges the necessity of separating from other patients those who are affected with variola or varioloid. He conceives that the erection of special institutions for the purpose is neither necessary nor desirable, but that in each hospital a pavilion containing from two to four beds for cases of small-pox, and from four to six for varioloid, would be amply sufficient. A ventilation of 120 or 150 cubic metres per patient and per hour, and a distinct set of attendants, should form a necessary part of the arrangements of these special wards.

These views were unanimously adopted by the society; and as the measure has already been applied in the military hospitals, where it has yielded most satisfactory results, it will doubtless also be resorted to in the civil hospitals, the only objection now urged being the expense involved by the contemplated reform.

ACADEMY OF MEDICINE.

M. Briquet, the reporter of a commission of which Messrs. Louis and Barth were also members, read a report on a paper communicated by M. Gintrac, "On the Contagious Nature of Typhoid Fever."

Inquiring into the principal circumstances which attend the development of contagious affections, and more especially of typhoid, the learned reporter proceeded to remark that this disease arises under various morbid influences, and becomes contagious in its more advanced stages only. Of the twenty-eight contagious diseases which affect the entire system, we find that twenty-one arise in the same manner, and subsequently acquire their transmissible character. All contagious affections are propagated by a germ which is not visible in seventeen of the entire number. Amongst these we must class typhoid. Incubation exists in all, and also in typhoid fever. At some period of their progress contagious affections are accompanied by some sort of eruption on the skin or mucous membranes, a circumstance which is plainly manifest in typhoid. Contagious complaints seldom occur twice in the same individual, and this character also belongs to the disease under consideration.

Theoretically, therefore, the contagious nature of typhoid appears probable, but it is illustrated even more obviously by direct observation.

In large hospitals, especially in Paris, instances of contagion are unfrequent. They are more common in private practice; but in small districts they are isolated, and are limited to a confined number of persons.

It is still very generally admitted that the power of propagation of a contagious disease is absolute, and that it does not exist if it ever fails to be produced. In this respect we should observe that transmissible affections may be divided into two classes: some, like small-pox and measles, are always liable to be propagated by contact, whereas others, dysentery, whooping-cough, erysipelas, bronchitis, and typhoid, for instance, require for their transmission peculiar atmospheric circumstances, a remarkable degree of intensity of the complaint, or deficient ventilation.

The reporter then summarised as follows the cases adduced by M. Gintrac:—

A woman, in an ailing condition, reached her home, coming from a district and from a house in which typhoid was prevalent. No cases of the disease existed in the house previously to her arrival, but shortly afterwards several individuals were affected with the fever. A number of her relations, and also sick nurses who had attended on the patients, were in succession attacked with the same affection. Lastly, three persons who had suffered from the contagion left the country and repaired to three different villages in which the sanitary condition had hitherto been excellent. Typhoid fever immediately broke out in each of the families to which these persons had returned.

M. Briqnet proposed a vote of thanks to M. Gintrac for his interesting communication.—'Journal of Practical Medicine and Surgery.'

MEDICAL NEWS.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—Candidates admitted from July 1st to December, 1864:—Charles Garland, Armagh; Brinsley M. Walton, Hurstpierpoint, Sussex; W. S. M. Price, Carmarthen; W. R. Thomas, 14 Church street, Sheffield; Thos. Elmes, Limerick; Rowan Purdon, Tralee; John A. Byrne, Dublin; Nicholas J. Butler, Jordanstown; Wm. R. Macauley, Blackrock; John Snow Cunningham, Rathgar; Richard James Tyrrell, Dublin; Robert Francis Buchanan, Westport; Wm. S. B. Hemlyn, Plymouth; Joseph Alison, Barrow-on-Furness; George Bedford Saunders, Dublin; James M.

Hannan, Staff-Surgeon; Isaac Hoystead, Assistant-Surgeon 8th Regiment; Wm. Dyas, P. and O. Comp. Service; James Charles Broadbent, Hadlow, Kent; Henry Wade Battersby, Killarney; John S. Greene, Dublin; Thos. Henry Pickering, Dublin; Ed. Turner Thompson, Dublin; Chas. Stennet Redmond, Atley; Joseph Burne, Booterstown; Richard F. Tobin, Waterford; Andrew Rd. Cowell, Dublin; Wm. Henry Sexton, Dalkey; Shewbridge John Connor, Carlow.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, December 29, 1864:—Frederick Chabot, 245 Camberwell road; Tregenna Biddulph Goss, 24 Newington place; Henry Mortimer Hawkins, St. Mary's road, Peckham; Henry Harris, Finchley.

The following gentleman also, on the same day, passed his First Examination:—John Loam, London Hospital.

ROYAL COLLEGE OF SURGEONS.—An opportunity is now offered to those members of the College who take an interest in the advancement of Medical science to view the preparations which have been made during the past year, and are now about to be added to the museum of the above institution. They comprise a very extensive and valuable series of physiological and pathological specimens:—Two elaborately prepared disarticulated skeletons, showing the progress of development of the osseous structures at the ages of fifteen months and nine years respectively. A beautiful series of preparations illustrating the anatomy of the internal ear in man and various vertebrate animals, prepared by Dr. Max Hübrich, of Munich. Perhaps the most interesting additions to the museum are the physiological preparations, nearly eighty in number, which have been prepared by, or under the immediate superintendence of, Dr. James Bell Pettigrew, assistant in the museum, exhibiting some fine sections of the brain, an interesting and most valuable series of dissections of the human bladder, and of the valves of the vascular system, and a large number of very minute and successful injections. The preparations of the valves form the basis of Dr. Pettigrew's recent paper, "On the Relations, Structure, and Function of the Valves of the Vascular System," published in the 'Transactions' of the Royal Society of Edinburgh, vol. xxiii. They are novel and interesting to a degree, and display considerable tact in grappling with a difficult subject. The preparations showing the structure of the bladder are not less deserving of attention, and will, when completed, form a valuable contribution to the minute anatomy of that viscus. The pathological series, upwards of two hundred and fifty in number, include several interesting tumours and malformations, mostly injected. There is also a number of very instructive preparations illustrating the pathology of the eye, by Dr. Bader, of Guy's Hospital; and a most important accession of crania, from different parts of the world, presented by Professors Busk, Huxley, and Drs. Murie, Kirk, and others. These preparations will only be on view in the theatre of the College until Thursday next, when they will be be dispersed throughout the large collection.

DR. E. H. SIEVEKING, Physician to T.R.H. the Prince and Princess of Wales, has been elected director of the Briton Medical and General Life Association.

ALLEGED MURDER.—Mr. Richard Smith, a retired surgeon, living at the quiet little town of Winchcomb, Gloucestershire, was on Friday committed to Glocester county goal on the coroner's warrant, charged with the murder of his wife by shooting her through the head with a gun. Mr. Smith was formerly in practice as a surgeon, but had retired for some years, and lived with his wife alone, without a regular servant, in North street, Winchcomb. He was eccentric in his manner, but his eccentricities were not considered by his friends great enough to warrant them in placing him under restraint. On Tuesday night a shot was heard in his house, and a neighbour who heard it listened at the window, and hearing Mr. Smith moving about the room and talking she thought no more of it Next morning the prisoner went to his brother, who lives in the same neighbourhood (the prisoner's son living with him), and told his sons that their mother was dead; that she had been shot. When asked whether the shooting was accidental he said, the "gun was pointed at her and went off," but he would not say whether it was accidental or not. The sons ran to their father's house, and there they found their mother lying in her blood, cold and stiff, in the sitting-room. In a room adjoining was found a double-barrelled gun, one barrel of which was loaded, and this, there could be no doubt, was the weapon with which the deceased woman was shot. After telling his sons of their mother's death the father was proceeding to Glocester, when he was overtaken by the police and apprehended. The inquest was held at Winchcomb, before Mr. Lovegrove, coroner for Glocestershire, when Mr. James Adolphus Smith, son of the deceased, deposed that his mother was fifty-two years of age, and that she and his father lived comfortably together. The gun belonged to witness, and had been left by him at his father's on the previous Saturday. Witness slept at his uncle's on Tuesday night, and on Wednesday morning his father came there and said his mother was dead, and also said something about a gun, but witness was too agitated to understand him. He fetched his brother William, who was in the same house, and then asked his father, "Did you shoot her?" He replied, "The gun went off." The witness added that his father had been labouring under delusions. He was under the impression that his sons would be kidnapped and sent to America. William Alexander Smith corroborated his brother's testimony. He last saw his mother alive about three hours before the gunshot was heard. His father was at home, and they appeared to be on good terms with each other. Next morning, on hearing from his father that his mother was dead, he ran to the house, and accompanied by a man named Payne went into the parlour, where they found the deceased lying on the floor on her side. She was dressed as he had seen her on the previous evening. Corroborative evidence was given in support of the above by another of the deceased's sons. Mr. Newman, surgeon, Winchcomb, was called in to see the deceased on Wednesday. She had fallen close to a chair, on which her right hand and arm rested. There was blood on the floor, and she was dead, cold, and stiff. There was a gunshot wound in the upper and back part of the neck. The spine was fractured, and death must have been instantaneous. He found sixteen shots in the wound, and these, on being compared with the shot found in the double-barrelled gun, proved to be of the same size. There could, of course, be no doubt as to the cause of death. Most of the witnesses bore testimony to the fact that the prisoner was of unsound mind. The policeman who apprehended him said he considered he had been in an unsound state of mind for the last five years. At times he had been in such an excited state as to call for his interference. A juryman stated that he had seen him with a fishing-rod fishing in the turnpike road. Mr. Newman (the surgeon) said that ever since he had known the prisoner, twenty years, he had considered him in an unsound state of mind. The jury found a verdict of "Wilful murder" against Richard Smith, and wished to append to their verdict an opinion of his insanity, but the Coroner said that must be left to another court. The prisoner was accordingly committed for trial at the next Glocestershire spring assizes.

FOSSIL REMAINS.—In a paper addressed to the Academy of Sciences, M. Van Beneden gives an account of certain human remains discovered by him in a grotto situated in the valley of the Lesse. These remains, consisting of nearly complete skeletons, he considers as having been buried there by the waters during some great cataclysm. The grotto is situated at forty metres above the level of the Lesse. All the bones are dispersed in the mass of earth, the long bones always in a horizontal position. A skull in perfect preservation was found under a stone embedded in stalagmites. This skull was half filled with stones not much smaller than the occipital foramen, through which they had penetrated. In front of the cranium there was an omoplate, clavicles, ribs, long bones, vertebræ of children and adults. Bones were found firmly wedged between stones, so as to

leave no intermediate space. Such effects, the author thinks, could only have been produced by water. In the midst of a solid bed composed of stones there was another cranium, the parietal bone of which was fractured. The bones situated where water could penetrate during the winter were either reduced to atoms or would fall to dust on being touched; the others were in a perfect state of preservation. These human bones were found together with those of bears (but not of the *Ursus Spelæus*, being rather nearer to the present species), of oxen, horses, reindeer, beavers, several beasts of prey, birds, fish (trout and pike), helices, and the *Unio Batara*, which still lives, together with helices, in the immediate vicinity. Mixed up with these bones there were flints of the most primitive form, bits of coal, calcined bones looking as if they had just come out of the fire, and fragments of very old pottery. There were also some of the antlers of the reindeer, with marks upon them evidently made by human hands, but not forming any particular design. The ground where these remains were found presented no signs of having been disturbed, and there was no communication from without with the grotto except by the entrance only. The skulls above alluded to denoted a well-developed human race.—'Galignani's Messenger.'

DEATHS.

FLYNN.—On the 19th of Nov., at Jamaica, of yellow fever, T. P. Flynn, L.K.Q.C.P.I., Staff Assist.-Surgeon Army, aged 27.

IRVINE.—On the 12th ult., at Galgate, Lancaster, James Pearson Irvine, M.C. Univ. Glas., L.R.C.P.Ed., aged 52.

SPRAGUE.—On the 5th inst., at Bedminster, Somerset in his 81st year, John Hanmer Sprague, M.R.C.S., formerly an Army Surgeon, who, from his writings for the welfare of the Profession, was much esteemed by his most estimated brethren, especially those practising in the Channel Islands, the British metropolis, and other places, where he had practised and published, and from whom he received the highest testimonials for the skill and attention shown by him to his patients.

THOMSON.—On the 6th ult,, at Wakenaam, British Guiana, of yellow fever, David P. Thomson, M.D., one of H.M.'s Justices of the Peace for the Colony and Coroner, formerly of Liverpool. aged 43.

WILSON.—On the 12th ult., at Edinburgh, Dr. Alex. Wilson, R.N.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JAN. 11.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m.—Dr. Peacock, "On Some Forms of Epidemic Disease recently Prevalent;" Microscopical Society, 8 p.m.—A paper "On the Vinegar Plant" will be read.

THURSDAY, JAN. 12.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, JAN. 13.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, JAN. 14.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, JAN. 16.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JAN. 17.—*Operations* at Guy's Hospital, 1½ p.m.: Westminster Hospital, 2 p.m.; Anthropological Society of London, 8 p.m.—W. T. Pritchard, Esq., F.R.G.S., &c., "Notes on certain Anthropological Matters connected with the South Sea Islands.—Edward Lund, Esq., F.R.C.S.E. (communicated by Dr. F. Royston Fairbank, F.A.S.L.), "On Discovery of Syphilis in a Monkey (*Macacus Sinicus*)."

BOOKS RECEIVED FOR REVIEW.

The Laryngoscope: Directions for its Use in the Diagnosis and Treatment of Diseases of the Throat and Nose. By George Johnson, M.D. London: Robert Hardwicke, 192 Piccadilly.

The Use of the Laryngoscope in Diseases of the Throat. By Morell Mackenzie, M.D., &c. London: R. Hardwicke.

The Journal of Mental Science, No. LII.

Transactions of the County and City of Cork Medical and Surgical Society, Sessions 1863-64.

The Ophthalmic Review, No. IV.

The Pharmaceutical Journal, Vol. VI., No. VII.

The Social Science Review, New Series, No. XIII.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
Messrs. Davies and Hancorne, Gower	0	5	0
J. T. Tallent, Hingham	0	10	0
Dr. R. Ansom, Cambridge	0	10	6
W. S. Barker, Esq., Thingoe	0	10	0
A. S. Vandenbergh, Esq., Bethnal-green	1	1	0
Amount previously announced	108	19	6
Received at the 'Lancet' Office	6	14	0

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

Jan. 4, 1865.

G. W., *Charlton.*—Your note has been forwarded to our correspondent "Detector."

SOMETHING TO BE PROUD OF.

To the Editor of the Medical Circular.

SIR,—The MEDICAL CIRCULAR having, within the last twelve months, assumed such an illiberal and insulting attitude towards the members of the Profession who believe in Homœopathy, in which system I am a firm believer, I beg to state that I can no longer continue a subscriber to it.

Regretting the necessity which necessitates this step,

I am, &c.,

16 Elaton square, Newcastle-on-Tyne, W. MATHESON.

Dec. 29th, 1864.

QUÆSO.—The individual who commenced the proceedings in the Court of Queen's Bench did not continue them, for reasons which are, no doubt, well known to himself and to the Medical Council.

A PROVINCIAL SURGEON.—The want of young gentlemen to take the place of dressers at the provincial hospitals is a serious and a growing evil, and we shall take occasion to revert to the subject.

DR. B.—The person in question is qualified to practise, and obtained his diploma in the usual course after a due amount of study.

A VICTIM.—Send a statement of the facts to our office under cover for "Detector."

NO LAWYER.—The powers of the College of Physicians in the matter alluded to have not been expressly repealed, but they have been over-ridden by the recent enactments.

A HELLENIST.—We are unable to give the etymology of the word in question.

M.B. DUBLIN.—It is alleged, and perhaps with some truth, that professional rivalry has no inconsiderable share in dictating the line of conduct pursued.

THE ANTHROPOLOGICAL SOCIETY.—The notice has been received.

To the Editor of the Medical Circular.

SIR,—Will you kindly inform me in your next number of the MEDICAL CIRCULAR, whether, by passing the Oxford or Cambridge Examination, it will exempt me from the preliminary examination of the Apothecaries' Hall or from the College of Surgeons?

I am, &c., A SUBSCRIBER.

[Yes.—ED. MED. CIRCULAR.]

The Medical Circular.

ORIGINAL COMMUNICATIONS.

AN ANALYSIS OF SEVERAL CONSECUTIVE CASES OF CEREBRAL DISEASE.

By GEORGE CORFE, M.D., M.R.C.P.L.,

Physician to the Western General Dispensary; formerly Resident Medical Officer of the Middlesex Hospital, &c.

It is often remarked by those members of the Profession who hold office in our public hospitals, that "they have had a run of some unusual cases of late." The physicians, but especially the surgeons, to large establishments for the sick are constantly observing that a special class of "casuals" will suddenly present themselves for treatment, and for admission, to which the charity had been exempt for months or years before. Thus, in one of our large metropolitan hospitals, amongst the thousands, nay, tens of thousands, of in- and out-patient accidents over several years, one instance only of dislocation of the head of the femur or the dorsum of the ilium had occurred, when, in the course of a few weeks, three cases of this unusual form of luxation came before the surgical staff for treatment. On another occasion, the somewhat rare accident of fracture of the cribriform plate of the ethmoid bone occurred in five instances, within a few months, of which three were fatal; the whole were reported in the 'Lancet' by the officiating house-surgeon, H. Rogers, Esq., who admitted them into the hospital (the Middlesex).

The singular absence for months together of cases of strangulated hernia, of suicide by wounds or by poison, has been also noticed by the officials in public hospitals, when suddenly a quick succession of some of these casuals will arrive at the admission-room and we have quite "a surfeit" of them.

It is not intended by the above prefatory remarks to offer any explanation of these singular coincidences, but merely to notice a fact familiar to all who have been, like myself, connected with a public hospital for thirty years past; at the same time these observations may form the prolegomena to the reader of the following equally singular circumstances, which occurred within the space of six or eight months—the rapidity with which the cases came under observation, the uniformity of their general characters in a pathological point of view, and that their occurrence in so short a time induced me to take ample notes of the cases now subjoined in a tabular form. The interest has been revived by the late observations of our continental brethren on the physiology of certain portions of the cerebro-spinal system, and the spinal structure and action of the nervous tissues generally.

It cannot be doubted by those who study the characters of the lower animals, that they possess psychical gifts corresponding with those which we term the intellectual powers and moral feelings in man. But here lies the great chasm between the highest intelligence in a brute and his lord and master—man. Whole communities of animals will never spontaneously depart from one instinctive line of action. Their actions are all performed in respondence to impulses which all alike share; and for a spider to be destitute of its peculiar tendency to weave its web at certain angles would be as remarkable as for a human being to be destitute of the desire to eat, the power to cook, and the art to make culinary utensils when his system craved for food.

Physiologists are agreed that the instinctive or automatic actions, now known as reflex in their character, are performed by the cranio-spinal axis in vertebrate, and of the ganglia which correspond to them in invertebrate animals. In every exertion of the will in man upon his muscular system he is guided by the sensation or "muscular sense" communicated through the afferent nerves.

It was my happy privilege to have been a pupil and an officer for fifteen years under that singularly gifted physiologist and profound metaphysician Sir C. Bell, and in his original lecturesand orations on the structure and functions of the nervous system, he would, in language peculiarly his own, direct attention to a series of facts since fully elucidated by physiologists of the present day. In order to exhibit to his class the necessity of a "muscular sense" for determining a voluntary contraction of muscle, Sir Charles would mention, when alluding to his "nervous circle," the case of a woman, quoted by subsequent authors, who was deprived of the will, though not of the power of motion, and who always stated "that she could not sustain anything in her hands, not even her child, by the strongest effort of her will, unless she kept her eyes constantly fixed upon it, the muscles losing their power and the hands dropping the object as soon as the eyes were withdrawn from it." The same employment of the visual sense to supply the deficiency of the muscular was noticed in some of the subjoined cases, where a hemiplegic man could manage to hobble along a ward without his stick or crutch, provided he was allowed to keep his eye deliberately fixed on the floor; and it was always found that he preferred to walk in a straight line, as on one narrow plank of the entire length of the ward, but if he was peremptorily ordered to hold up his head, or to come askant the floor, he trembled, staggered, and would fall if not supported. This experiment was often made, and elucidated in a striking manner the views then propounded by Mr. Bell in his remarks on "a nervous circle."

A similar fact has been proved by myself and others in cases of chorea, where one arm only was the seat of the involuntary contortions. The patient has been desired to extend the affected limb at full length and to spread out the fingers at the same time a peremptory order has been given, "Keep quiet." The eyes have been riveted to the limb, and success has attended the effort; but the moment the attention was drawn off to another object the limb fell and the muscular contortions were renewed. If the eye of the operator in this experiment is fixedly riveted on that of the patient's, which can only be accomplished by bringing the limb to the same horizontal plane of vision, the effort to keep quiet can be sustained much longer.

In all these instances the exercise of the will, leading to voluntary determinations and acting upon the motor apparatus, has so far renewed a temporary flow in the nervous circle, that movements otherwise impossible are attained for a short space of time. Frequent repetitions of such efforts will usually leave the individuals worn out or jaded in their feelings.

The influence of the will is not conveyed to muscles by continuous fibres from cerebral convolutions to the muscles themselves, but through a series of automatic centres; and these centres receive the sensory ganglia, medulla oblongata, and spinal cord, and emit all motive power, whether that power be voluntary, reflex, or otherwise.

If we view the corpus striatum as the highest part in the cerebral column of the motor tract, and the cerebellum as the centralisation of the powers of motion, we only express their present imperfect acquaintance with the physiology of the antero-lateral and posterior columns of the spinal cord and their general "reunion" in the cerebellum; but our continental writers on the subject go beyond this point.

M. Broca has asserted that the faculty of speech resides in the left cerebral hemisphere, and not in the right. Dr. H. Jackson has adduced clinical evidence that points to a similar conclusion, in some remarks lately published in the 'Lancet' (Nov. 26, 1864), on cases of defects of expression (by words, writing, signs, &c.) in diseases of the nervous system. His observation, that "defects of language, whether general or particular, are found with hemiplegia on the right side, and not with hemiplegia on the left side," is so startling that I have been induced to transcribe the whole number of cases of hemiplegia in my possession in order that

the student in neurology may compare the facts with the remarks of the above writers on these diseases. In no case of hemiplegia on the left side, however produced, did Dr. Jackson observe any definite mental defect, as loss of speech.

An affliction has lately occurred in my own family, which is a painful elucidation of the first remark of Dr. Jackson's. My little girl, in May last, was playing on the staircase of the second floor of her uncle's house at Richmond square, Clifton, when some altercation arose with her eldest sister concerning their dolls ; the former was about to go down to the dining-room to acquaint her aunt of their differences, when the eldest child reminded her that "aunty had forbidden them to come to her with their nursery quarrels." The poor child, thus foiled in her desire to get some redress for a supposed wrong, carelessly "see-sawed" on the staircase railing and fell over into the hall, a distance of sixteen or seventeen feet. She was taken up insensible, with copious hæmorrhage from the left ear, which continued from the period of the accident (Saturday, May 29, 5.30 p.m.) till the following Wednesday morning. There was a quaggy swelling of the whole parietal scalp on the same side, and a distinct ridge running along the course of the anterior half of the longitudinal sinus, but about one inch to its left, as though the bone was depressed at this portion of the skull. The absence of any evidence of laceration in the medulla oblongata, the tranquil breathing, perfect deglutition, and the uninterrupted circle of reflex power, as noticed in the sucking of the spoon when placed with food on the tongue, &c., induced my kind and intelligent Medical attendants, Mr. Metford and Mr. Greig, to let matters take their course, and leave to the reparative powers of Nature the task of restoration. The amount of real cerebral damage by laceration and from hæmorrhage must have been considerable, because for six hours or upwards the pulse was scarcely felt, or if noticed it was a mere flutter; but on the fourth day and subsequently, there was observed a marked facial paralysis of the left portio dura. Soon after this period, she recognised each of us, but did not speak before the tenth or twelfth day, when her first words were, "I want—" then "I want to go—" "I want to go down stairs—" "I want to go down stairs to aunty to tell her something." The broken thread of intelligence and of thought was then put together once more, and from that time she daily gained some fresh power of expressing her wants; but hitherto she has not yet regained her power to read, to cipher, to play her piano, or even to express herself with that readiness for which she was somewhat remarkable before the accident. Her age was six years and a half. The facial palsy remains, but she can now close the eye.

Had this case been one of disease on the cerebral hemisphere, we should have noticed hemiplegia on the opposite side (right), and, as is the case in the majority of instances, speech would not have been re-established.

However, your readers may judge for themselves in the perusal of the subjoined cases, and ascertain how far the views of modern physiologists are borne out by facts in the pathology of the cerebro-spinal system.

(To be continued.)

HOSPITAL REPORTS.

(By DR. G. DE GORREQUER GRIFFITH.)

CHARING CROSS.

(Cases under the care of Mr. HANCOCK and Dr. WILLSHIRE.)

The case under Mr. Hancock to which we shall allude is one as follows :—The patient, a man in the prime of life, of good health and of muscular build, had met with an accident by which the hip and thigh had been hurt, and so severely as to lead the patient to suppose that the thigh bone had been broken. When brought into the house, the affected parts were minutely examined, but no fracture or dislocation could be discovered. The man now complained of severe pain in the sacrum, in the entire of the gluteal region, and in the groin ; also down along the course of the schiatic nerve. This was greatly intensified by rolling over on the opposite side, or, indeed, by any motion whatsoever, either of the lower limbs or of the trunk.

Mr. Hancock carefully examined the different parts of the bones where fracture was most likely to occur, but, finding none, concluded that the case was one, not of dislocation or fracture, but of simple local paralysis, occasioned by the injuries they had received, as a result of the blow dealt them when the accident had occurred : or it might be that the larger branches of nerves supplying the palsied muscles had been forcibly struck or pressed upon, so that the nervous force was rendered abeyant, and the parts supplied by those branches were consequently deprived of their motor power, and so made incapable of action and unfitted for use.

The same condition of palsy is not infrequently seen in the upper extremity when the nerve-force of the deltoidal branch of nerve is interfered with by a blow or severe pressure. The arm will hang powerless by the side, and will be rendered quite useless—sometimes for a lengthened period—until the nervous influence is restored to its wonted original state of action.

In the present instance, there was total inability to use the affected limb in any way ; there was some lengthening, and the toes were turned out ; but not more so than they are in the sound and perfect condition of the limb. The lenghtening may be thus explained :—The muscles, deprived of their ordinary nerve force and being paralysed, are deprived of their wonted tonicity and contractility; hence they become elongated, and remain so till they regain their normal powers—both the vis insita and the vis nervosa. As a sequence of their lengthening, the entire limb is elongated because of its not being braced up to the trunk in the natural manner.

We have recently seen the case of a child in whom the left upper extremity was completely paralysed, and remained so for some time, owing to the mother having overlaid the infant, and in that way bruised the tender shoulder-joint and the equally tender muscles surrounding it.

In another instance, the shoulder of a child was put out of joint by the child's attendant lifting it from the bed on which it lay. The humerus was tilted from its situation in the glenoid cavity ; there supervened paralysis of the muscles of both the upper arm and the forearm ; moreover, some time after the dislocation had been reduced, the palsy of the muscles continued.

The treatment adopted by Mr. Hancock consisted in having the man placed in a warm-bath heated to 100°, and administering ten grains of Dover's powder every four hours, till the pain should be eased.

Under the head of "Injuries of Muscles and Tendons," Mr. Erichsen has the following:—"Sprains or strains of muscular parts, without rupture of fibre, are of very common occurrence, especially about the shoulders, hips, and loins, and are accompanied by much pain, stiffness, and inability to move the part. When they occur in rheumatic subjects, these injuries not uncommonly give rise to severe and persistent symptoms. In some cases painful atrophy, rigidity, or local paralysis of the injured muscle being induced.

"In the treatment of these accidents, when recent, it will be found that kneading, or rubbing the part with stimulating embrocation, the application of dry cupping or, if the pain be severe, the abstraction of a few ounces of blood by cupping, together with rest, is most efficient. If the injury occur in a rheumatic constitution, it will be found useful to give colchicum and Dover's powder, in the following form :—

℞ Extracti colchici acetici, gr. j. ;
Pulv. ipecac. co., gr. x. ;
Extracti colocynth. co., gr. iv.—in pil. iij.

"If the pain continue, the application of the 'thermo hammer' is exceedingly serviceable ; and, if local paralysis or atrophy ensue, the use of the electro-magnetic apparatus will be beneficial."

(Case under the care of Dr. WILLSHIRE.)

The first which we shall mention is that of a young a

strong-looking woman, who for some time past has been labouring under "hypertrophic acne." She had been placed under arsenic administered internally, at the same time that there were applied to the face an ointment of the iodide of sulphur and relays of rice poultices.

The character of the affection was not now by any means so distinctly marked as it had been before the treatment was commenced. Even still it was, however, sufficiently evident for the diagnosis of the affection.

This affection is at times most rebellious to all methods of treatment: indeed, it is by no means easy to cure, no matter to what treatment the patient may be subjected. It may continue months, or even years; be benefited, or removed by treatment. In many instances where it has been removed it returns; is again removed, but only to again return. In this way it may fluctuate for a long time, till a certain change be effected in the system and more healthy vital action be induced, not alone in the integument of the body, but in the entire system; until, in fact, the disposition to it be entirely removed.

Causes.—Sometimes in females the disease is dependent upon, or at least synchronous with, derangements of the menstrual functions; it is, no doubt, in some cases occasioned by mere disturbance of the digestive processes; and, again, not a few patients are obnoxious to it, because of local irritation: the affection being manifested only in that part or in those parts where the irritation exists.

It is stated to be found most commonly on the skin of those who yield themselves to habits of deliction, whether such patients belong to the male or female sex. This hypothesis is, we think, scarcely tenable, inasmuch as, in the first place, the eruption is not peculiarly remarked as existing upon those who plead guilty to such vicious indulgences, and are weakened by them; and in the second, there is no immunity from the affection on the part of those who are in apparently perfect health, being robust and strong, and who have never given way to any kind of sexual dissipation.

The affection, however, is not uncommon in those who are great eaters and drinkers, and who, by such a mode of living, injure the coats of the stomach and induce either acute or chronic dyspepsia.

The time of life at which it most commonly is met with is that of puberty, when the entire constitution is undergoing some important changes, and when each process of nature is readily deranged by very trifling irregularities.

The treatment to be pursued is: Unload the bowels, and, even should they not be costive, it is better to act upon them by means of medicine before any other measures be put into practice; next, the diet of the patient should have the careful regulation of the Medical attendant, no indigestible or highly stimulating food or drinks being allowed; the warm bath in the case of the robust and plethoric, and the cold bath when the patient is not so strong and requires bracing up, are valuable adjuvants to our other measures.

The *general* Medical treatment may consist in the use of iron and occasionally of saline aperients, as advised by Mr. Startin, or of some of either the arsenical or the mercurial preparations, or else combinations of iodine and iron.

Locally, the affection may be treated in its commencement, that is, in the inflammatory stage, by emolient poultices and applications. Later in the course of the complaint, it may be advisable to paint the affected parts with the compound tincture of iodine; to touch each pustule with the nitrate of silver, to cover them with collodion or with a solution composed of gutta percha, or caoutchouc, and chloroform, or to bathe the affected parts with a solution of corrosive sublimate. Biett uses the iodide of sulphur ointment, and employs it of a strength varying from twelve to twenty-four grains of the iodide of sulphur to an ounce of lard.

Dr. Neligan advises as a preventive that the face should be washed each morning in a solution of carbonate of soda, no soap being used; and that, subsequently, a lotion of oil of lemon and of oil of rosemary, in the proportions of two drachms of the former and half a drachm of the latter, should be employed.

We have used a lotion consisting of the ammonio-chloride of mercury and iodide of potassium dissolved in water, at the same time that arsenic was administered internally. The lotion was applied night and morning; the arsenic (Fowler's solution) taken as it is ordinarily after meals; and, when any inflammatory action was set up in the patches of acne, porridge poultices were put on for its relief.

GENERAL CORRESPONDENCE.

REVELATIONS OF QUACKERY.

LETTER III.

To the Editor of the Medical Circular.

SIR,—Some of the principal founders and proprietors of the quack firms, and the self-dubbed surgeons and M.D.'s, are more or less connected with each other by the ties of consanguinity or intermarriage; but, as it is evident it would materially interfere with their "fleecing operations" were they all to advertise under their *real names*, they each adopt some *nom de guerre*, in order to baffle inquiries respecting their origin and their qualifications. Indeed, this is, for the most part, a plan adopted by nearly every one of the quacks; thus the now notorious name of "Dr. Henery" was an assumed one. The way in which they carry out this notable contrivance shows that they are perfect masters of the deceptive, although utterly ignorant of the healing, art, for they generally select for adoption the name of some eminent surgeon or physician, and under the shield of this "*clarum et venerabile nomen*" set up their Priapian firm. Thus the honoured names of Bright, Brodie, Cooper, Watson—names associated with every idea of unsullied integrity and well-earned professional fame—are dragged through the mire of empiricism, and degraded into the service of quacks, as a means of levying black mail from the credulity and sufferings of humanity.

Having thus selected a name under which to commence their career of imposition, they generally hire a house in some private street, leading out of some one of the great thoroughfares, and then the door-posts on each side are decorated with a flaring brass plate, bearing the assumed name and the lying addition of "surgeon" or "consulting surgeon" Dr. This or Dr. That. The outer door is left open, whilst an inner is often decorated with another plate bearing the assumed name and false titles.

These arrangements completed, men are stationed in the most public thoroughfares of the metropolis, to thrust handbills containing filthy allusions to certain unfortunate practices which, there is much reason to fear, are too prevalent amongst thoughtless youths. These papers also contain references to those diseases which result from impure sexual intercourse—"secret diseases," to use the quack phrase. The immediate effects and ultimate consequences of these maladies are described in exaggerated terms; and, finally, unbounded promises of "*speedy*" and, above all, "*secret cure*" are made to those who will apply to these eminent surgeons. Similar handbills are also stuck up in every urinal and by-passage, and, in short, wherever there is the remotest chance of their catching the eye of any unfortunate and credulous sufferer under any one of these diseases. Simultaneously with the issue of the bills, the more aspiring and higher grade of quacks (for there are grades even in this infamous trade) cause advertisements of their so-called works to be inserted in the columns of such of the metropolitan and provincial newspapers as will degrade themselves by the insertion of these filthy announcements of the publication of the 'Silent Friend,' 'Manhood,' 'Manly Vigour,' 'Marriage,' and other sensational titles.

There is another deception which they practise in connexion with their advertisements which is well calculated to deceive the ordinary class of patients into the belief that they are regularly-educated surgeons. I allude to the numerous extracts of seemingly favourable reviews of their works which they append to their advertisements, and in which *parents*, *guardians*, and *patients* are alike recommended "to peruse the valuable remarks which are contained therein (their books) on the diseases of which it so ably treats."

The following is one of the modes which they practise, in order to give an appearance of reality to these laudatory reviews :—They first themselves write or cause them to be written ; then the address is annexed to the advertisements of their books, and the whole paid for as an ordinary advertisement. After it has thus appeared in some paper, the whole or a portion of the address is annexed to advertisements inserted in other newspapers with *the name of the paper in which it originally appeared as a paid advertisement at the end,* thus causing an ordinary reader to think that the quotation is a portion of a favourable review of the work by the editor of the paper whose name is thus appended, instead of being what it really is—viz., *a portion of an address inserted and paid for by themselves.* However, ingenious as this plan is, it is yet surpassed by a still bolder flight of impudence. Thus another of their plans is to insert apparent quotations of reviews eulogising their books, and then append to them as thus—'Herald,' 'Daily Morning Paper,' 'Medical Journal.' This description of the quoted journals is so vague that no contradiction can be given to these lying addenda, and thus they, for the most part, pass current with the credulous public as quotations from veritable reviews. That they do so I know from having been frequently asked by patients how it is these men secure such favourable reviews from newspapers; and they have further told me it was in consequence of believing those reviews to be real that they have been induced to consult them. Again, some of these advertising impostors have recently adopted the plan of appending to their names as of —— Hospital, thus seeking to create the false belief that they are attached to the hospitals whose name they thus prostitute. Then, of recent years, the museum dodge, with "lectures" *twice daily,* has been much affected by this class of men, not only in London, but in some of the large provincial towns.

In addition to these means of attracting the notice of the suffering public, they have of late years adopted the practice of sending their filthy books by post, addressed to householders all over the country; and numerous complaints have appeared in the journals in respect to this nuisance. A patient informed me a little time since that several of this class of book had been sent to his uncle, an old gentleman over seventy years of age, and been opened by his aunt, who was at a loss to understand why such books were sent to her husband ; and talking the other day with another old patient of mine, Col. ——, on this subject, he informed me that all the officers at Aldershot, both married and unmarried, were annoyed by numbers of this class of book being constantly sent to them.

Well, Sir, with their schemes thus fully concocted, and, in truth, admirably adapted to their ends, they keep up an incessant course of advertisements in all the daily and weekly metropolitan and provincial newspapers whose proprietors will disgrace themselves by inserting them. Nay, some of these men even extend their advertising operations to our colonies. The reader may judge of the extent and success with which these pretended surgeons and physicians carry on their frauds, when he learns that the annual cost of the advertisements inserted by the principal quacks in the metropolis and provinces may be estimated, without taking into the account the cost of the colonial advertisements, collectively at about 50,000*l.* ! When to this almost incredible sum is added the cost of the paper, printing of their handbills, books, &c., the rent of their large and expensive houses, the maintenance of their establishments, their carriages, country houses, and the cost of the notorious luxury in which they and their families live—to say nothing of the large fortunes some of them are known to have realised—the gross annual amount derived from their nefarious trade must be truly enormous.

I have already referred to the manner in which one journal has converted the recent outcry against the quacks into a source of self-profit, and whilst writing these letters, I have been so struck with the confirmatory evidence which its advertising sheet affords, as to the expenses incurred by the quacks in advertising, that I cannot refrain from reverting to the subject.

Now, it is well known that there has existed in this metropolis, for some forty years past, a family which, under various assumed names, has carried on in different localities sundry establishments for the cure of "SECRET DISEASES." Well, Sir, at the present moment, some of the members of this notorious family are carrying on, under assumed names, no less than three large establishments of this kind. And I have taken note of the number of advertisements inserted in the journal referred to, for six consecutive days, by them, having reference to their books, medicines, and practice ; and they number no less than forty-one advertisements in six days !

Now, if they pay, and I believe they do, according to the new scale of charges, the cost in the six days' will amount to no less a sum than FIFTY-FIVE POUNDS NINETEEN SHILLINGS a week ! ! being at the rate of about TWO THOUSAND EIGHT HUNDRED AND NINETY POUNDS per annum ! ! ! This, recollect, paid to one paper only by one firm—I say one firm—although there are three establishments advertised, inasmuch as it is notorious that they form one firm. Indeed, I had a laughable illustration of this fact the other day. A tradesman who consulted me informed me that prior to my seeing him he had applied to Messrs. No. 1 and Co. and paid them the modest sum of ten guineas for a promised cure of his malady. However, the cure was not effected, and hopeless of one from them he ceased his attendance and ultimately applied to Messrs. No. 2 and Co. Here he was shown into a room where two gentlemen were seated writing, who inquired into the nature of his malady and then left him, saying that Mr. —— would shortly see him. After a considerable interval the door opened, and to his surprise and horror in walked, as Mr. No. 2, the *gent* he had already seen at Messrs. No. 1 and Co. A mutual recognition of course ensued. Mr. —— expressed his regret that the patient had not been satisfied with his treatment, and tried it on to induce him again to place himself under his care. However, the patient would not listen to this, gave him a guinea, and requested Mr. No. 1, *alias* No. 2, to open the door and allow him to get away, saying he had no desire to have anything more to do with him. But to revert to the immediate object of these remarks.

These facts, as to the enormous expenses incurred by the owners of such establishments in advertising and otherwise, prove how numerous a class must be the *real* or *imaginary* sufferers under those diseases, the pretended cure of which forms the groundwork of the success these men meet with, whilst they equally afford the most conclusive evidence of the injurious effects these maladies produce on the mental faculties of their victims. Otherwise, they would not so readily, as they for the most part do, fall into the toils set for them by these arch-impostors. A no less remarkable fact is, that it would appear, from the enormous amount of the annual expenditure of these men and the large fees they obtain from their patients, that the majority of their dupes must rank amongst the educated and affluent classes and not amongst the poor uneducated and ignorant as one would, *à priori,* more naturally think.

In my next I shall show the system of intimidation and extortion pursued towards their dupes by the quacks in order to obtain the means to meet their gigantic expenditure; and as I do so I shall from time to time illustrate my remarks by the relation of some extraordinary and startling cases showing their method of practice.

I am, &c., DETECTOR.

MEDICAL GOSSIP.—No. III.

MEDICAL ADVERTISING—MEDICAL MUFFS—ANALYSIS OF THE 'BRITISH MEDICAL JOURNAL'—LARYNGOSCOPY.

To the Editor of the Medical Circular.

SIR,—Yes, it must be admitted we are sadly deficient in *esprit de corps.* Parsons rarely calumniate each other, but rather help one another on in the world, and so do the lawyers ; but with us, it would appear, to mar is the rule, to make, the exception. For instance, how apt men are to condemn others for advertising their books, shielding themselves, perhaps, from a similar imputation by putting their

own announcements on the publisher, wishing you to believe that the said publisher does it on his own responsibility. They profess to be strictly legitimate and honourable professors of their art, and when asked their estimate of a contemporary in the same line of business, forgetful of their own advertising propensities and of their popularly-titled works, they have never the slightest hesitation in denouncing him as a quack, "who advertises his books in the daily papers with a very attractive title." It is strange that *tu quoque* does not rise to check or choke the utterance of the speaker. People do not always get their deserts.

How much more creditable and candid to admit the necessity of advertisements, if your book is to achieve that for which it was written, namely, a sale and its result—practice. Once now and then you meet with an author so guileless, so innocent, as to believe that a book may find purchasers without announcement. The late Mr. Highley once related to me an anecdote of a certain author, late on the Council of the College, who produced a book on a special subject. "I suppose I must advertise it, sir, in the usual channels, the 'Times,' 'Post,' 'Herald,' &c. ?" "What, Mr. Highley, advertise my book? I beg you will do nothing of the kind, beyond a single *affiche* in each of the Medical Journals." In six months, he dropped in to inquire the fate of his book, and to ask when a second edition would be required. "*Up* to this time," replied Mr. Highley, "I find we have *sold* two copies." It is obvious, therefore, that, to effect a sale, a book must be advertised; no odium, therefore, should attach to a Medical author for adopting this *siae quâ non* of publication: it is only when he infringes the etiquette of the Profession by excessive advertising that he can justly be censured. But who shall draw the line and say "Thus far shalt thou go and no further," under penalty of being denounced by your compeers as a quack. Still, even here we are apt to be unjust; for let there be two authors advertising their books to an equal extent on the same subject, the one is successful in practice, the other competes with him in vain — the first is whispered down as a quack, the other passes free of any such imputation. Let the mystery be investigated, and it will generally be found that the first has written a really good practical book, and the latter a mystification of his subject which will bring no patients.

And this leads me to speak on another point, which will explain how, notwithstanding he may have written a clever, attractive book, a man may fail in practice. Within my own knowledge are a dozen men of great literary ability, clever, accomplished physicians and surgeons, but with so little tact, that a patient can never be induced to pay them a second visit; to one of these I lately sent a patient, who related to me the interview. After hearing and noting down my friend's case, the physician remarked that he felt very much inclined to think a tonic would be useful—"What think you?" addressing the patient, who, at once seeing the absurdity of the question, resolved to have a little amusement at the expense of his Medical adviser, replied, "Yes, I think a tonic might suit me." "Perhaps a vegetable tonic would be most suitable," said Medicus. "No, I think a mineral tonic best adapted for my constitution." "Well, if you think so, I will write for small doses of zinc." "Don't you think," said my patient, "arsenic would be better?" "Well, perhaps it would." Medicus writes for arsenic, modestly takes his guinea, not even knowing how to do even that well, and bows my friend out of the room, who writes him down in the tablets of his memory as a muff. I could point, as I have said, to a dozen such men, who have equally mistaken their vocation and are doomed to starve, at least as Medical practitioners.

The moral of all this is, that Medical authors, more especially specialists, must accept advertising of their books as a necessity, if they are to succeed in practice; and as to the class of noodles in practice I have depicted, it would appear desirable to institute a training school for the one thing most needful in a practitioner—the art of winning the confidence of his patients.

Laryngoscopy is now an established Medical specialty, notwithstanding the efforts made in the outset by the enemies of specialism to absorb it into general practice. In the attempt which Dr. George Johnson made thus to disseminate the practice among the Profession, in a short course of lectures before the College of Physicians, he conclusively proved the very reverse of the position he wished to maintain, and at this moment we have in the person of that gentleman perhaps the most reliable laryngoscopist of the day. My knowledge of him enables me to say that he will not condescend to put forth statements and exaggerations in the relation of cases which disfigure the work of at least one of his contemporaries. At present, we have three authors, Dr. Gibb, Dr. Morel Mackenzie, and Dr. Johnson, contending for the prize which is supposed to attend upon laryngoscopy in practice, and their essays are regularly in the list of advertisements of Medical publications in the 'Times' and other daily papers, the Medical journals also getting a fair share of such good things for appearance' sake.

Since my last, my clever correspondent of last week has subjected that costly imitation of a Medical Journal, yclept the 'British Medical,' to a careful analysis, and he finds in it:—Original Communications, the originality of most of which is rather of a personal than of a material nature; Leading Articles, devoted to the crushing of recalcitrant associates, who are so obstinately blind to their own interests as to fail to see in the 'Journal' the *summum bonum* of all their professional aspirations; Reports of Meetings (both trunk and branch ones), in which we read a strange medley of platitudes of well-meaning, harmless "associates," and terminating in a dinner at the "George," where, under the influence of vinous fumes, the 'Journal' is consecrated to eternity and its editor to glory; Associates' letters, Medical "News," and the editor's personal opinion of poor Mr. Carter, coupled with an anticipatory condemnation and sentence if he will not hold his tongue and behave better for the future: such are the material components of the 'Journal.' The cuttle-fish fastens its victim in its strangling embrace by its suckered tentacles: it eludes detection by discharging its ink—not unlike printers.

Thanks for your courtesy, Mr. Editor, in according to me two or three columns of your Journal, in which I can, with the help of correspondents, exhibit some of the blots on our Profession's escutcheon, in the sincere hope of contributing to their erasure. VIGILANS.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. JENNER continues his lectures "On the Principles and Practice of Medicine," his subject being the pathology of Bright's disease. The different conditions to which this general name is given are described in succession, some of the cases being only instances of congestion; but others, in which casts of tubes and blood-casts are seen under the microscope, indicate that the congestion has been followed by the rupture of small vessels and the transudation of blood or fibrin. The primary active congestion of the kidney, or the first stage of inflammation, is often caused by exposure to cold, by the poison of scarlet fever, and by certain states of the blood; but this condition often passes away under appropriate treatment, and the patient will be called well, although the malady is liable to return.——Dr. C. B. RADCLIFFE continues his "Clinical Lectures illustrating the Diagnosis and Treatment of Paralysis," his present subject being the disease which is now generally regarded as a primary idiopathic granular or fatty degeneration of the muscular fibre, and to which the names of progressive muscular atrophy, wasting palsy, or Cruveilhier's disease are generally given. The case related in illus-

tration by Dr. Radcliffe terminated in recovery, this result being unusual, as the disease is generally considered to be incurable. The patient was a young servant-girl who complained of wasting and weakness of the left hand, but of no other symptom. The muscles which had wasted appeared to be the interossei and the lumbricales. The treatment consisted in the employment of Faradisation (or local electric currents), kneading, and suitable localised movements of the hand, full diet and porter, and syrup of the iodide of iron internally. Under this treatment the wasted muscles recovered their bulk and their uses, and the patient perfectly recovered. Dr. Radcliffe considers that the essential part of the treatmennt was the Faradisation of the atrophied muscles, but he attributes some efficacy also to the localised movements and the kneadings.——Dr. JAMES WHITEFORD reports "Some Cases of Stricture of the Urethra," the paper being communicated by Mr. Syme, of Edinburgh. The writer of the report announces himself as an old pupil of Professor Syme, and his cases were treated by the perinæal section, according to the plan first proposed by that surgeon. The patients dwelt and were treated in New Granada, and the results were very successful, although in all cases the stricture had existed for several years and had resisted all other treatment.——Dr. S. G. HABERSHON commences a paper "On the Constitutional Character and Modifications of Skin Diseases." He makes some preliminary remarks on the principles of classification of these maladies and passes a well-merited eulogium on the researches of Willan and Bateman, who led the way to the more accurate knowledge of skin-diseases and their distinctive characters; and Dr. Habershon then proceeds to relate the particulars of some cases which lately presented themselves at Guy's Hospital. One of the cases was characterised by ulcerative disease of the hand in a girl of strumous habit; and the other was an instance of *porrigo lupinosa* in a youth of twenty-two, the microscope revealing the presence of branching *torulæ* in the crusts obtained from the scalp.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. BEALE'S lecture "On the Use of Perchloride of Iron in some Chronic Diseases" is reported. For the last six years Dr. Beale has used this preparation, and almost no other, in the treatment of those cases in which iron is indicated. It is combined with the infusion of quassia. A *watery* solution is that which is preferred, because it is cheaper and equally valuable in its remedial action. Great advantage accrues from the addition of free hydrochloric acid; chloric ether, or the spirits of chloroform, still further heighten its qualities; and the tincture of henbane employed with it, in irritable bladder, renders it of paramount importance as a therapeutic agent in that ailment. In chronic structural changes of the kidney no remedy acts so efficaciously, particularly if the lesion be not far advanced, in the fatty degeneration of the young, and in the various forms of chronic contraction occurring at the more advanced periods of life. By this treatment a patient may be made to recover, even though he may have been passing albuminous urine for many months. In albuminuria there is always a *large* quantity of albumen in the urine; a *little* albumen in the same fluid is not diagnostic of renal disease. In acute inflammation of the kidneys, when purgatives, sudorifics, and such kind of remedies have been used, and have failed to cure, the perchloride with quassia works a wonderful change for the better. The good is effected by an improvement of the digestive powers; the blood is made healthy; and, as a consequence, the dropsical condition is removed, owing to the absorption of the fluid poured out into the areolar tissue. Any lowering treatment tends to induce dropsy. In a certain stage of the albuminous dropsy nothing does so much good as the use of alcoholic stimulants. Chronic renal and chronic hepatic diseases are induced by great eating quite as frequently as by habits of drinking. In chronic renal disease, free oxidation is of paramount importance; and, therefore, confinement in-doors is injurious. The general health must be attended to while we study the phases of the local conditions. Dr. Beale disbelieves in statistics as a means of arriving at the truth as regards the properties of medicines in disease.——Dr. HARLEY continues his lectures "On the Urine, &c.," diabetes mellitus being further discussed. The lecture opens with the tests for diabetic urine; and first, concerning the quantitative analysis, in determining which either the ordinary methods, by means of solutions of copper, caustic potash, and the bitartrate of potash, are employed, or else that devised by Dr. Wm. Roberts. The characteristic shape of the diabetic sugar-crystal is the rhomboidal prism, arranged in arborescent tufts. These prisms occur, however, only because with the diabetic sugar there is combined chloride of sodium. Diabetic sugar, when combined with large quantities of salts, crystallises in circular masses with minute crystals projecting from the surface. These masses resemble lumps of barley-sugar. The physiology of diabetes is next considered.——Dr. KEITH contributes a "Case of Amputation of the Thigh," treated by "acupressured," an attended by recovery. Dr. Keith concludes the paper by stating that the case "was unquestionably one of the most satisfactory recoveries he ever had after amputation of the thigh."——Mr. ROBERTSON records an instance of "Child-crowing—the Most Effective Remedy (being) Exposure to Dry, Cold Winds."——Mr. STEDMAN publishes a case of "Sudden Death, supposed to have been caused by taking Battle's Vermin-Killer." The active principle of this poison is strychnine, ten per cent. being the proportion of the poison in the powder.

THE 'BRITISH MEDICAL JOURNAL.'

Dr. HYDE SALTER communicates a clinical lecture "On Œsophageal Dysphagia," founded upon a case which lately occurred in Charing-cross Hospital. The patient was a middle-aged man, who suffered pain on swallowing, the pain being situated beneath the lower part of the sternum; and the food was sometimes returned into the mouth. At last he became unable to take solid food altogether, but on being admitted as an in-patient, he took fluid food, which seemed for some time to agree with him; but at last this kind of nourishment also became painful for him to swallow. The patient left the hospital at his own request, without having experienced any decided improvement; and Dr. Salter analyses the features of the case in reference to its diagnosis and prognosis. From a careful consideration of all the circumstances, he concludes that the case was one of œsophageal, not of gastric disease; that the affection was in all probability malignant; and that the prognosis was necessarily unfavourable. Dr. Salter gives a warning in such cases, as to the danger of introducing exploratory instruments, such as a probang, the use of which might do serious mischief by perforating the diseased structures.

THE 'GLASGOW MEDICAL JOURNAL' of January, 1865. Dr. GAIRDNER contributes a paper entitled "Two Months of Fever-Duty in the Glasgow Infirmary." The object of this communication is to dispute the benefit derivable by fever-patients from taking alcoholic stimulants, and to show that this class of patients progress more favourably under a simple plan of treatment, or, in fact, under no treatment at all. A bland and nutritious aliment should be given throughout the fever, and should consist of milk-and-water, butter-milk, rice-and-milk, arrowroot, beef-tea, and with it, when the patient desires it, a little bread. This is the regimen advised by the writer of the paper; moreover, he adds, that in the case of his patients the choice of diet was in a certain measure left to their own taste and to the discretion of the nurses, but that milk diet was the staple nourishment. In the enumerature of cases, one of considerable interest is brought forward: it is that of a man labouring under enteric fever, in whom arose, as a complication, pneumo-thorax, dependent upon the formation of small bronchial abscesses, the condition being associated with a tendency to ulceration and even gangrene of the pulmonary tissues. These lesions Dr. Gairdner considers are not so infrequently complications of enteric fever as are generally supposed. Dr. Gairdner's views concerning the use of alcohol are entirely opposed to those of Dr. Todd. In another case of typhus, death resulted from secondary inflammation of the femoral vein, occurring during the period of convalescence. It is noted that a scarlatinous rash is sometimes synchronous with typhus fever. Dr. Gairdner is somewhat sceptical as to the probability of "diarrhœa at any period of typhus fever, or even artificial purgation determined by medicines," being advantageous as regards the crisis of the fever; nay, more, in his opinion, such a complication retards the crisis. The objects of the paper are to show, first, that about three-fourths of typhus fever-patients in the present epidemic may be successfully treated without either medicine or stimulants; secondly, that when stimulants were used it was not for the removal of certain symptoms of the disease, which are to be "regarded as normal facts of the disease, always observed within certain limits of time, and not to be avoided or cut short by any known specific treatment;" thirdly, that in cases so treated the mortality (without any selection of patients) was under 9·3 per cent.; fourthly, that, so treated, typhus in patients not over twenty years of age is a disease of hardly any danger; fifthly, that when the pulse attains its maximum on the eighth or any day following it up to the twelfth inclusive, or even later, and then gradually declines, no danger is to be apprehended even though delirium, scarcely at all abated, go on for several days, and that no sudden crisis is desirable; sixthly, that the peculiar kind of nourishment recommended be given throughout the course of the fever, and that the ventilation be free; seventhly, that good nursing and constant watching of the chest, the evacuations, and the skin of the back are the real physic needed by all fever-patients.——Dr. BEGBIE contributes "Observations in Clinical Medicine." Two cases of aneurism of the descending thoracic aorta are related; both were patients os the male sex, and both were of about the same age, thirty-three and thirty-five: one was a groom, and the other a brewer's man. It is remarked that the affection treated of is exceedingly rare in females. In males, also, it is not by any means common, since (according to the statistics collected by Dr. Crisp), in 175 instances of thoracic aneurism, only 21 were of the descending aorta. The patients from this lesion who have passed under the notice of Dr. Begbie were four in number, out of many thoracic aneurism cases; they were all men, and all between the ages of thirty and forty-five; and the aneurism seemed to have been produced by violence. The objects had in view when writing the paper was to make the diagnosis of this form of aneurism as easy as possible.——Dr. MCCALL ANDERSON publishes the third paper of a series of "Notes on Some Forms of Skin Diseases." Psoriasis, in its various forms, is discussed in the present number, the symptomology and ætiology are reviewed, and the means for arriving at a true diagnosis are pointed out. Mr. Wilson has stated that "psoriasis is a manifestation of the syphilitic poison after transmission through at least one, and probably through several generations." With this theory Dr. Anderson is somewhat at issue, and considers that syphilis in the parents and psoriasis in children may be viewed as merely coincident circumstances. That psoriasis is hereditary there is no doubt.——Dr. BUCHANAN has an article "On Tracheotomy in Diphtheria." The malady is recognised as having two distinct forms in which it may prove fatal: one is from asthenia, the other from apnœa. In the latter, death may be warded off by performing tracheotomy. Dr. Buchanan has operated twenty-one times, and there have been seven recoveries.——Dr. PATERSON has "Notes on Some Points in the Treatment following Severe Labour." In post-partum hæmorrhage he advises the uterus to be compressed between both hands as the patient lies upon her back. By this manœuvre the uterus is made to contract; coagula, whether in utero or in the vagina, are expelled; after-pains are relieved, and all uterine hæmorrhage arrested.——The rest of the Journal is taken up with "Reviews and Bibliographical Notices," and concludes with "Selections from Medical Journals" and with "Medical Intelligence."

WEST KENT GENERAL HOSPITAL.—A good example has been set by the Maidstone Gardeners' Mutual Improvement Association in gratuitously laying out and planting the grounds of the West Kent General Hospital for the recreation of the convalescent patients. The Earl of Romney and other gentlemen have freely contributed shrubs and evergreens.

INSANE PAUPERS.—The annual return of insane paupers in England and Wales at the beginning of the year has been issued. The return is made up to the 1st of January, 1864, and includes all but a few parishes rendering no account. The total number of paupers in receipt of relief on that day was little over a million—a considerable decrease (of above 130,000) as compared with the 1st of January, 1863; but the number of insane paupers had increased, and amounted to 37,576, of whom 27,590 were lunatics and 9,986 idiots. Thus the pauperism ascribable to insanity, which was 3·17 per cent. of the whole pauperism on the 1st of January, 1863, was as much as 3·7 per cent. on the 1st of January, 1864. In every 100 insane paupers 44 were males and 56 females. The distribution of pauper insanity appears to be very unequal. Thus, at the date of the return, London had among its 103,468 paupers as many as 5,859 insane; the south-western counties had among their larger total of 108,628 paupers only 3,705 insane. So, also, in the eastern counties among their 80,771 paupers there were but 2,456 insane, and in Wales also only 2,432 out of a total of 79,841; but stepping across the Welsh border into the west-midland counties (including Stafford, Warwick, Worcester, and Glocester), we have 4,887 insane, double the last two numbers, among the not so greatly increased total of 104,894 paupers. Of the 37,576 insane paupers, the number in county or borough lunatic asylums had risen to 20,257; the number in workhouses was still as large as 9,608.

THE MEDICAL CIRCULAR.

WEDNESDAY, JANUARY 18, 1865.

THE TREATMENT OF THE SICK POOR IN WORKHOUSES.

The searching inquiry now taking place in the Holborn Union Workhouse will reveal to the public many circumstances which it is well should be known in relation to the treatment of the sick poor in our workhouses; and while we reserve all special comment upon the case of the man Daley until the investigation has terminated, and the decision of the Poor-law Board is made known, we think the period appropriate for offering some general observations upon the subject which stands as the title of the present article.

In the first place, we may state broadly what we have often stated before, that, on the whole, the sick poor are shamefully ill-cared for in our workhouses, although the establishments immediately under the control of the Poor-law Board are superior to those left entirely under the management of local guardians. Some of the older establishments, erected long before the present Poor-law was enacted, are in a disgraceful state of dilapidation, and their sanitary arrangements are of the most objectionable character; and even in the newly-erected union houses, which are often elegant and costly structures, the arrangements for the reception and the comfort of the sick are generally very deficient. The aim of the architects is to provide for the reception of those who are healthy; and the kitchens, the gardens, the school-rooms, the dormitories, the dining-halls, and the other ordinary appliances for the accommodation of a mixed number of men, women, and children, are no doubt very creditable in their construction to all parties concerned, and are well adapted for their special objects, but very little care is taken to provide for the accommodation of the sick, who are either scattered indiscriminately in the rooms intended for the healthy or are lodged in ill-arranged and badly-constructed infirmary wards.

We beg to state at once that we have no desire to enter into any question relating to pauperism in general, as such discussion is altogether out of our province; but we assert that accident and disease, as they are the heritage of all human beings, deserve the compassion and the care of the public, and that proper appliances should be provided for the poor who happen to be overtaken with those calamities. Now, the State provides ample, and even luxurious accommodation for the sick felon; the respective counties into which our country is divided erect spacious and elaborately constructed edifices for the lodgment of the pauper lunatic; and we ask, in the name of humanity, Why is a sick or wounded pauper less entitled to the care of the State than the lunatic or the felon? But that such difference does exist, to the detriment of those who are *only* paupers, we unhesitatingly assert; and we cannot wonder therefore that people should be found who prefer the gaol to the workhouse, and that our lunatic asylums are crowded to repletion, although a vast majority of the inmates of the latter are labouring merely under harmless delusions and might very well be lodged in well-appointed workhouses.

It is useless as it is absurd to reply to remarks such as those we have just made, that hospitals are provided, by the munificence of our ancestors or by the charity of the present generation, for the treatment of the sick. Those institutions are special foundations, some of them very rich, but many of them very poor, intended to receive by preference the persons recommended by the governors or subscribers; and a person has no more right of admission into one of those establishments, because he is sick, than he would have a right to dine at a tavern because he is hungry. Those noble foundations, indeed, exercise a wide benevolence in receiving patients; but the number of the latter is too large for the accommodation provided, and consequently chronic diseases are altogether excluded, and the cases which are admitted are retained only for a limited ime, while a host of deserving objects, for want of room, are never admitted at all. Hence, therefore, the workhouse ought to be the hospital for the sick, as well as the home of the healthy pauper; and he who resorts to the workhouse *because he is sick* ought to receive the same attention as he would do in a hospital. The guardians of a workhouse are bound to supply the attendance which the hospitals are unable or unwilling to afford, and the care of the sick poor is a duty incumbent on the State. The only right to admission to the workhouse infirmary is derived from the circumstance that the individual is really sick and poor, in which case the public are not courteously invited, but legally compelled to support and to take care of him.

Now how does the State, that is to say the public, take care of the sick pauper, and what is the condition of the latter as compared with that of the felon or the pauper lunatic? The felon has a building provided for his reception, not indeed of a cheerful aspect, but provided with all the sanitary arrangements that science can suggest, with a copious dietary and efficient moral and physical discipline; and when the felon is ill, he is attended by Medical gentlemen, often of high standing in the Profession, and who are generally liberally paid. The pauper lunatic, who, in nine cases out of ten, or in a still greater proportion, belongs to the harmless class, is luxuriously provided for in cheerful and airy structures, surrounded by gardens and airing grounds, and furnished with abundant means for recreation or useful employment, and his superintending Medical man is adequately, if not handsomely paid, and enjoys a good social and scientific position.

All this is as it should be, and we have no desire to urge any objections to the attempts made to reform the criminal, or to add to the enjoyments of the insane or imbecile pauper; but why, we ask, should the unfortunate sick poor, many of whom have descended in the scale of society from no fault of their own, be treated as they are in our parish infirmaries? and why should they, because they are tainted

neither by crime nor insanity, be condemned to a lot inferior to that of the criminal or insane classes? The felon is waited upon by warders paid by the State, and when he is ill he is attended by well-remunerated Medical men and is carefully nursed: the pauper lunatic is well nursed, fed, and clothed, and is also carefully attended to by paid and trained keepers and nurses; but what is the condition of the sick pauper? Why, he is attended by a class of Medical men who are compelled to accept the wretched pittances doled out by niggardly guardians, and to submit, under pain of dismissal, to any petty tyranny to which they may be subjected. If the Medical man so appointed becomes, as he too often does, the humble tool of the guardians, all goes well until some unlucky Coroner's Inquest brings the whole system of mismanagement to light, and then the blame is all thrown upon his shoulders; if he is the honest and conscientious friend to the sick poor, and advocates their cause, he is got rid of as an inconvenient official, and a more pliable tool is substituted in his place. The infirmary wards are utterly unsuited for their purpose; the nurses, instead of being persons trained in the management of the sick, are usually only drunken or feeble paupers, performing their dreary duties as they choose, having before their eyes no hope of reward and no fear of punishment. Such we assert in general terms is the accommodation afforded, and such the care bestowed upon our unfortunate sick poor; and we are glad that the investigation in the Holborn Union, if it produces no other result, will enable the public to learn the truth in reference to the treatment of this class of our fellow-countrymen.

SUMMARY OF THE WEEK.

A SCANDAL AT THE ST. PANCRAS AND NORTHERN DISPENSARY.

On Friday, January 6, a female at the above institution attempted to poison herself by chloroform, and, after her recovery, she was given in charge to the police, and brought up for examination on the following day before a police-magistrate. It appeared that she had been cohabiting with Mr. Wesley, the resident Medical officer of the dispensary, and had surreptitiously been introduced, or had introduced herself, for the last three weeks, into the private apartments of the building. Mr. Wesley attended to give evidence against her, and expressed himself in terms, the folly or the heartlessness of which, under any view of the case, it is useless to palliate or to defend. The poor creature was discharged, and the magistrate administered a well-merited rebuke to Mr. Wesley. It is almost needless to remark that the honorary Medical officers of the institution and the Committee knew nothing whatever of the above transaction until it was related in the public newspapers, but we are informed that on the day following the appearance of the report of the case, Mr. Wesley was summarily dismissed from his post by the honorary secretary of the dispensary, and another gentleman was substituted in his place. As soon as a Committee could be summoned, his dismissal was formally ratified, the appointment of his successor confirmed, and the housekeeper dismissed, the latter having failed to communicate to the Committee the irregularities to which we have referred. In the meantime inquiries were made, the effect of which was to prove, that although immorality had been committed, the graver charge of seduction was entirely groundless; and we learn from authority that Mr. S. S. Wigg, of 3 Tavistock square, W.C., the honorary secretary of the dispensary, will communicate, to any person who may feel curious enough to inquire, the result of his investigations, and those of the committee, into the antecedents of the female, and the character of the establishment where she and her parents resided, and where in all probability she and they still reside. Such is a brief, but we believe authentic, version of this unhappy story; and while offering no excuse for vice in any shape, but, on the contrary, holding it in utter abhorrence, we cannot but feel relieved that the darker aspect of the transaction is in a great measure cleared up. Mr. Wesley, we regret to say, has not the excuse of ignorance or bad associations to plead in his behalf. Besides the ordinary curriculum of school and college education, and the usual Medical qualifications, he has only recently passed, with credit and in the first class, the examination for Bachelor of Medicine in the University of London; and it is melancholy to reflect that in his case, as unhappily in too many others, the highest attainments in literature and science, a cultivated taste, and an hereditary name, do not always protect their possessor from falling into those sensual vices which are supposed to characterise the worthless, the ignorant, and the weak. At all events, it will be admitted, after the above explanation, that the terrible punishment which has been inflicted upon Mr. (or Dr.) Wesley, in the blighting of brilliant prospects, and in his summary dismissal from a public institution, has been sufficient to satisfy the demands of public justice, and to allay the indignation which the record of his incontinence has aroused against him.

THE PRESENT SYSTEM OF POOR-LAW MEDICAL RELIEF.

Dr. E. T. Warry, of Sidmouth, has lately published a pamphlet, inscribed, by permission, to the Earl of Shaftesbury, and entitled 'Hints towards an Improved System of Poor-law Medical Relief,' in which he points out the defects of the present system and proposes a plan for amending them. Dr. Warry shows that it is impossible, with the present system of appointing and paying the Poor-law Medical officers, to secure efficient attendance and a supply of proper medicine to the sick poor; that Poor-law Medical appointments are sought for chiefly as introductions to private practice; that the appointment of strange Medical men to a union often excites great ill-feeling among the Profession in the district; and that, with the present emoluments, the Medical officer is obliged to do his work by deputy or to perform it inadequately himself. Dr. Warry proposes, as a remedy for the existing evils, that the Poor-law Medical officers should devote their time exclusively to attendance on the

sick poor, and should be paid on a scale similar to that adopted in the Army and Navy Medical services, and that the election of any Medical officer should be approved by the College of Surgeons or some other appointed Medical authority. He also suggests that local dispensaries should be established in each district, where medicines should be kept and dispensed, and where the Medical officers should attend at stated intervals to prescribe for the sick or perform operations if necessary; and that an inspector, who should be a Medical man, should be appointed over several districts, to superintend the Medical relief, to consult in difficult cases, to ascertain that the drugs employed are of good quality, and to enforce vaccination and other sanitary precautions among the poor. We consider these suggestions on the part of Dr. Warry to be exceedingly valuable, and we hope that they will meet with the attention they deserve.

PARISIAN MEDICAL NEWS.

GENERAL ASSOCIATION OF FRENCH MEDICAL PRACTITIONERS.

The increasing prosperity of the General Association of French Medical Practitioners is attested by the returns brought forward in M. Latour's official report.

The Association includes ninety-four local societies dispersed over seventy-five departments and two colonies, and the numbers of the members registered now amounts to 6,014, showing an increase of 554 on the preceding year.

The property of the Association has, in the space of a very few years, accumulated to 15,080*l.*

Rather more than 700*l.* have been in the course of the year 1864 distributed among distressed members or to the widows and orphans of Medical practitioners.

The efforts of the Association have succeeded in obtaining from several courts of the empire, in prosecutions for the illegal practice of Medicine, a sanction of the right of personal intervention of members of the Profession, not only with regard to compensation for absolute damage incurred, but for the moral injury inflicted on the Medical corporation; and although the counsels of the society have not yet been able to secure a revision of the law, they have succeeded in convincing several tribunals of the propriety of sentencing persons convicted of the illegal practice of Medicine to the entire sum of the several penalties incurred for each misdemeanour.

In addition, M. Latour remarked that, by a special decree, Medical witnesses shall in future be considered in the various courts in the light of experts.

A proposition having been made to the Association to erect a monument to the memory of Laennec, Dr. Sanderet read a report, of which the following is an abstract:—

"Gentlemen,—Dr. Lediberder, one of our most esteemed colleagues, has brought forward a motion for which he is entitled to our sincere thanks. A member of the Medical Profession and a child of Brittany, and thus influenced by the legitimate and double pride of patriotism and of his calling, he moved at the last meeting of the local Society of the Morbihan, that a statue of Laennec be erected in his native city of Quimper. The Society of the Morbihan unanimously adopted this resolution, and referred the proposal to the General Association of French Medical Practitioners; the central council has granted its assent, and has entrusted to one of the humblest members of the Association the honour of reporting to you on the subject.

"I do not hesitate to acknowledge, gentlemen, that I should have declined so difficult a task, were not the motion of such a nature that my inexperience cannot possibly injure its prospects, and were not Laennec's fame so universal that his name alone must secure your sympathy and awaken your admiration. I therefore bring before you our colleague's resolution, with the most perfect confidence that it will receive the unanimous approbation of every member of the Profession, whatever doctrines he may hold and whatever school he may belong to.

"The worship of departed great men is a peculiar feature of our age, and has gradually extended throughout the empire. Each city delights in honouring its illustrious children, and awards to their memory its grateful acclamations. This is undoubtedly a praiseworthy feeling, well calculated to exalt genius and stimulate ambition; it is a truly social emotion, which imparts a wholesome lesson and an ennobling impulse.

"On the present occasion, the feeling assumes its most touching and loftiest expression; it is no mere private homage to personal virtue, but a genuine manifestation of national gratitude. In the name of civilisation and of mankind, we claim a public recognition of the merits of a man whose untiring industry and great scientific discoveries have endowed us with inestimable benefits—a man who is the pride of France, and yet belongs to the entire world; and without depreciation of the eminent teachers who have adorned our age, I fear no contradiction in asserting that Laennec is the brightest and the purest Medical celebrity of the nineteenth century. . . .

"Permit me, gentlemen, briefly to allude to those wonderful researches to which Laennec's life was devoted, and which have immortalized his name.

"At an epoch of fruitful agitation and anxious inquiry, Broussais, the living impersonation of scientific revolutionary tendencies, held an entire generation enthralled by his impassioned eloquence. His systematic views have passed away, but the memory of the intense fascination exercised on his contemporaries by this wonderful speaker can never be forgotten.

"While this impetuous champion was expounding novel doctrines to spell-bound audiences, a small, insignificant-looking man, of delicate complexion, and wretched health, Laennec was laboriously endeavouring to enrich the art of diagnosis with the most valuable heirloom ever bequeathed to nosological science.

" . . . What a contrast between these two gifted men! One a vehement tribune, ardent, fierce, often unjust, unaided in his struggles and alone in his triumph against the world, after all this brilliant display, gains but a temporary victory, and his doctrines, at first doubted, are now all but forgotten, and rejected. The other, laboriously bending to his task, calm and collected, avoiding contention, discovers an admirable method of exploration, *monumentum ære perennius!*

" . . . Auscultation opened a new world of inquiry, an unexpected mine of inexhaustible wealth, and, imparting to diagnosis a degree of precision previously unknown, has become an indispensable element of knowledge even in the apparently most simple forms of disease.

" . . . As soon as Laennec's truly admirable 'Treatise on Auscultation' appeared, it was universally adopted, and worked an immediate and complete revolution in the pathology of thoracic affections. On the very day the volume issued from the press, posterity may be said to have begun for the illustrious author, whose place was marked beside Harvey, far above Avenbrugger and Corvisart, to whom we are indebted for percussion, and each succeeding year has confirmed the verdict of his contemporaries. . .

"But this glory was dearly purchased. Broken in health, exhausted by uninterrupted labour, worn out by opposition, Laennec was compelled to discontinue his fruitful studies and to seek fresh vigour in his native air; he was thus enabled to return for a short time to the field of his glorious exertions, from which he was removed at the early age of forty-five." . . .

M. Lediberder then moved that a committee be appointed to receive subscriptions for the purpose of erecting a statue to Laennec in his native city, and a resolution to that effect was unanimously adopted.

EFFICACY OF PHOSPHATE OF LIME IN DISEASES OF THE BONES.

Phosphate of lime, in M. Piorry's opinion, is an invaluable medicine, which very promptly effects a cure in a host of cases formerly deemed irremediable, and for which barbarous measures of treatment were frequently resorted to in vain. Boyer, Roux, Lisfranc, and other eminent surgeons were formerly in the habit of applying issues in large numbers along the spine in Pott's disease: these fontanels were powerless to prevent paralysis, deformity, or abscess, and the patients perished in general victims to hectic fever and extensive local gangrene. If we correctly understood the Professor, such melancholy contingencies can now be readily averted by the exhibition of phosphate of lime.

On a former occasion M. Piorry communicated to the Academy of Science fourteen cases illustrative of the good effects, in Pott's diseases, of phosphatic salts, rest, and invigorating diet. These views have since been confirmed by subsequent experience, and the Professor now unhesitatingly declares that in most instances a cure can be obtained without recourse to issues, moxas, or blisters. In support of this assertion, he brought forward a number of cases, in ten of which, at least, the spinal affection had given rise to lumbar abscess, which yielded to copious applications of tepid water and iodine injections.

Amongst the patients thus cured, M. Piorry mentions the son of an eminent chemist, M. Duroy, who was so much struck with the results of the treatment, that he has since published interesting researches on the antiseptic power of iodine; also a man affected with enormous lumbar abscess, a young woman labouring under the same disease, and a man of thirty who was admitted a few months ago into the wards of La Charité for a tumour of the spine. Plessimetric percussion enabled the Professor to detect the presence of a puriform collection situated on the right side of the tumour, and to follow it in its gradual and daily displacement. In the course of two months the abscess pointed below Poupart's ligament, and a complete cure was effected by the following course of treatment.

In cases of psoas or lumbar abscess, and also where suppuration has not yet set in, M. Piorry prescribes fresh pulverised bone, or phosphate of lime, in some kind of porridge, in doses of ʒss.—j. morning and evening; and he administers simultaneously three times a day a scruple or two of iodide of potassium. With regard to the abscess, its cavity is cleansed with frequent lotions, and methodical pressure is applied. At a later period, tincture of iodine, diluted by the addition of twice its weight of water, if injected; the constitution is strengthened by generous diet, and gentle exercise is permitted with adequate mechanical support.

M. Piorry contends that it would be a grievous error to refer the improvement consequent on these measures to the exhibition of the iodide of potassium. This drug, in his opinion, is a mere adjuvant, and the credit of the cure must be entirely laid to the account of the phosphate of lime—a fact which he conceives to be abundantly demonstrated by plessimetric percussion.

When a healthy bone is percussed with the pleximeter, peculiar sounds are elicted and a degree of resistance is conveyed to the finger of the operator, which are the combined result of the structure, thickness, and composition of the bone, and of the nature of the adjacent soft parts. The precise knowledge of these circumstances in health naturally suggests that any change in the natural resonance or elasticity must be due to a morbid condition of the bone examined, whether that condition consist in softening, induration, or tumefaction. When the osseous texture is softened, for instance, the resonance is more dull, and the inference is that the bone is deficient in the proper amount of phosphate of lime. This is observable in *osteomalacia* (rachitis), in *arthromegalia* (enlargement of the joints consequent on scrofula or rheumatism), in syphilitic exostosis or periostitis, in deformation, Pott's disease, fracture, &c.; but when, under the influence of proper treatment, the softening diminishes—and this invariably follows the exhibition of phosphatic salts—mediate percussion immediately gives notice of the fact, by the restoration of the normal character of the resonance.

M. Piorry is in possession of upwards of sixty cases illustrative of the correctness of these views, and he also appeals to the experiments instituted by M. Gosselin on rabbits. The thigh-bone of these animals was fractured; in one half of the cases phosphate of lime was administered, and the consolidation of the fragments was much more rapidly effected than in the subjects in whom mere surgical measures were resorted to.

M. Gosselin's researches are well known, and yet we are not aware that any surgeon, not excepting M. Gosselin himself, has applied the data suggested by these experiments, even in fractures occurring in individuals afflicted with rachitis. M. Piorry acts more rationally, and exhibits the calcareous phosphate in all affections of the bones characterised by softening.

The phosphate, ground to an impalpable powder, should be taken in doses of one or two drachms at each meal, in a few spoonfuls of soup or milk. The drug is perfectly tasteless, and M. Gobley, an experienced chemist, prepares phosphatic lozenges of agreeable flavour. This medicine is readily dissolved by the gastric juices and promptly absorbed into the system, and thus supplies to the bones the ingredient in which they are deficient. This view appears to the Professor to afford a satisfactory explanation of the good effects of the treatment he advocates. The phosphate is not, however, an entirely harmless medicine, which can be indiscriminately prescribed. When a marked lithic acid diathesis is present, or a tendency to gout, the drug might be highly injurious in promoting the formation of cretaceous deposits in the heart, arterial system, or around the joints, and it should not, therefore, be exhibited under the circumstances referred to.

The above is a brief abstract of two lectures devoted by M. Trousseau's successor in the clinical chair of the Hôtel-Dieu to the history of a remedial agent which many practitioners conceive to be worthless, but to which M. Piorry assigns a prominent place in the Materia Medica.—'Journal of Practical Medicine and Surgery.'

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

DECEMBER 7TH, 1864.

DR. OLDHAM, PRESIDENT.

Prof. Pajot of Paris, Prof. Hecker of Munich, and Dr. Marion Sims of Paris, were elected Foreign Honorary Fellows. Dr. J. B. Potter and Mr. G. H. C. Cooper were elected ordinary Fellows.

Mr. GAYTON presented to the Society a pair of Forceps with a spring-racket attached to the handles, as made at his suggestion, and employed by himself on many occasions without a still-birth.

Dr. BARNES exhibited a Piliferous Cyst of the Ovary.

Mr. BAKER BROWN showed a large Fibroid Tumour and Uterus, the latter containing a large mass of fibroid growth, to which the ovaries were adherent, and enlarged by cystic disease. It was proposed to remove only the large mass, which from its weight had become so troublesome as to render the patient's life a burden. Upon opening the abdomen the tumour was found to be pendulous, attached to the uterus by a very small pedicle. This was divided by the écraseur, but as it contained a very large artery, profuse bleeding ensued; and it was then considered advisable to remove the whole uterus and ovaries in one. This was done, the cervix uteri being transfixed by two ligatures an inch and a half from the os, and each broad ligament being pierced with a needle and tied with strong twine. After the removal of the mass it was found that the ligature of one of the broad ligaments had slipped, and that bleeding was going on. It was taken up with the vulsellum, and a second ligature applied. The external wound being

closed, the patient went on very well for ten hours, when, suddenly vomiting, she became faint, and shortly afterwards died. It was found at the post-mortem examination that bleeding had taken place from a portion of the broad ligament which had not been included in the second ligature. Mr. Brown remarked that in any future case he should tie the broad ligament with a double instead of a single ligature, to prevent the possibility of slipping.

Dr. GRAILY HEWITT exhibited Dr. Marion Sims' Modification of Chassaignac's Ecraseur, which did not arrive in time for the last meeting.

Dr. W. WADE, of Birmingham, read a paper

ON PUERPERAL EMBOLISM.

The author reviewed the history of the disease, which he took as a real evidence of the progress of Medicine. He entered into a description of its nature and varieties, and gave a sketch of Virchow's doctrine and of his experiments upon the production of embola. He then described a case which had occurred in his practice, in a woman suffering from phlegmasia dolens, who was suddenly, during exertion, seized with severe dyspnœa three weeks after her delivery. The pulse was feeble; skin cold and clammy. This state continued, but became each day more severe, for a fortnight, when she died. As was prognosticated, a large clot was found in the pulmonary artery, extending from the third or fourth ramification.

Dr. GREENHALGH stated that cases of fatal embolism after parturition were rare. He had met with but one case in his own practice. It occurred in a very healthy young lady, who had been confined of her first child. She had had a perfectly normal labour, not followed by hæmorrhage or any untoward circumstance beyond some acceleration of the pulse on the third day after delivery. She was suddenly seized during the evening of the sixth day after her confinement with severe dyspnœa, acute agony in the cardiac region, and intense mental excitement, speedily followed by alarming prostration and death in less than three hours. No post-mortem was made.

Dr. BALLARD asked if there had been any febrile disturbance in Dr. Greenhalgh's case.

Dr. BARNES observed that the history of this case and of others in which embolism followed upon phlegmasia dolens had an important bearing upon treatment. Thus it was usual, after the subsidence of the acute symptoms of phlegmasia dolens, to rub the affected limb with the view of promoting absorption and supplying passive exercise to the muscles and other tissues. It might be that this friction would favour the detachment of a clot from the femoral vein, which being thrown into the circulation would constitute "embolism." This danger should be borne in mind. He thought the connexion between a febrile state and clotting or thrombosis, suggested by the question of Dr. Ballard, was very frequent. He believed in most cases of phlegmasia dolens there was a pre-existent abnormal state of the blood which predisposed to coagulation. He (Dr. Barnes) had gathered up in his memoir on Thrombosis and Embolia, published in the Society's 'Transactions,' vol. iv., most of the information at that time extant upon the subject. Since then, however, our information had been considerably enlarged by the publication of new cases.

Dr. J. BRAXTON HICKS read a paper on

AN INQUIRY INTO THE BEST MODE OF DELIVERING THE FŒTAL HEAD AFTER PERFORATION.

In introducing the subject of this paper, the author said that, notwithstanding the employment of premature labour and version, cases would occur in which it was either necessary or desirable to perforate. He pointed out that the subject had of late years not received the attention it deserved. He alluded to the disputes which arose upon Dr. Osborn's case of E. Sherwood, when that physician asserted he could draw a child's head through a brim having an inch and a half antero-posterior diameter, by tilting the base of the skull sideways, and concluded that Cæsarean section might be done away with. The disputes which followed were so acrimonious that the valuable points elicited by Drs. Hull, Hamilton, and Burns were, to a certain extent, lost sight of, at least as far as they were calculated to give any rule in practice. Dr. Burns in particular deduced from his experiments that, the calvarium of the fœtal head being removed, the base of the skull could be drawn down easier face foremost than in any other direction. With this the author's experiments entirely agreed. And he pointed out further the advantage of the chin pointing anteriorly during the descent. He further instituted a comparison between the opposing diameters when the face is made to present and the other modes of drawing down the base of the skull. He then proceeded to answer the inquiry: if in cases of extreme lessening of the antero-posterior diameter, it is best to cause the face to present; and if, after simple perforation, it is best to continue vertex presentation, at what degree of reduction of the size of the head do the two presentations cause equal obstruction? This he answered by the results of experiments, which might be thus concisely stated. That, as is acknowledged by all, vertex presentation in natural labour is the best; and that after perforation and evacuation of the brain up to the extent of one-fourth, this rule holds good; yet if the evacuation of the brain and collapse of the calvaria by this means, or by more or less fracturing the bones, be carried to a greater degree, we find that the facial presentation affords the easiest mode of delivery, provided that the mentobregmatic falls beneath the bizygomatic diameter. And, further, that if we remove the whole calvarium, leaving merely the base, and then induce face presentation, taking care that the chin, as it descends, points anteriorly, we diminish to the smallest possible amount, short of wholly breaking it up, the opposition of the head, leaving only from one to one and a half inch in depth to oppose the conjugate diameter of the brim, and from three to four inches at the outside to oppose the transverse. The author, as practical deductions from these facts, recommended that in cases where simple perforation failed, to allow the descent of the head in cases of obstruction—say above three inches antero-posterior diameter—to break up purposely and carefully the bones of the calvarium, and remove at least a portion, preserving the scalp as protection to the edges, and then to induce face presentation. That when the diameter was under three inches, then to remove all the calvarium, and then to induce face presentation, taking care to bring the chin forwards, if not already in that direction. Dr. Hicks then pointed out the facility of doing this with a small blunt hook, which could be readily and without chance of injury passed up to the orbit. The chin he had found had a tendency to point anteriorly upon being drawn down. He then entered upon some useful details, and compared this mode of craniotomy with the cephalotribe. He remarked that by this means, in deciding upon whether craniotomy or Cæsarean section should be performed, the head was not so much to be considered as the size of the body, in cases of brim obstruction.

The paper was illustrated by eight cases of craniotomy, six of which were required for contraction of the conjugate, and two for obstructions in cavity. In all the induction of face presentation was attended by instant and complete passage through the obstacle. In some of the cases the shoulder and pelvis of fœtus gave more difficulty than the head. The paper was accompanied by details of the experiments.

Dr. GREENHALGH considered that the author had done much service to the Profession by bringing the subject forward in such a scientific and practical manner. He drew attention to the dangers attending cases of extreme deformity of the brim, remarking that there was a wide difference between extraction and safe extraction, especially (as is often the case) where the passages are swollen and inflamed. He called to mind the occasional difficulty of entering the skull with the perforator, and quoted a case where this was almost impossible. He thought, from a case which he had seen at Vienna, that he should use Braun's cephalotribe in a future difficulty. He had, in a case where the whole vault of the calvarium had been entirely removed before he arrived, delivered by fixing three crotchets outside of the presenting part.

HARVEIAN SOCIETY.

TUESDAY, DEC. 15, 1864.

PRESIDENT, WM. ADAMS, ESQ., F.R.C.S.

Mr. SEDGWICK related

A CASE SHOWING THE DANGEROUS EFFECTS OF MERCURY THROUGH THE SKIN.

A journeyman tailor, aged twenty-three years, in consequence of what appeared to be a venereal sore, with some brown patches on the skin, had applied on October 31 for advice at one of the large hospitals as an out-patient. He received a pot of "blue ointment," which he was directed to rub into the thighs night and morning, and a small bottle of colourless lotion for the sore. After using the ointment a few times, the gums became very swollen and raw, and the patient felt very ill and exhausted; but he managed to attend again at the hospital on November 4, when he was told to continue the ointment and lotion, and to attend again next week. The symptoms of exhaustion, however, increased so rapidly, and the salivation became so profuse, that the patient's friends were much alarmed, and requested Mr. Sedgwick to take charge of the case. Mr. Sedgwick visited the patient for the first time on November 6, and found him suffering from profuse hæmorrhage from the mouth, which appeared to proceed from the mucous membrane of the gums and cheeks; but it was almost impossible at the time to examine the interior of the mouth, as the jaws were fixed. The mercurial fœtor was very offensive and overpowering, and the patient had not had any sleep during the two previous nights. A gargle, composed of the solution of chloride of sodium with hydrochloric acid and syrup was used with advantage, and the patient was ordered to take every four hours a mixture of quinine and ether. Brandy in milk was given at short intervals, and as much beef-tea as he could manage to swallow. There was considerable hæmorrhage from the mouth for three days afterwards, and this did not entirely cease till November 13. The gargle for the mouth completely did away, after a few days, with the mercurial fœtor, and by means of twelve-grain doses of Dover's powder at night, some amount of interrupted sleep was obtained. As soon as the patient's mouth could be opened fully enough to allow of examination, it was ascertained that not only were the gums very much swollen and ulcerated, but that the adjacent mucous membrane of the cheeks and sides of the tongue as far back as it was possible to see towards the base were also extensively ulcerated. The patient recovered so as to be able to take out-door exercise for the first time on November 25, and at the time of the last report (December 1) was quickly regaining his strength. With reference to any supposed necessity for mercurial treatment in this case, it was stated that the patient had been married two and a half years, had a healthy and well-grown child, and had not apparently required any Medical advice since his marriage. Previous to his marriage he had led a "gay life," and had been treated for venereal disease; but this, it was said, had been cured.

Mr. DE MERIC observed that the danger of mercury through the skin was similar to that of using it in any other manner. Some persons would take four or five times as much to salivate them as others. In cases of salivation and ulceration of the mouth caused by mercury, he had found a useful application to be a stick dipped in pure hydrochloric acid and applied to the parts; then the mouth should be gargled with a solution of salt in water.

Dr. DRYSDALE remarked that Medical literature was full of accounts of injury inflicted by the use of mercury through the skin. Dr. Christison had given a case where three drachms of mercurial ointment, rubbed in at the thighs, had produced salivation and death in three days. Dipping the hands in mercury for a few hours had been known to produce salivation. Rammazini and Tardieu had given a deplorable picture of the state of the workmen employed in the mines of mercury. Trembling, paralysis, swelling of the feet, ulcers of the gums, loss of the teeth, asthma, and phthisis were among the diseases ascribed to this dangerous poison. In the mines of Frigus and Almaden were seen many of the accidents which are sometimes met with in the mercurial treatment of disease—viz., salivation, vertigo, loss of memory, trembling, partial paralysis, pains in the bones. Workmen of the age of thirty are quite edentulous. Of 3,911 workmen at Almaden mines, forty-eight sicken annually, and half of them die from the mercury in the course of the year. Dr. Drysdale added, that as it had been, he thought, fully proved, by the evidence adduced by himself before the Society, that diseases were injured, not benefited, by the use of mercury, including syphilis, he thought it was time that the internal use of the drug should be abandoned. He had recently been sent, by Professor Böck, his work 'On the Treatment of Syphilis at Christiania.' All cases and their treatment had been recorded since 1827, and lately the drug had been quite abandoned, with the effect that now no cases of tertiaries or bone disease was to be seen among natives of Norway.

Mr. DE MERIC read a paper on

THE SYPHILITIC AFFECTIONS OF THE NAILS.

The author alluded, *in limine*, to other essays he had brought before the Society. Among these was one illustrating the healthy state of children issuing from syphilitic parents, and another which treated of a very puzzling subject—viz., hard chancre in the female. As regards the present paper, the author considered the syphilitic affections of the nails very rare, as, during a practice extending over twenty years, he had met but with a very few cases. From the experience, however, which he had gained, he divided the ungual complication into a couple of classes — the first characterised by the formation of pus (onychia syphilitica); the second, remarkable by the discolouration and crumbling of the nail (ungual psoriasis). These two classes were illustrated by cases both from private and public practice, drawings from the latter being shown in support. One case was very interesting, as the ungual affection appeared in two persons, one of whom had been contaminated by the other. Mr. De Méric considered the subject worthy of notice, especially in a diagnostic point of view. He thought that an accurate description of the syphilitic affections of the nails would be of use, as, in works on venereal disease, this symptom was not treated at sufficient length.

The PRESIDENT asked whether there were not, in addition to the two forms of nail-disease mentioned by the author, another class of cases where the nail begins to dry and split up the middle, while spots may be seen by making sections of the nail and regarding them through the microscope. A lady in good health had almost lost the nails of three of the fingers of both hands by such a disease. All the remedies in the 'Pharmacopœia' had been tried to no effect.

Mr. JAKIN mentioned a case of syphilitic nail-disease cured by the use of ointment of nitric oxide of mercury.

Dr. MORTON mentioned a similar case.

Mr. CURGENVEN had seen a case similar to that spoken of by the President in a family, both in the parents and children. He was disposed to consider it merely a constitutional peculiarity, not a disease.

Dr. SISSON said that the diagnostic marks of syphilis were very uncertain, and mistakes on this subject were daily made by the most eminent observers. With regard to the copper colour of an eruption, it must be borne in mind that this only occurred in the latter stages, and that at such stages it was not confined to syphilis, and was only valuable when combined with other signs. He had always considered the absence of itching as a most valuable diagnostic sign in syphilis: there were various exceptions to the rule, as he had a patient now under his care with syphilitic lichen who complained much of itching. He thought Mr. De Méric's cases of great value as an additional diagnostic mark for this disease.

THE PATHOLOGICAL SOCIETY.

TUESDAY, DECEMBER 20.

MR. PRESCOTT HEWETT, PRESIDENT, IN THE CHAIR.

(Continued from page 29.)

Mr. BALMANNO SQUIRE showed a coloured photograph of a patient the subject of

PITYRIASIS VERSICOLOR.

It showed well the variegated hue of the disease, there being no less than four tints. This patient's case showed what he had often observed, but what he believed had not been noticed before—viz., that pityriasis versicolor attacks only the front and back of the body.

Mr. THOMAS WINDSOR, of Manchester, showed specimens from

TWO CASES OF BLACK CATARACT.

As we believe these are the first cases recorded in this country in which the *whole* lens was *perfectly* black, we give the case in a little detail. On September 28, 1864, Mr. Windsor was consulted by a gentleman, aged forty-eight, who had received a blow on the left eye sixteen years ago; severe inflammation followed, a cataract of the usual white colour formed, and in the course of two years the sight was gradually lost. Eighteen months ago he suddenly found that he could again see objects, even newspaper print, and that the cataract had disappeared. Next day there occurred a very violent inflammation, and the sight was again entirely lost. From that time he has been incessantly tormented by severe stabbing pains in the eye and over the left side of the head, and repeated attacks of internal ophthalmia. There was, when Mr. Windsor saw him, no conjunctival congestion; the cornea was clear, the pupil of medium size, but immovable. Perception of light was entirely lost, and it was considered unnecessary to make an ophthalmoscopic examination. From the symptoms and previous history, Mr. Windsor judged that the lens had undergone calcareous degeneration, and had then become displaced, and that it now irritated the eye like a foreign body; as he had already undergone much useless treatment before Mr. Windsor saw him, he at once enucleated the globe. No particular symptoms followed, and in a few days he was perfectly well. On making an equatorial section of the globe, the vitreous was found to be quite fluid, the choroid was much atrophied, and the lens was floating hither and thither at the bottom of the vitreous space. The iris appeared at parts much thinned. The lens was of a jet-black colour by reflected, and of a deep blood-red by transmitted light, though its equatorial margin for perhaps half a line was whitish; it felt very hard and heavy, was of medium size, and appeared to be still in its capsule. No trace could be found of any effusion of blood. Both the lens and eye were placed in dilute spirit. The former is now only about half its original size, and its colour has, I think, slightly changed. The next case was that of a labourer, aged thirty-five, admitted into the Manchester Eye Hospital in October last. Last July his left eye was struck by a piece of coal; there was, when Mr. Windsor saw him, some conjunctival injection. The pupil was large and motionless, the iris muddy and tremulous, and there was a small round hole in its outer portion; in the centre of the pupil there was a piece of capsule of a dirty yellow colour, the rest of the space was filled by a perfectly black lens; the tension of the eyeball was somewhat increased, the perception of light was moderate; he saw movements of a hand to two and a-half feet. In a few days Mr. Windsor made a good-sized iridectomy at the inner side. Further examination having satisfied him that the thickness of the lens was considerably diminished, on November 15 he made a flap of little less than half the cornea, and extracted the lens. No accident followed, but the sight was very imperfect, owing to haziness of the vitreous humour. The lens was placed in glycerine, and appears to have undergone no change.

Mr. Hulke, at the request of Mr. Windsor, was asked to examine and report on the specimen.

(To be continued.)

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following members of the College having been elected Fellows at previous meetings of the Council, were admitted as such on the 22nd inst., namely:—William Blathwayte, Louth, Lincolnshire—diploma of membership dated Sept. 27th, 1833; John Kilner, Bury St. Edmunds—diploma of membership dated April 12th, 1843; James Nance, Eccleshall—diploma of membership dated Oct. 16th, 1840; Henry Sterry, (J.P.), Paragon, Southwark—diploma of membership dated Jan. 2nd, 1824; Abraham Wolff, Gower street—diploma of membership dated Dec. 16th, 1839.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 5th inst.:—Albert Octavius Haslewood, Darlington, Durham; Albert Meeres, Haddenham, Bucks; Frederick Le Fevre Milburn, Aldringham, near Saxmundham; William Porter Somerset, Claydon, Bucks; Henry Willson, Strand.

MEDICAL JOURNALISM IN SPAIN.—No less than eighteen Medical periodicals are published in Spain, the principal of which is the 'Siglo Medico.'

PREVENTION OF POISONING.—The current number of the 'Pharmaceutical Journal contains a very practical paper by Mr. Goodwin Mumbray, of Richmond, in which is suggested the simple plan of placing the labels on such shop-bottles as contain deadly poisons *longitudinally*, instead of *across* the bottle. It is scarcely possible that a shopman, however ignorant, could thus mistake strychnine for James's powder, as in the Liverpool case. While there still exists no law for the regulation of chemists' shops, a suggestion like the present might be generally adopted with advantage. There is another and more frequent source of accident in mistaking one bottle for another in the sick room, for which it is more difficult to find a remedy. Labels, however distinct or conspicuous, fail to arrest the attention of stupid nurses, who often cannot read. To obviate such disasters, besides Toogood's fluted bottles, which are now widely employed, there is an ingenious invention of Messrs Gilbertson, of Ludgate hill. It is a bottle in the form of a wedge, which will not stand, and must, therefore, be always kept in one position, from its formation. The contents cannot be spilled, nor can a person mistake the bottle for anything but for an external use. Under any circumstances, whether wrapped up or exposed, the peculiar form is certain to attract the notice of the most casual observer. The general recommendation and employment of this or similar inventions would be attended with incalculable benefit in the protection of life from poisoning.

OUTBREAK OF SMALL-POX AT UMRITSIR, E.I.—One of the most frightful outbreaks of small-pox that has occurred in India for many years has been raging at Umritsir for several weeks. The number of deaths, chiefly amongst children, has been as high as seventy-seven in one day. We have no authentic information how far vaccination has been efficiently carried out in this district.

THE FOOD OF INFANTS.—The annals of the Congress of the International Association for the Promotion of the Social Sciences, held at Ghent, contains a note from Mrs. Baines of London, on the Feeding of Infants. In the first place, it is stated that some objections had been made to the use of the vegetable or farinaceous foods for infants as recommended by that lady, in a paper printed in the 'Annales du Congrès de Bruxelles.' To these objections Mrs. Baines replies:—*First objection*:—"Chloride of potassium is considered absolutely indispensable to the progress of the development of cells. The absence of this salt in vegetable foods is an objection." "I wish first to ask," she replies, "if the necessity for the presence of the chloride of potassium can be deduced from this fact, that the cells in the course of formation contain this salt? Moreover, is it not known that, in the vegetable kingdom chloride of sodium may take the place of chloride of potassium, and that there are many reasons for believing that it is perfectly immaterial whether the potassa furnished by the foods exists in them in a state of chloride

of phosphate, or of sulphate (this latter is found in abundance in all vegetables), especially where chloride of potassium is added to the foods?—*Second objection:*—Objections have also been made to the administration of farinaceous foods to infants, because they contain large quantities of starch; this latter, being insoluble, and consequently indigestible, can only exercise pernicious effects on the constitution of the infant. To that, says Mrs. Baines, I reply, that "although starch is insoluble in water, it may possibly become soluble when in contact with a large quantity of organic matters. Thus, vegetable foods combined with cow's milk, and subjected to the action of the gastric juice, may be very well digested and assimilated, as I have proved in more cases than one. This fact shows that experiments performed in the laboratory are not always to be depended on, or at least that this kind of research, however useful it may be, can never attain the wonderful results produced by nature. The most astonishing of natural chemical operations is that which transforms the foods introduced into the stomach into blood, bone, muscle, and the other tissues. The most perfect operations of man cannot produce anything that approaches this: let us then humbly, but full of hope, observe the results obtained by the execution of the natural laws of our organization, and try to profit by them."

A ROYAL PRESENT.—A valuable gift has been presented to Dr. Cass, of Cowes, by her Majesty the Queen, on the occasion of his resigning his Medical appointment at Osborne, which he had held, conjointly with Dr. Hoffmeister, ever since that place first became the abode of royalty. The present consists of a splendid and massive silver inkstand, of the most elaborate workmanship, and was accompanied by a note from Sir C. B. Phipps, conveying her Majesty's gracious appreciation of Dr. Cass's long professional services, and of kindest sympathy for the severe affliction (a serious impairment of vision) which had obliged him to tender his resignation. In this feeling we are convinced that our fellow-townsmen most sincerely join for one who, for so many years, has established himself so deeply in the esteem and respect of all classes, by his high qualities of heart and mind, as a genuine friend, and a trusted Medical adviser in the hour of sickness and sorrow.—'Hampshire Independent.'

NEW ANATOMICAL MUSEUM IN BERLIN—Owing to the great increase of the numbers of Medical students in Berlin, and the necessity for providing room for an increasing collection of anatomical preparations, a new museum has been erected. It is said that, although the character and style of the building are plain and unpretending, the internal arrangements contain much, especially in a sanitary point of view, that might generally be adopted in the erection of hospitals.

ROYAL KENT DISPENSARY.—A special general meeting of the governors of this charity was held on the 15th ult., Sir Thomas Maryon Wilson, Bart., one of the vice-presidents, in the chair, to receive a report from the monthly committee respecting the want of sufficient Medical assistance in the districts of Greenwich and Deptford, and to adopt as future rules of the charity, or otherwise, the following recommendations of the committee, viz.:—"That the Medical officers of Greenwich and Deptford be paid for their services, and that a sum not exceeding two hundred pounds per annum be divided amongst them, in such proportion as may, from time to time, be decided on by the monthly committee." Also, "That on and after Midsummer day next, all patients shall pay the sum of one shilling for each letter of recommendation, to entitle them to receive the benefits of the institution." The subject of the want of Medical assistance for the districts in question had for many months previously been under discussion at the meetings of the monthly committee and the Medical committee, in consequence of the surgeons of those districts (Greenwich and Deptford) having been compelled to resign, one after another, because the duty, which has hitherto been honorary, had become so onerous as to interfere seriously with their private practice, and at length the monthly committee decided upon adopting the course embodied in the above recommendations. They were taken into consideration together for convenience, and Mr. Cartar, the solicitor and secretary to the Dispensary, stated the following, amongst other reasons, against the second recommendation, "that all patients should pay one shilling for each letter of recommendation, to entitle them to receive the benefits of the institution," viz.:—"That the proposed alteration would be unjust to the annual subscribers, because it would in effect be to compel them to pay the one shilling per letter (12s. a year), or to deprive the patients (many of whom were too poor to pay it themselves) of the advantages of the institution; that it would, in his opinion, be illegal, as regarded the life governors, unless each gave his formal consent; that the proposed alteration would bring the institution within the scope and operation of the Friendly Societies' Acts; that if the fee of one shilling per letter were paid by the patient as proposed, the institution would become in effect a mere Medical club, and, most certainly, cease to be a charity." After considerable discussion, more particularly as to the principle upon which the money was to be divided amongst the Medical officers of the two districts, and the mode in which the increased charge upon the annual income of the institution was to be met, the first recommendation was moved and seconded as a resolution, and carried unanimously; the second, as to the payment of one shilling per letter, was not moved, and therefore dropped.

HOSPITAL SURGEONS IN PARIS.—Two very eminent surgeons have lately retired from their nosocomial duties in consequence of having reached threescore years. Messrs. Huguier and Chassaignac have won for themselves the reputation of accomplished surgeons: the former by his labours especially as regards diseases of the uterus and of the female external parts of generation; the latter by his discovery and enthusiastic application of the écraseur. M. Chassaignac has lately published an extensive work on Surgery, which will probably, ere long, find a translator in this country.

PRESENTATION.—Mr. Gibbons, the Medical officer of the Wolverhampton Workhouse, has received a testimonial, consisting of a handsome silver goblet and snuff-box, each bearing the following inscription:—"Presented to Henry Gibbons, Esq., Medical officer to the Wolverhampton Union Workhouse, by his fellow-officers, as a mark of their high esteem and grateful appreciation of his uniform kindness."

BLACKBURN INFIRMARY.—This building was formally opened on the 2nd inst. as a general infirmary, and an efficient staff of officers appointed. During the last eighteen months it has been used as the infirmary of the Blackburn Relief Committee.

SUSSEX COUNTY ASYLUM.—The cost of maintenance of an inmate of this asylum has lately been reduced to 9s. 9d. per week, and it is anticipated that a further reduction will shortly be made. We hope that the reduction will not be to the detriment of the patients.

THE WILTSHIRE COUNTY LUNATIC ASYLUM, which was greatly enlarged during last year, is stated, in the Visitors' Report, to be so much overcrowded that in future admission must be restricted to the most urgent cases.

THE STING OF REPTILES.—In a paper addressed to the Academy of Sciences, Dr. Guyon lays down the principle that the action of the venom of serpents as well as scorpions is identical on man as on beasts, a proposition he confirms by several observations of his made both in the West Indies and in Algeria. Regarding its violence, he says there is a general belief abroad that it is much more powerful in summer than in winter, but this he does not consider well authenticated, and quotes against it the case of one Drake, an exhibitor of snakes, who having in the winter of 1827 at Rouen handled a rattlesnake which he took to be dead while it was only benumbed by the cold, was bitten by it and died in the course of nine hours. From a considerable number of observations Dr. Guyon concludes that the intensity or power of the venom is less owing to difference of season than to the length of time it has been accumulating in the reservoir of the reptile, and the greatest accumulation necessarily occurs during winter, because the animal is in a torpid state, and does not take

any food during that season. So it was in the case of Drake, and so Dr. Guyon found it in that of a horned viper, which had been given him at the caravanserai of Sidi-Makhlouf, Algeria. The reptile had been put into a bottle, which had since remained hermetically closed. It had been in there for six weeks without food and without air, and looked quite dead, since it could not stir in the bottle, which it filled entirely. And yet, on opening the bottle, the doctor found the reptile perfectly sound, and saw it kill a large fowl instantaneously with its sting. Our author quotes another case, that of a scorpion that had been kept in a bottle for a long time, and on being released killed two sparrows in less than a minute, and a pigeon in three hours. Dr. Guyon devotes some space to the symptoms which accompany the infliction of a bite by such reptiles; first a violent pain at the moment of receiving the wound, then an unconquerable itching on the spot, then trembling, vomiting, difficulty of breathing, often accompanied with a cough, a dilatation of the pupils, muscular contractions, tetanic symptoms, &c.—'Galignani's Messenger.'

A NEW METHOD OF TREATMENT OF DEAF-MUTENESS.—M. Flourens lately presented to the Academy of Sciences, in the name of Dr. Turnbull, an application for the appointment of a committee to inquire into a new method of treatment of deaf-muteness. Dr. Turnbull described his method in a sealed paper, deposited with the Academy on the condition, distinctly stated on the envelope, that the seal should not be broken for twelve months after the first meeting of the committee. Under these circumstances, the deposit was accepted on the 31st of June. On the 24th of November, the committee, consisting of MM. Flourens, Milne Edwards, Claude Bernard, and Velpeau, met for the purpose of examining the numerous patients presented by Dr. Turnbull; but on that gentleman's refusal to disclose his plan of treatment, declined to proceed any further, in obedience to the rules of the Academy, which enact that no secret method of treatment shall be brought under its notice. "We cannot but regret deeply this decision," says the learned and reverend editor of 'Les Mondes' (8th Dec.), "more especially as we do not altogether agree with learned societies in general in their rooted antipathy to secret remedies."

INQUESTS IN LIVERPOOL.—The yearly return of inquests held within the borough of Liverpool has just been issued. This return shows that during the year 1864 960 inquests have been held. Of these 325 were on children under seven years of age, and 56 of that number were illegitimate 93 were old and infirm. Among the verdicts were—of murder, 13; manslaughter, 18; and suicide, 40. There are 143 cases of young children having been suffocated, chiefly between the Saturday and Monday in each week; and four cases of hydrophobia.

POISONOUS HERBAGE.—Specimens have been brought to Sydney of the poisonous bush that has proved so destructive to sheep passing through the desert to the north. Messrs. Devlin and Simpson lost no less than 2,200 sheep from eating this bush. Mr. Devlin describes it as a pretty shrub, about four feet high, with a bright scarlet pea-blossom. The botanical name is *Gastrolobium grandiflorum*, and it was first discovered by Stuart in Arnheim's Land.

SANITARY IMPROVEMENTS IN LIVERPOOL.—The grand jury at the Liverpool Quarter Sessions have made a presentment upon information furnished by Dr. Trench, the Liverpool Medical officer, condemning twenty-nine lots of property in the borough as unhealthy and unfit for human habitation. The presentment recommended either their entire demolition or their complete alteration. This is the first important proceeding under the Liverpool Sanitary Amendment Act, passed last Session.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JAN. 18.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, JAN. 19.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 8 p.m.—Professor Tyndall, "On Electricity;" Harveian Society, 8 p.m.—Dr. H. C. Stewart, "On the Diagnosis of Embolia affecting the Great Vessels of the Heart, with Cases."

FRIDAY, JAN. 20.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Prof. Tyndall, "On Combustion by Invisible Rays."

SATURDAY, JAN. 21.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Marshall, F.R.S., "On the Nervous System in Man and Animals."

MONDAY, JAN. 23.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JAN. 24.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Turkish, or Hot-air Bath; with Directions for its Use. By Jasper Capper, M.D. London: Simpkin, Marshall, and Co.

Eighteenth Report of St. Mark's Ophthalmic Hospital and Dispensary for Diseases of the Eye and Ear, Lincoln place, Dublin.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE OBSTETRICAL SOCIETY.—The report has been received.

JUVENIS.—Ozone is an allotropic form of oxygen, and is detected by its property of decomposing iodide of potassium, the free iodine being coloured blue by starch.

MR. H. S. PURDON, *Belfast.*—The paper has been received, and shall appear next week.

X. Y.—The examination conducted by the Faculty of Physicians and Surgeons of Glasgow is a very fair test of the attainments of a candidate. The examinations are held once a month, and each part occupies one day; the candidate writes some of the answers, and replies *vivâ voce* to questions put to him afterwards.

THE HARVEIAN SOCIETY.—The report has been received.

DR. J. R.—The best plan is to write to the Clerk of the Apothecaries' Society, and he will, no doubt, warn the parties who are practising illegally, and if they persist in practising will institute proceedings against them.

T. O.—Say to what address a private note may be sent.

DR. CORFE'S paper is inserted.

DR. P. S.—The letter from the party mentioned has not yet reached us.

MIROR.—The paper is printed almost *verbatim* from our columns without any acknowledgment.

MR. J. S., *Manchester.*—We are not at all anxious to propitiate the goodwill of the homœopathists, whose so-called system we consider to be little else than a compound of knavery and folly.

M., *Liverpool.*—Forward the documents referred to, especially the advertisement at the end of the book, wherein it is recommended that, in bad cases, patients must buy the "Seminal Replenisher and Brain Powders" at a guinea a packet!!

The Medical Circular.

ORIGINAL COMMUNICATIONS.

A RARE CASE OF OBSTRUCTION OF THE DUODENUM FROM PRESSURE BY THE GALL-BLADDER, RESULTING IN PERFORATION OF THAT GUT INTO THE TRANSVERSE ARCH OF THE COLON.

Reported by Dr. McWHARRIE.

Case of John Cox, 59th Regiment, æt. thirty-one, stationed at Aldershot.

This man had had a few years' service in China, also three years' service at the Cape of Good Hope, and enjoyed good health generally. Habits were tolerably temperate, especially latterly. For the last two years he was stationed at the depôt of the regiment, and about six months ago he was sent to the head-quarters of the regiment to act as paymaster-serjeant. His health appeared to be good until the 23rd of September, 1864, when he complained of some dyspeptic symptoms, especially much eructation of flatus at night on going to bed, occasional vomiting, and loss of appetite. He asked not to be kept in hospital, but to be prescribed for, and allowed to do his duty in the paymaster's office. Some mild laxative medicine was ordered, allowed by some bitter vegetable infusion, with carbonate of soda. This treatment, he said, improved his state; and about ten days after he had the mixture repeated.

On the 21st of October he again presented himself, complaining of an increase of flatulency, vomiting almost everything he took. He was then ordered into hospital. the tongue was covered with a brown fur; there was urgent thirst, followed by vomiting of all fluids or solids taken in larger quantities than table-spoonfuls. Bowels much confined; there was much prostration, with sunk, sallow features; pulse very weak, almost imperceptible. A sinapism was applied to the epigastrium. Effervescing draughts and a purgative enema ordered, which opened the bowels sparingly.

On the 23rd he was worse; more prostration, weak pulse, cramps of fingers and forearms; and he complained of much uneasiness in epigastrium, with much rumbling, which was plainly perceptible through the walls of the abdomen. The vomiting was however less, as he was not allowed drink, and no nutriment except in small quantities at a time, and a carminative mixture relieved the sense of sickness considerably; the prostration being great, he had frequently small quantities of brandy, with arrow-root, which was increased towards evening. At 7 p.m. the cramps in hands and arms were worse, and there was some difficulty in swallowing; much prostration, with great restlessness, and throwing about of arms with great anxiety. At 10 p.m., after a dose of brandy and arrow-root, he turned on his right side, tucked the bed clothes around him, and composed himself to sleep.

At 1.30 a.m. on the 24th he died, while attempting to swallow some brandy and arrow-root.

Post-mortem examination nine hours after death: The body somewhat emaciated. Head not examined: heart and lungs healthy.

Abdomen.—Stomach greatly distended (and nearly filled with fluid), occupying the whole of the front of the abdomen, pushing the smaller intestines down into the pelvis. The gall bladder, about the usual size, was filled and impacted with hard inspissated bile, was firmly adherent to the duodenum, which it compressed, and completely obstructed its canal, so that when the water tap was inserted into the gut the water did not pass through it.

The middle of the transverse arch of the colon was adherent to the duodenum, and a communication, through which a small probe or a crow-quill could be passed, existed between the duodenum and colon, just above the obstruction in the duodenum, and was the only outlet for the contents of the stomach. The small intestines contained some yellow fluid and were somewhat contracted; other viscera healthy. It is not uncommon to find the gall bladder closely adherent to the duodenum and to find an opening, through which biliary calculi have passed into the gut, but it is unique to have the duodenum so completely obstructed by the gall bladder, and an orifice from the duodenum into the transverse arch of the colon.

NOTES FROM PRIVATE PRACTICE.

By Dr. G. de Gorrequer Griffith,

Late Resident Surgeon at the Home for Diseases of Women and at the Lock Hospital; Assistant-Physician at the Royal Small Arms Factory and at the Royal Military Clothing Dépôt, Pimlico.

The following is a case perhaps not wholly devoid of interest:—Col. N—— came to consult me about a periodic toothache which occasioned him very intense pain. He is a man of sanguineous temperament, florid complexion, hale, and cheerful in disposition. For the pain I prescribed:—

Ether. chloric., ℥jss.;
Tinct. ferri mur., ℥.;
Quinæ, gr. iii.;
Aquæ ad., ℥vi.;

Coch. ii., ampla secundâ quâque horâ ad effectum.

On the morning succeeding the day on which the above medicine was taken I visited him and found him suffering from great vesical irritation, manifested by pain and tenderness in the region of the bladder; a constant desire to pass water, and yet, withal, an inability to do so; a sense of fulness and weight between the thighs, that is, in the perinæal region. The inability to empty the bladder, or, indeed, to pass any water, did not proceed from want of detrusor power, but from a closure of the urethra by spasmodic stricture.

On entering the patient's room, the salutation which I received was:—"Oh, Doctor, you have given me spirits; I forgot to tell you my peculiarity!" He then gave me the subjoined history of himself:—"I have always been quiet and abstemious in my habits, and, although I have long been resident in India, I enjoyed the best possible health till a few years since, when, from remaining in wet clothes during the rainy weather of the sou'-west monsoon, I contracted dysentery and inflammation of the bladder. Of the former I am cured, but the effects of the latter have clung to me so tenaciously that I have never been entirely relieved, and am now returning to India despairing of ever being cured. One drop of brandy, a few drops of port or sherry wine, when swallowed, produces in about fifteen seconds great vesical irritation, irresistible desire to evacuate the bladder frequently, uncomfortableness, and pain in the vesical region."

Even under ordinary circumstances there was always present a certain degree of irritability, as was evident from the frequent calls to micturate. I should here mention that the pain for which the medicine had been prescribed was entirely removed, so that there was no occasion to take a third dose.

A No. 10 catheter was introduced to drawn off the urine from the filled bladder; some difficulty, however, was experienced in the passing of it, inasmuch as it was grasped by the urethra when that channel was thrown into spasm by the introduction of the instrument into it; the spasmodic closure was overcome, and the catheter glided into the bladder without further difficulty. No stone could be detected.

When I had drawn off the water I ordered him

℞ Massæ pil. hyd., ℥j.;
Liquoris kali, ℥j.;
Aquæ ad., ℥vj.

Coch. mag. secundâ quâque hora ad effectum.

The administration of this was attended with the most happy consequences, and, to use the Colonel's own words, "that mixture gave him more relief than any other which he had ever taken." In repeating the medicine, only ʒss. of the blue mass was ordered; but as the effects were not by any means equally beneficial with the first mixture, I, on the third occasion of ordering the same remedy, prescribed it as at first. After finishing the third mixture there was no further indication for medicine, inasmuch as the patient experienced very little inconvenience; so little, indeed, that he declared himself better than he had ever been since the first invasion of the affection.

I must add, that the first result of drinking spirits in any form was frequency of micturition; that this, however, rapidly gave way to retention of urine from spasm of the neck of the bladder and of the urethral muscles; that the mercury, administered so freely, occasioned no purging, no evacuation of green stools, no salivation, nor even any soreness of the gums.

9 Lupus street, St. George's square, S.W.,
Dec., 1864.

PEMPHIGUS CONTAGIOSUS.

By H. S. PURDON, L.R.C.S.I.

Late Medical Officer, Templepatrick Dispensary District.

In looking over my note-book, I find the following case, which occurred about two years since, in a boy, an inmate of the Belfast Charitable Institution, under the care of H. S. Ferguson, Esq., M.D.:—

On June 12th, 1862, Jas. Simpson, aged thirteen years, was sent into the infirmary, as he complained of sickness, headache, and pains in the limbs. From the time of his admittance into this institution, about five years ago, he had been in very delicate health, and for nearly two years laboured under the rare affection nyctalopia, becoming blind regularly every evening at four o'clock and remaining so till about nine. Owing to the infirmary being very much crowded, two boys were placed in one bed. In from three to five days after his admittance several bullæ appeared on the chest, arms, and neck, which in about two days burst. The bullæ gradually increased in size and appeared in greater numbers. The boy who slept in the same bed with Simpson, in about three or four days after they were placed together, exhibited a few small bullæ on his chest and arms; he was at once removed and placed in a bed by himself, when in a short time he recovered both from this affection and a severe catarrh, under which he was labouring.

In Simpson great irritation was produced by the bedclothes and shirt sticking in the broken blebs, and causing restlessness at night. A high inflammatory fever accompanied the disease; appetite bad; the pulse small and quick.

On the appearance of the bullæ a purgative of calomel and jalap was first administered, and wine, beef-tea, eggs, &c., given from the commencement, with Dover's powder at night to procure sleep. About the fourth day from the appearance of the eruption, Fowler's arsenical solution, in doses of three drops, three times a day, gradually increased; and after the disease abated, cod-liver oil with light tonics were given. The external treatment was as follows:—The bullæ, on their appearance, were opened and painted with a weak solution of nitrate of silver, after which carron-oil (linimentum calcis) was applied on lint to the affected surfaces. In about three weeks the patient was convalescent.

THE COLLEGE LECTURES.—The course of lectures annually delivered in the theatre of the Royal College of Surgeons will be commenced on Monday, the 6th of Feb., by Professor Huxley, F.R.S., who will deliver twenty-four lectures on the Mammalia, in continuation of his course of last year. Professor Fergusson, F.R.S., will complete the course in June. Mondays, Wednesdays, and Fridays are the days now appointed for the delivery of these discourses.

HOSPITAL REPORTS.

(By DR. G. DE GORREQUER GRIFFITH.)

ST. GEORGE'S HOSPITAL.

Operations by Mr. TATUM and Mr. POLLOCK.

CASE I.—*Tumour in the Back of the Thigh.*—This patient, a woman, is under the care of Mr. Tatum; she was admitted for treatment because of this large ovoid mass, situated in the posterior and upper part of the thigh.

History.—Six years previous to the present time she had her attention first drawn to a swelling in the situation of the tumour now under consideration. This increased in size, but very slowly, until within the last twelve months, when it took on rapid growth and quickly became developed to its present size.

As the nature of the enlargement was doubtful, the integument, at the lower part of the growth, was incised with a lancet, and through the incision a trochar and canula were plunged into the growth; forthwith there issued bloody water. The diagnosis being not yet determinable, the incision in the integument was enlarged to the size of a few inches, and the tumour cut down upon with the utmost caution; as this opening was insufficient for the ascertainment of the true nature of the enlargement, free and extensive incisions were made above, below, and backwards, so that the aperture thus formed presented a semi-crucial appearance—that is, there were the long vertical incision, extending from the upper to the lower point of the swelling, and the posterior incision, the former representing the vertical portion of the cross, and the latter one arm of it.

This opening showed a large serous-looking cyst bulging out between the muscles and separating them from each other. The cyst seemed to be formed of different coats. As its contents appeared, by examination with the fingers, to be a fluid, a small opening was made into it at first, in order, if possible, to arrive at a definite opinion as to its nature; there, however, issued the same fluid as when the trochar had been used. The opening, therefore, was enlarged, and all the bloody water allowed to drain itself away; then appeared masses of substance that seemed to be fatty: these were turned out, the cyst was separated from the surrounding tissues, turned out from its berth, and torn from its bed in all directions, except superiorly. From this point of its attachment it was finally separated, so that it was removed bodily, and not in pieces. Two arteries required to be ligatured. The wound was closed posteriorly, and both above and below, being left open in the centre. Over the unclosed portion a fold of wetted lint was laid, and, finally, the entire thigh was enveloped in the folds of a calico roller.

Mr. Tatum mentioned, at the close of his remarks, that when the masses of substance were first turned out of the cyst they seemed to be of a fatty nature, but that, by means of the microscope, they were detected to be fibroid in character; that the growth was, no doubt, a recurrent fibroid, such as is usually met with in the neighbourhood of glands; also, that some time since he had removed from a lad, of about fifteen years of age, a fibrous tumour which engaged the same position as that occupied by the growth now in question. The operation performed upon the boy took a long time, and was tedious, because the nerve passed through the centre of the tumour; and hence, since there was no possibility of removal of the abnormal mass in its entirety, it had to be cut away piecemeal. The case did not eventuate in success. Mr. Tatum thought that the tumour in the present instance was similar in structure to that one which he had removed from the boy. He pointed out the possibility of confounding this mass, as it appeared on its removal, with cancer growth, but he showed that it was not essentially malignant, being of a fibro-plastic or recurrent fibroid character.

(Under the care of Mr. POLLOCK.)

CASE II.—*Vesico-vaginal Fistula.*—The patient was a young woman.

The fistula was about three fingers in length, lay im

diately behind the urethra, and involved the anterior lip of the uterus. It had existed for a period of twelve months. The vagina, labia, and thighs had been excoriated, and very great distress had been occasioned by the constant trickling away of the urine.

Three weeks since Mr. Pollock had operated upon her. The steps of the operation were:—First, incision of the orifice of the vagina on both sides, and posteriorly, so as to free it, having become contracted owing to the existence of cicatrices: secondly, a further enlargement of the orifice by passing in the round speculum vaginæ, and in this way bursting or tearing the incisions. When these were done, the fistula could be reached and was operated on. Silver wire was employed for the purpose of uniting the denuded edges of the wound, and to-day these were removed. There was no escape of water; the patient had perfect control over the bladder, and could retain her urine without any difficulty.

The knot or twist in the wires should, therefore, be carefully cut, or untwisted, in order to prevent all dragging as the stitches are being withdrawn.

CASE III.—*Vesico-vaginal Fistula.*—This was a woman in the prime of life. The fistula was situated on the right side of the urethra, and ran so close to the meatus urinarius that it almost involved it. From its nearest point to the urethra it took a course downwards, backwards, and outwards, the entire length of its course being about three and a half inches, or, perhaps, even more.

The patient, being brought under the influence of chloroform, was laid on her back, somewhat after the lithotomy fashion, except that the thighs were flexed upon the abdomen as much as they would allow; the labia were held well apart, and, by means of the duck-bill speculum, the posterior wall of the vagina was separated from the anterior, at the same time that the instrument reflected the light upon the latter, and clearly displayed the rent in its coats and in the bladder. With a long forceps Mr. Pollock seized the margin of the fistula, and then cut out a circular piece all round the toothed extremity of the instrument by which the margin was grasped. The bared edges were then drawn and kept together by the aid of eight silver-wire sutures, each suture being passed in about a quarter of an inch from the edge of the wound and brought out on the opposite side at a corresponding distance.

GENERAL CORRESPONDENCE.

MEDICAL GOSSIP.—No. IV.

A NEW REMEDY FOR LARYNGO-BRONCHITIS—THE 'BRITISH SPURIOUS.'

To the Editor of the Medical Circular.

SIR,—A short letter may be probably thought better than none at all. I should be sorry if the interest which I am assured has been excited by my lucubrations should be permitted to flag, and therefore I send you a few lines to show that I am still in the land of the living—thanks to the Grand Hotel, Brighton. I do not wish it to be thought that I owe my life to the Grand, but I have no hesitation in saying that an attack of laryngo-bronchitis has been much ameliorated and shortened by my sojourn here. On the one side of the door—that is to say, outside—as far as London, from which I had come, was a cold, damp, penetrating moisture, rendered more poisonous by a north-east wind; on the other side, a delicious, healing temperature of 60°, uniformly throughout the hotel—halls, corridors, passages, saloons and all. In an hour I felt myself on the certain road to a rapid recovery, and so grateful am I, that I hasten to apprise my Medical brethren of the fact, that for pulmonary cases, we have at hand a perfect sanatorium in the Grand Hotel at Brighton, without waiting for that lately projected by Dr. ———, whose project, I fear, has fallen to the ground. Let it be resuscitated forthwith, for it would supply a great public want and be a great boon, and preservative of life in cases of pulmonary derangement. In the meantime, O Medici, send your patients to the Grand Hotel; an uniform temperature is all they require, and there they get it. A person is specially appointed to regulate the temperature of the house whom, in obedience to the phraseology of the day, we must, I suppose, call the "Temperaturist."

I have hardly been in the humour to look at the Journals this week, but a glance at the 'British Spurious' shows me that the editor is on better terms with Lindley Murray than usual. The construction of the following sentence may be faulty, but it is no great matter:—

"ROYAL COLLEGE OF SURGEONS. — Professor Huxley, F.R.S., will deliver twenty-four lectures on the Mammalia in continuation of his former course, commencing on Monday, February 6th, to be followed by Professor Fergusson."

I should think that after following twenty-four lectures and the Mammalia and Professor Huxley, our friend Fergusson will want a little rest at the Grand.

Yours, &c., VIGILANS.

REVELATIONS OF QUACKERY

LETTER IV.

To the Editor of the Medical Circular.

SIR,—It was my intention in this letter to have shown up the system of intimidation and extortion pursued by the quack fraternity; but a case has just come under my notice which is so *apropos* and illustrative of the hospital dodge I referred to in my last, that I must postpone my intentions in this respect in order to lay before your readers matter no less instructive and interesting in reference to the organised system of deception pursued by the class of men I am referring to. I have stated that recently certain persons have adopted the plan of advertising themselves in connection with some well-known hospital in such a manner as to create a belief that they are connected medically with the institution to which they refer. Notably amongst these are a certain Dr. Hammond and a Dr. Watson. Now, when the latter was recently summoned to a police-court, the secretary of the Lock Hospital attended at the office to give evidence that he had no such connection with the hospital as would justify his associating his name with that institution in the manner he did in his advertisements. However, leaving this individual for a future notice, I now turn to his *confrère* in the hospital dodge—Dr. Hammond. This is the kind of advertisement which appears in the newspapers in reference to this individual and his practice:—

DR. HAMMOND (OF THE LOCK HOSPITAL),
(Member the College Physicians and Surgeons),

ON the "Self-Cure of Nervous and Physical Debility, Decline of Manly Vigour, Infection, &c.," with Self-curatives. Post free 2 stamps, by Dr. HAMMOND, 11 Charlotte street, Bedford square, London.

N.B.—Recent cases cured in a few days. "Means of Cure" by letter, or personally from 9 till 2, and 6 till 8. Sundays, 10 to 12.

Now, Sir, I have sought in vain in the Medical Directories, in the 'Medical Register,' and the rolls of the College of Surgeons and Physicians, for this Dr. Hammond, of 11 Charlotte street, Bedford square. Do not put me down as very green for taking this trouble; I only did so that I might make "assurance doubly sure." Believe me, I never expected to find this worthy among the recorded members of the College of Physicians or Surgeons of England. The wording of the advertisement is itself quite sufficient with a man of the world to show the false pretence and assumption. For mark, it only says "Member the College of Physicians and Surgeons;" it does not even venture on the *of*, as thus, "Member *of* the Colleges of Physicians and Surgeons." Now, this may appear as quibbling on my part; but when I come to other matters, your readers will see these trivial omissions are part and parcel of a course of well-concocted and systematic deceit, all of which, as in the reference made to the Lock Hospital, have but one object, namely, to create a false belief as to the party's *status* as a professional man.

A young man has just consulted me fancying he had involuntary seminal losses on voiding his urine and on other occasions. But I found that he was only an imaginary sufferer in this respect.

He informed me that, some time prior to his consulting me, he had been induced, by seeing an advertisement somewhat similar to the above, to consult Dr. Hammond by letter. In reply to his communication, the Doctor (?) informed him that he (the patient) must wear the "self-adjusting curative" and take certain medicines, and promised if he would remit two guineas he would send him the "curative." Accordingly, the patient remitted that amount; but, to use his own words, "to his surprise and horror, instead of receiving in return the 'curative belt,' he only got some bottles of medicine and a lotion to rub over the penis and testicles." Upon this, he wrote to ask why the curative belt had not been sent according to promise. In reply he received the following letter, which I give you *verbatim* :—

Dr. Hammond, F.A.S., M.R.A.S.,
H. G. St. Mary's, King's College, the Lock, and St. George's Hospitals,
LONDON.
Member of the Academy of Sciences, Fellow of the Imperial Institute of France, Externe Venereal Hospital, &c., &c.

11 *Charlotte Street, Bedford Square, W.C. London, Aug.* 31*st*, 1864.

"DEAR SIR,—I have to acknowledge the receipt of your favour with enclosure. Before advising, I have again gone into your case, and am decidedly of opinion that the principal seat of disease is in the seminal vessels, which have become greatly relaxed in their tone and power of retention. There appears, also, to be a slight disease of the kidneys. I am also of opinion that the semen passes constantly away in the urine, and the result of this drain on the constitution must be obvious, when I tell you that one drop of semen is equal to forty drops of blood. This vital waste is not only capable of causing all the symptoms you detail, but such is the sympathy existing between the generative functions and the brain, that should this drain of the most vital of all your secretions be not immediately arrested, your whole system must suffer very serious derangement, whilst the organs of generation themselves will become vitiated and relapse into a state of utter impotency. This must necessarily destroy all desire for sexual intercourse, with entire loss of erectile power, withering and wasting of the penis; and, in addition, affections of the head and insanity are among the direst results of such a state, and though you do not complain of such, still you have reason to fear their appearances. Severe as is the injury already inflicted, it is most fortunate that you have applied for relief before that injury had progressed from stage to stage, until cure would be impossible. I am glad to acquaint you that I can effect a perfect and permanent cure, and I must urge on you the necessity of facilitating the same by attending to all my instructions, which are simple and easy of application. I advise local and constitutional treatment; and consequently you must wear the "French Self-adjusting Curative," which, with the other restoratives and adjuncts, shall be forwarded on receipt of remittance, as per annexed statement.

I am, dear Sir,
Yours faithfully,
C. D. HAMMOND, M.D.

1st Class "Curative"	£2	2	0
Astringent Lotion	1	1	0
Usual Fee	1	1	0
	£4	4	0
Balance	£2	2	0

On receipt of this, the patient remitted another two guineas for the "curative belt." I have it now before me and it is a common suspensory bandage, with three or four pieces of metal about the band surrounding the waist, and attached to the part where, in a common suspensory bandage, the penis passes through, there is a string of pieces of metal, through which the penis is passed, and by which it is then encircled. The whole thing for which two guineas was charged would cost about three or four shillings at the utmost. I need hardly say the patient derived no benefit from the "curative belt" so pompously referred to in the address I shall, at the end of this, submit to your readers. Indeed, the wearing of these pieces of metal around the penis produced considerable irritation in the urethra.

The patient, in handing this letter to me, called it a diabolical letter; and it is truly one. Fancy a poor, nervous boy, full of all manner of imaginary ailments, receiving such a communication, everything said that could possibly be said, in order to augment his existing fears. Mark the assertion or assumption that there existed "slight disease of the kidneys," and that semen passed constantly away in the urine, although no examination of that fluid had taken place, and, consequently, no truthful or competent opinion could be given, one way or the other. However, I may say that, on my examining the urine, I failed to detect any trace of such seminal losses, or of the existence of even "slight disease of the kidneys." Then, again, note the deliberate and cold-blooded threat of approaching insanity. Gracious heavens! the very implication in some cases would produce this "direst" result in many over-anxious and nervous patients.

Now, Sir, I would call your attention to this portion of the heading of the foregoing letter:—

"Dr. Hammond, F.A.S., M.R.A.S., H.G. St. Mary's, King's College, the Lock, and St. George's Hospital, London."

What F.A.S., M.R.A.S., may mean, I am at a loss to understand, but I think I have been more fortunate in my attempts in elucidating the H.G. standing before the hospitals enumerated. At the first blush, I confess I was puzzled as to what this meant, but on reflection it struck me it might mean Honorary Governor. I determined to test the correctness of this conclusion, and to this end, I sent the letter by a trusty messenger to make the necessary inquiries of the different officials connected with these hospitals. I then learnt that, in order to obtain a peg whereon thus to associate his name with these institutions, he had subscribed different sums to their funds. The worthy secretary of the Lock was especially indignant, I was informed, at the way in which the name of this noble institution was daily prostituted in the advertisements of these men. He further stated, that on a second donation being forwarded, it had been returned to the would-be donor.

Here is pretty strong evidence of the lie by implication. I shall conclude this, by submitting to your readers' notice as choice a compost of bestiality and humbug as it has ever been my fate to meet with, even in searching through the foul obscenity of the quack pamphlets:—

DR. HAMMOND'S

SELF-ADJUSTING CURATIVE

(FOR SPERMATORRHŒA AND GENITAL DEBILITY),

Protected, under "The Great Seal," by Her Majesty's Letters Patent; by France, Belgium, Vienna, &c. (*observe* Diplômes), *and is the only Patented Invention of the kind in existence in Great Britain; and which Dr. Hammond will undertake to prove* (*if necessary*) *under a forfeiture of* £500. *Read "Patent Gazette" and note the high titles and distinguished Diplomas, in confirmation of the Inventor's remarks, rendered necessary by abortive attempts at imitation,*

CONSISTS OF A

Small, elegant, unique, and scientific apparatus, adapted with exquisite accuracy to encircle the Generative Organs, and acts as a powerful stimulative invigorator and contractor of the relaxed seminal vessels. To which is added a SAFETY VALVE, which prevents and STOPS EMISSIONS. It is made of two qualities, and denominated First and Second Class. Prices:—First Class, £2 2s.; Second Class, £1 1s. The former being much superior, and is also charged with stronger invigorative and potent chemicals which become more quickly absorbed by the seminal vessels, and thus effects a more speedy cure. It has affixed to it a scientifically adapted SUSPENSORY BANDAGE, containing a continuous current of electricity, which is taken up by the whole system, infusing new life and "manly

vigour" into the debilitated or relaxed frame, and also affords great support and comfort to the testicles and generative organs.

NOTICE.—In complicated cases of long standing, and where erectile power has been lost or suspended, and the constitution become shattered or the brain unduly taxed, from any cause, so that the memory or mind is impaired, and the system nearly drained of its "vital essence," it is *absolutely necessary* that those losses be replenished by creating NEW BRAIN and NEW SEMINAL FLUID. Chemistry and deep research have taught us what those elements are, and how to apply them; therefore, in such cases, THE RESTORATIVE POWDERS and SEMINAL REPLENISHER should be had recourse to. The same can be had in cases, from 21s., 42s., and upwards. The SEMINAL REPLENISHER is also prepared in small phials which can be carried in the waistcoat-pocket.

N.B. Those unable to cohabit satisfactorily, from whatever cause, should never be without a supply, as they not only create erectile power and brain matter, but likewise replenishes the seminal fluid, lost by too frequent cohabitation.

The late Sir B. Brodie once remarked to me, in the greatest astonishment, on reading certain letters written by a patient to one of the quacks, "Is it possible men can write such letters!" What would have been his astonishment, had he lived, to hear of men being so credulous as to believe in the Brain Powder and Seminal Replenisher? For my part, I am utterly at a loss which most to marvel at, the credulity displayed on the one part—the supreme impudence on the other; and can only exclaim, in reference to the latter, my earnest wish that there might be

"Put in every honest hand a whip,
To lash such rascals naked through the world,
Even from the east to the west!"

DETECTOR.

P.S.—At the moment of correcting this letter for press, there appears in the newspapers an account of a "*Remarkable Suicide*," the particulars of which confirm, in an extraordinary and awful manner, the truth of my statements.

REMARKABLE SUICIDE.

The following is from the 'Daily Telegraph' of Saturday last, and the case speaks for itself:—

On Friday evening an inquest was held at the Chequers Inn, Hingham, Kent, before Thomas Hills, Esq., coroner, on the body of James Miles, a foreman in the employ of Thomas French Nettleingham, Esq., merchant, at Gravesend. The deceased was found drowned in the canal on Thursday evening last.

Sarah Reed, a widow, residing at Gravesend, identified the body as that of her nephew by marriage, and said he was married on Christmas-eve last, at Kingston. I have lived with the deceased and his wife for the last month. The deceased was twenty-four years of age, and I believe lived with his wife very comfortably. A few months ago the deceased was rather queer in his manner, and appeared very low-spirited, but he got better afterwards. About a fortnight ago he received something which made him worse. On Wednesday morning he was very desponding, and at dinner he complained of his head and stomach. The deceased told his wife that he did not know what he was about, and could not eat. At about five minutes to two in the afternoon he kissed his wife and shook hands with her, wishing her good-bye. He then lit his pipe and went out. I never saw him alive afterwards. He was always on good terms with his wife since their marriage.

Police-constable Mitchell, who was present at the finding of the body, said: I found several papers and printed bills in deceased's jacket-pocket. They are those now produced. Two are from Dr. De Roos, of Tavistock square, and one from a Dr. Smith, of Burton crescent, London. They are what are called quack handbills. At the residence of deceased I found this pamphlet. It is a work on secret diseases. I did not find any medicine at deceased's house.

Thomas French Nettleingham deposed: I am a merchant, and carry on business at Gravesend. The deceased has been in my employ for the last six months as foreman at the wharf. He appeared to be rather weak-minded, and seemed languid and dull when we were very busy, and frequently forgot orders that were given to him. On Wednesday morning last deceased was much flushed. He has been very abstemious and steady ever since he has been in my employ. The deceased never made his appearance after dinner. His accounts are perfectly correct.

J. J. Ely deposed: I am a surgeon, practising at Chatham. I have examined the deceased, and have not found any marks of violence. From an inspection of the papers found upon the deceased, I have no doubt whatever they would cause a great depression of spirits, and tend to a person committing suicide. Persons suffering from disease are susceptible to depression of mind. The papers or bills are issued by quacks. It is not unusual for cases of suicide to arise from reading pamphlets similar to those produced.

At this stage of the inquiry Mr. Nettleingham asked the coroner to take the evidence of John Willsher Packham, a fellow-workman of the deceased, who had found a large packet of letters from Dr. De Roos, of Tavistock square, London. The witness deposed that he found the articles now produced in an upstairs room in deceased's house. They consisted of two large-size tins, which evidently had contained medicine supplied to the deceased.

The coroner then read to the jury several letters from Dr. De Roos, which stated that the deceased must still continue with the medicine, and impressing upon him the necessity for remitting money, as he did not make it a practice to give credit to his patients, and stating that, in consequence of having numerous correspondents in all parts of England, he hoped he would not neglect writing to him, as he (Dr. De Roos) might forget the case. About thirty letters had been sent to deceased in the course of ten months.

The Coroner summed up. He said: Gentlemen, you have heard the evidence which has been adduced. From this it would appear that the deceased had, in all probability, been reading the pamphlets which have been produced, and you have remarked that on opening one of these pamphlets the word "suicide" appeared written prominently round the margin. The number of letters from Dr. De Roos, of Tavistock sqnare—letters which it is impossible to stigmatise too strongly, and which, when read by the weak-minded, would lead them to the commission of suicide—must be noted as a weighty fact, and they tend to prove that the mind of the deceased had been deeply harassed by them.

The jury returned a verdict to the effect that the deceased had committed suicide whilst in an unsound mind.

After the delivery of the verdict a consultation between the coroner and the jury took place, which resulted in the foreman intimating that they considered deceased's insanity to have been brought on by the perusal of certain pamphlets issued by, and letters received from, Dr. De Roos, of Tavistock square, London. The jury expressed a wish that the Press would take notice of this addendum to the verdict.

The Coroner ordered that the pamphlets and letters should be kept in safe custody.

ILLNESS OF MR. KIERNAN.—We regret to state that Mr. Kiernan, a member of the Court of Examiners of the College of Surgeons, is suffering from an attack of paralysis. Dr. Burrows, his old friend and colleague at St. Bartholomew's, with Mr. Skey and Mr. Hodgson, are in attendance upon him.

LONDON FEVER HOSPITAL.—It is understood that Mr. Charles Squarey, the physician and house-surgeon of the Fever Hospital, is now lying dangerously ill from a violent attack of typhus fever, which he has no doubt taken in the discharge of his onerous and dangerous duties. Dr. Squarey for many months during 1863 acted as one of the resident surgeons of the hospital, so that this is a second occasion upon which he has so courageously volunteered to do battle against the insidious attacks of fever to which the unusually numerous patients admitted into the hospital during the last year have been subjected.

REVIEW OF BOOKS.

Functional Diseases of the Stomach. Part I. Sea-Sickness: its Nature and Treatment. By John Chapman, M.D. Pp. 72. London: Trübner and Co.

In this part of Dr. Chapman's work there are three sections, the first containing an explanation of what are called vaso-motor therapeutics; the second, a description of the nature and treatment of sea-sickness; and the third, some experiments illustrative of the efficacy of ice, applied along the back, in stopping this well-known malady. The theory advanced by Dr. Chapman is, that sea-sickness is caused by certain influences acting upon the brain and spinal cord, an undue amount of blood being accumulated in the nervous centres along the back, and especially in those segments of the spinal cord related to the stomach and to the muscles concerned in vomiting. The vaso-motor nerves are the branches of the sympathetic distributed on the coats of the blood-vessels. During the last year Dr. Chapman tested his plan upon several persons, himself included, who suffered from sea-sickness; and in the cases related by him the results were remarkably favourable.

Medicines: their Uses and Modes of Administration. By J. Moore Neligan, M.D. Sixth Edition. Edited by Rawdon Macnamara, M.R.I.A.; Licentiate of the Royal College of Physicians; Licentiate, Fellow, Member of Council, and Professor of Materia Medica, Royal College of Surgeons, Ireland; Surgeon to the Meath Hospital, &c. Dublin, 1864. Pp. xxx. and 758.

A book that has reached its sixth edition is almost beyond the reach of criticism, as nothing that we could say against it or in its favour would in any material degree interfere with its sale. Most of our readers are probably acquainted with Dr. Neligan's volume, and we shall therefore content ourselves by stating that the original matter in the present edition occupies about one hundred and fifty pages, and that amongst the matter for the first time introduced into this work are descriptions of "many important and new remedial agents, such as lithia and its salts, pumpkin, kamela, santoninum, bela, podophyllum, anilina, cerium and its salts, carbolic acid, veratrum viride, bichromate of potash, permanganate of potash, pinus larix, actæa racemosa, hydrocotyle asiatica, peroxide of hydrogen, Calabar bean, benzoate of ammonia, phosphate of ammonia, bromide of ammonium, sulphurous acid, &c., many of which have already established themselves as remedial agents of undoubted value, and some of which are still on their trial." We shall briefly notice the claims which these new remedies have to consideration.

On turning to the index with the view of reading the article on "Lithia and its Salts," we find "Lithic Acid," "Litmus," "Litharge," and "Lithontriptics," and nothing else beginning with *Lith;* and we may parenthetically express our wonder at the process of indexing by which "Litmus" has attained its anomalous position. We then turned to "Pumpkin," but were, if possible, even more unfortunate, for not a single word beginning with *Pump* was to be found in the index. We were, however, able to find "Kamela." The article on that drug contains nothing with which our readers are not conversant. Santoninum is not to be found in the index, but we are referred to p. 43 for *Santonine*, when we only find *Santonin*, which, without any apparent cause, developes its final *e* in the following page. The editor refers to the singular fact described by Spencer Wells and others in relation to this drug—viz., that under its influence "vision becomes curiously affected, the patients seeing things either yellow or green." "All efforts," he observes, "to account for this remarkable phenomenon by detection of any colouring matter in the serum of the blood have hitherto f iled, and we must, therefore, content ourselves by referring them [*them* is (or should we say *are?*) the phenomenon] to central disturbances extending their action to the optic nerve and retina. In any case in which I observed this remarkable symptom, the most careful examination failed in discovering any change of colour in the sclerotic; and alarming though they (*sic*) are to the patient, they need give the practitioner but little anxiety, as, after some few hours, they spontaneously subside and finally disappear. My own experience of pure santonine is most favourable, and I have rarely found the most obstinate cases of ascarides or lumbrici resist its prolonged use" (pp. 44-5).

Of Bela or Bael he observes, that it "seems to have been introduced by the pharmacopœial authorities [into, we presume, the 'Pharmacopœia'] more out of complaisance to our Indian brethren, than from any wonderful success that has attended its use in these countries" (p. 79).

Podophyllum is "found peculiarly useful in the sluggish livers of those who indulge too freely in the pleasures of the table." He notices what we have often remarked of this drug—the uncertainty of its action—"in some half a grain of the resin acting with energy, others requiring three or four grains." He gives the following formula as representing a valuable combination in constipation accompanied with hepatic torpor:—

℞ Resinæ podophylli, gr. iij.;
Aloinæ, gr. xii.;
Extracti hyoscyami, gr. xii.;
Extracti taraxaci, gr. xii.;
Saponis duri, gr. xii.

M. et divide in pilulas xii. Sumat unam vel duas pro dosi.

We do not know on what grounds Dr. Macnamara gives *mandrake* as a synonym of podophyllum. The term *mandrake* is, if we are not mistaken, usually given to *Atropa mandragora.*

The sulphate of aniline has been given in doses varying from one to three grains in cases of chorea, "and when sufficiently long persevered in is stated to have been productive of benefit." "*When sufficiently long persevered in*" too often simply means "*when sufficient time has been allowed for Nature to effect a cure.*" We are not, however, inclined to state that this is the case in the present instance, for there is no doubt that aniline in comparatively small doses acts as an energetic poison; and we agree with Dr. Macnamara that this is one of those medicines which call for more extended clinical experience. Oxalate of cerium, which has been very strongly advocated by Professor Simpson (who regards it as more successful than any other single remedy in curing vomiting), has been prescribed by Dr. Macnamara, and "in some cases it certainly appeared to give relief." We have heard, on good chemical authority, that the quantity of cerium sold annually as oxalate in Edinburgh very considerably exceeds the total quantity of cerium introduced annually into the general chemical market!

Carbolic acid, which has been lately recommended as a most powerful deodorising agent, has been tried by Dr Macnamara in the Meath Hospital, "but," he observes "it disappointed my expectations, not acting nearly as satisfactorily as many of our older remedies."

On looking to the index for Bichromate of Potash, we are referred to pp. 218 and 672. In p. 672 we cannot find the slightest allusion to this salt; from p. 218 we learn that in small doses, from one-eighth to one-fourth of a grain, it acts as an alterative, and is serviceable in secondary syphilis. Permanganate of potash "has been recommended as an ingredient (gr. vi. of the salt to ℥j. of water) in gonorrhœa" (p. 499). What are the other ingredients in gonorrhœa we are not told; and what Dr. Macnamara means to state probably is, that a solution of permanganate of potash forms a good injection in cases of gonorrhœa.

Turpentine Punch is a popular remedy in the wards of the Meath Hospital. It is of especial service in the low stages of fever; and the following are the ingredients which enter into its composition: an ounce of turpentine, two ounces of brandy, eight ounces of boiling water, and sugar sufficient to sweeten. Half of this should be taken for a dose, to be repeated, if necessary, every third hour.

Actæa racemosa is not to be found in the index, but *Racemosa actæa* is there, we suppose we must be thankful. "In America it enjoys reputation in the treatment of chorea, affections of the lungs resembling phthisis, hysteria, dropsy, but [why *but?*] especially in the trea

ment of acute rheumatism, in which latter [why *latter?*] disease it has been found of great service by Professor Simpson, of Edinburgh. Its use in my hands has not been attended with the happy results attributed to it by other practitioners" (p. 520).

Our limited space prevents us from any further notices of the additions which Dr. Macnamara, in his editorial capacity, has made to this volume. They are, on the whole, sound and judicious, although the style in which they are written is, as we have shown, occasionally open to criticism. The book is, on the whole, one of the most useful of its kind in the English language.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. JENNER continues his lectures "On Bright's Disease," and describes the anatomical and microscopical characters of the kidney in the different forms of that affection. All the kidneys examined by Dr. Jenner, removed from the persons who have died while suffering under chronic Bright's disease, may be referred to four primary pathological conditions, two of which are described in the present lecture. In both the kidney is large, smooth on the surface, and of a yellowish colour; but in one the disease is owing to acute active congestion passing into inflammation, and occurs in typhoid fever, scarlatina, and diphtheria; in the other, the disease is not inflammatory, but is due to excessive secretion of olein, is analogous to the fatty disease of the liver, and is found especially in the subjects of tuberculosis. ——Dr. W. T. GAIRDNER communicates some clinical observations "On the Course of Typhus Fever, and especially the Phenomena of the Crisis." This fever is now prevailing in Glasgow, and Dr. Gairdner has seen to an end upwards of 100 cases. In speaking of the *crisis*, while he admits that such a term may be employed to designate the turning point of a fever, he denies that it is sudden in its occurrence, but states that the fever gradually ascends to its *acme* or crisis, and then gradually declines. He also asserts that many cases of typhus will do well if left to their natural course without any drugs or stimulants, and that the use of stimulants is often positively injurious; but he strongly advocates the use of milk throughout the disease. In judging of the course of the disease, or, in other words, in watching the *crisis*, Dr. Gairdner places his chief reliance on the state of the pulse.——Mr. T. HOLMES continues his "Contributions to the Practical Surgery of Diseases of Childhood," his present subject being the "Treatment of Caries of Single Bones of the Tarsus and Metatarsus by Excision of the entire Bone." Although this affection is usually regarded as constitutional in its nature, Mr. Holmes thinks it is more frequently local and caused by accident than is generally supposed, and he therefore advises operative interference as early as possible in all cases where general symptoms are absent, and where the disease, after a reasonable trial of patience and rest, is not undergoing a spontaneous cure. He insists very strongly on the necessity of removing the whole bone when the greater part of any of the tarsal or metatarsal bones is carious, and he disbelieves the danger of leaving articular cartilage exposed in a wound.——Mr. J. A. WANKLYN, of the London Institution, contributes a paper "On the Differences between Wholesome and Unwholesome Air," but he does not inform us in what the difference consists in a chemical point of view. He shows satisfactorily that the difference does *not* consist in any abnormal proportions of nitrogen, oxygen, and carbonic acid, and he suggests that it *may* consist in the presence of minute traces of carbonic oxide or prussic acid, but he gives no facts in support of this hypothesis.

'MEDICAL TIMES AND GAZETTE.'

Dr. BENCE JONES delivers the second lecture of a series "On Chemical and Mechanical Diseases, and their Relationship." The present lecture is "On Diseases of Suboxidation," diabetes being the affection brought under notice, and that because it is the best example of a purely *chemical* derangement of health, mechanical symptoms rarely manifesting themselves. The loss of nutrition and of power is directly proportionate to the loss of saccharine material which the system sustains; but, notwithstanding this waste of sugar-substance, no structural change can be noticed in the different tissues if we except atrophy. There are three different kinds of sugar:—First, cane sugars: these are convertible and have a right polarisation; secondly, fruit sugars: these are inverted and possessed of left polarisation; thirdly, glucose and diabetic sugars, which polarise to the left and are not convertible. There is, likewise, an animal sugar, so that four divisions of sugars may be enumerated. Each atom of starch taken into the system as food, when acted on by the saliva or pancreatic juice, is converted into sugar, and subsequently transformed into carbonic acid and water. In diabetes the starch is changed into sugar in the same way as in health; but, in extra-vascular tissues and in the circulation, the further change is arrested, if indeed it be not entirely stopped; hence, it is in part eliminated or thrown off by the kidneys as sugar, the rest of it remaining unchanged in the different structures where it is generally met with. The conditions necessary to the metamorphoses of sugar are—first, proper temperature; secondly, the presence of a not immoderate quantity of sugar; thirdly, the presence and activity of a ferment. Diabetes may be produced by irritation of the floor of the fourth ventricle, or of the vaso-motor nerves of the abdominal organs. The means of detecting diabetes is next brought under consideration and discussed at some length. The symptoms of the disease are then passed in review. Sugar is a diuretic and of itself occasions thirst. Acute diabetes may produce death very speedily. The disease can in some instance be recognised to be hereditary. Fat subjects are predisposed to diabetes; but it generally presents itself in a mild form, and is more powerfully resisted by them. "A very thin and very young child in whose family severe diabetes is known, who is rapidly losing strength and weight, passing much water, is the worst possible case."——Mr. CASE relates a "Case of Ovarian Gestation." When the woman was more than five months pregnant, the ovary burst and discharged the fœtus into the cavity of the abdomen.——Mr. STOCKS publishes an instance of "Spontaneous Coagulation of Urine." The patient was a young man, aged twenty-seven. "The urine was clear, highly albuminous, and when allowed to stand, coagulated spontaneously into yellow transparent masses exactly like melted calf's-foot jelly.

THE MEDICAL CIRCULAR.

WEDNESDAY, JANUARY 25, 1865.

THE FALLACIES OF THE FACULTY.

The great majority of the persons who think at all upon Medical matters may be divided into two classes, namely, those who believe everything that is told them, and those who believe nothing at all. The credulous are readily induced to pin their faith upon the last new quackery, or it may be the last assertion of legitimate Medicine; and the sceptical, including, it must be admitted, a few of the Medical body itself, reject all evidence alike, whether suspicious or trustworthy, and thus save themselves the trouble of reasoning altogether. The thinkers who steer the middle course, and are prepared to believe only what is well supported by facts and arguments, are comparatively few, and it is apparently to increase this class that a little book lately written by Dr. Barclay is intended. The work is entitled 'Medical Errors: Fallacies connected with the Application of the Inductive Method of Reasoning to the Science of Medicine.'

It is indeed, amusing, although there is something melancholy in the reflection, to philosophise upon the manifold fallacies current in the present day among a generation of mankind who have before their eyes the lessons of legitimate reason as handed down to them by the logicians of former days, and strengthened by the lessons of schoolmen in all the great seats of learning in the civilised world. But it is especially in Medicine that such fallacies are most current, and it must be admitted that the delusions of the multitude are not so much to be wondered at, when the writings and the teachings of some of the highest Medical authorities are so deficient as they are in logical precision. One physician, towards the end of an epidemic, when its force has been worn out, proposes some hitherto untried plan of treatment, and because it happens to be followed by favourable results, he thinks he has made an important discovery; or another physician vaunts the efficacy of some peculiar drug in the treatment of a disease which, perhaps, would have subsided without its administration. Sometimes in such cases the premises are sound and the conclusions are faulty, sometimes the premises are untrue although the conclusions may be correct, and sometimes both premises and conclusions are alike erroneous.

Notwithstanding the accumulated stores of knowledge which mankind have been heaping together for many centuries, it cannot be argued that we really know the causes of any phenomenon we witness. The usual illustration of Newton's theory of gravitation, namely, the fall of the apple to the ground, does not explain to us anything of the cause which produces the result. We know, indeed, that the apple falls to the ground, in the same way that the moon is drawn towards the earth, and the earth towards the sun, and we call the principle which draws these masses together by the name of gravity; but we know nothing whatever of the cause of gravity. All we know is, that certain phenomena always occur under certain observed conditions, and we designate this constant sequence of events under the name of a law. Now, carrying our illustrations into the domain of Surgery or Medicine, we know that a particle of stone or of glass introduced between the conjunctival surface of the eye and that of the eyelids, in the living body, will cause pain and irritation, and that the removal of the foreign body will be attended by a relief of the pain. This is a very simple process of reasoning; but it is, in fact, founded upon experience, because there is no reason, *à priori*, why the conjunctival surface should be more irritable than the skin, and we only know that it is so by our own feelings or those of other people.

When the process of reasoning comes to be analysed, it will be found that both our inductions and deductions are mostly drawn from experience. The principle of gravity rests upon the observation of a phenomenon or a series of phenomena, which received a happy explanation by the theory of Sir Isaac Newton; and the theory has been verified by a multitude of other phenomena observed in our own globe, and in the motions and courses of the planets.

Hence, there is no reason why we should not endeavour to introduce into Medicine the principles of logic or reasoning; and, in fact, we generally do so, only our logic too often is bad. Thus, the *Sarracenia purpurea*, about two years ago, was pronounced, upon some doubtful Transatlantic authority, to be a remedy for small-pox. Here the premises are, to say the least, suspicious; but an English surgeon tries the drug upon some soldiers, attacked with a mild form of small-pox, and because they recover, he immediately proclaims the inestimable value of the supposed new remedy, and the fallacy gains a large circulation by its publication in a leading daily Journal. But it is afterwards administered to serious cases of variola in the Small-pox Hospital, and is found to have no efficacy whatever, and thus the bubble is burst. In this instance, the premises and the conclusions were both unsound as to the value of the *Sarracenia*. But the discovery of vaccination, on the other hand, is an instance of legitimate induction; for Jenner first derived his great idea from the fact he observed that certain women infected by milking cows suffering from vaccine-disease never took small-pox, and hence he logically came to the conclusion that the vaccine-disease acted as a preventive to the more severe malady. But he then submitted his theory to the test of experiment, and the results of many thousands and millions of cases have shown the truth of his proposition. The few failures which have occurred are only such as may be explained by some incompleteness in the mode of making the experiment, or in some peculiarity of the subjects operated upon; and these exceptions no more invalidate the general law, than the failure of a chemical experiment from some accidental defect of the apparatus employed, would upset the fundamental principles of chemical science.

Let us take two other instances illustrative of correct and incorrect processes of reasoning in therapeutics. It is generally

agreed among the Medical Profession that ague is arrested in its course by the administration of quinine; and the evidence on which this opinion is founded is very strong and satisfactory, for in former times the disease lasted for many weeks or months, or even carried off those who suffered from its visitations, and, in the present day, when the remedy is not at hand or its administration is neglected, the fever pursues its regular course; whereas the swallowing of a few grains of the alkaloid arrests the appearance of the paroxysm, and generally cures the disease altogether. There may be some exceptional cases in which the expected results have not followed, but the opposite class is so numerous, that few well-constituted minds will deny that, as a general rule, the proposition is true that quinine is a specific for ague. On the other hand, as an instance of false reasoning, Hahnemann recommended belladonna as a prophylactic against scarlatina; and he argued that as the drug produces sore-throat and a red eruption on the skin, it is *therefore* the appropriate remedy for scarlatina. But, in the first place, it is not true that belladonna always produces these symptoms; and, in the second place, if it did produce them, they do not necessarily constitute scarlatina; and, in the third place, if both the preceding propositions were true, it does not follow that belladonna is a remedy for scarlatina, or a prophylactic against its attack. Still, the idea might have been a good one, if experience had confirmed its value; but on the remedy being put to the test, as it was, among others, by Dr. Balfour, at the Royal Military Asylum at Chelsea, it was found that of seventy-six boys to whom belladonna was given, and seventy-five to whom it was not given, and who were all placed under exactly parallel circumstances, two in each section subsequently took the disease.

If we turn to the alleged effects of many of our best known drugs, we shall find very much cause for doubting their efficacy, or even for distrusting their action altogether. The drugs of which the efficacy is perhaps the most established are the purgatives; for very few people will doubt that Epsom salts and senna and jalap will act as aperients; but, in reference even to opium, who does not know that this narcotic sometimes keeps people awake, that ipecacuan often fails to produce sweating, that conium is of doubtful efficacy as a sedative, and that digitalis often disappoints those who trust to it as a diuretic?

But notwithstanding these circumstances and many others we might mention, and notwithstanding the sceptical tendency of the age, it is remarkable that the public faith in drugs is as great as ever; and it might even be alleged that the faith of the public is in an inverse proportion to that entertained by the Profession. Some of the latter, indeed, as we hinted at the commencement of the present article, are unduly distrustful of the utility of the weapons they employ, and many who have been disappointed by the failure of particular remedies, have abjured their faith in drug-therapeutics. Hence it becomes necessary to do what most of the Profession are now doing, namely, to subject our whole therapeutical system to a thorough revision, and to be guided eventually by the results of experience. But it is only from experience on a very large scale that any trustworthy deductions can be drawn; and it is the duty of us all, whether engaged in private practice or in the practice of hospitals and dispensaries, to make records of the failure or success of different plans of treatment, and thus, if not for ourselves, at least for our posterity, to endeavour to build up a system of rational Medicine upon solid foundations.

SUMMARY OF THE WEEK.

MR. LUND, OF MANCHESTER.

This gentleman is now enjoying an unenviable amount of notoriety on account of his evidence against a professional brother in the late case of Pryce *v.* Bowen, in which it will be recollected that Mr. Lund appeared in conjunction with Evan Thomas, a bone-setter, to sustain the theory that a broken bone had been improperly treated by Dr. Bowen. Mr. Lund knew nothing whatever about the case, except what he had heard from the plaintiff, and yet, upon this mere hearsay report, he stood up in a court of justice to condemn the treatment adopted. It is suggested that the only reparation Mr. Lund can make to the Profession which he has so grossly offended is to pay into the fund now being raised to defray Dr. Bowen's expenses whatever fees he may have received from the plaintiff's attorney; and until Mr. Lund does this, all his explanations will be without any weight or value. It is satisfactory to reflect that in Liverpool, where the case was tried, no surgeon could be found to come forward to support the bone-setter, and we regret that Manchester should have supplied the witness required for the purpose. It appears that Mr. Lund is not surgeon to the Manchester Infirmary, as was stated in the reports of the trial, but surgeon to the Dispensary attached to the Royal Infirmary; and we regret that his colleagues have not expressed in decided terms their disapprobation at the part he played in the Liverpool trial.

THE CASE OF TIMOTHY DALEY AND THE HOLBORN UNION.

Although we adhere to our determination of offering no comments on this case until the decision of the Poor-law Board has been published, we cannot omit to notice the unfair treatment which Mr. Norton, the surgeon to the Holborn Union, has experienced at the hands of the general Press. In the first place *ex parte* statements are admitted into the 'Times,' accusing that gentleman of inhumanity and negligence, and then, after the extra-judicial opinion offered by a coroner's jury, another paper accuses him of downright manslaughter, and this last fulmination is readily transferred to the columns of the 'Times.' Now that the most searching investigation has taken place into the whole of the circumstances, the 'Times' admits that nobody in particular is to blame for the death of the patient, but that the fault lies in the system. Yes, indeed,

and the system has been denounced over and over again in the Medical Journals, the shameful manner in which the Poor-law Medical Officers have been paid has been repeatedly exposed, the ill-treatment of these gentlemen by the Guardians has been a constant subject of remonstrance, and yet not one word of sympathy has ever fallen from the 'Times' to help in improving matters, until it suits the purpose of the moment to get up a cry against an unfortunate ill-paid workhouse doctor, and when it is found that he is not to blame, then there comes a mild animadversion against the system!

PARISIAN MEDICAL NEWS.

PATHOLOGY OF ERYSIPELAS; TRAUMATIC DELIRIUM; EFFICACY OF LARGE DOSES OF DIGITALIS.

Two patients, suffering from traumatic injuries complicated by the presence of delirium, were recently admitted into the wards, and afforded the Professor an opportunity of descanting on the gravity of bronze-coloured erysipelas, and on a new method of treatment of traumatic delirium.

The first patient was a chocolate-dealer aged fifty-six, affected with erysipelas. His mind was in such a disturbed condition that he was utterly incapable of supplying any information whatever as to the history of his case. The right leg was the seat of well-marked erysipelas of the worst description, and characterised by a livid bronzed hue of the skin. In the course of the last twenty years, M. Velpeau has very frequently met with this variety of the disease, and he considers this peculiar aspect as extremely unfavourable. When bronze-coloured erysipelas sets in after an operation—the removal of the breast, for instance—a fatal issue is much to be apprehended. In the present instance, large blisters and deep eschars had already formed, and the affection had possibly originated in some contusion of a varicose brain; but delirium supervening under the circumstances without any apparent injury of the scalp, pointed to severe constitutional derangement, and fully justified M. Velpeau's unhopeful prognosis, which was speedily realized.

Incidentally, the Professor alluded to the question of hospital hygiene, which is now a favourite theme of discussion. He said he should be sorry to see any great and inconsiderate alteration of the present hospital arrangements. The necessity of a radical reform in our nosocomial institutions could not, in his opinion, be legitimately inferred from the alleged prevalence of erysipelas in large hospitals. It seems but reasonable to admit that the disease may be the result of overcrowded wards, and yet all surgeons are aware that the affection is not exclusively confined to ill-ventilated and crowded hospitals, but also selects its victims in mansions and palaces. The cases observed in hospital are almost all brought in from the city, and from the healthiest quarters as well as from its darkest and most unwholesome purlieus.

In the case above alluded to, a remedy was prescribed which failed, it is true, in subduing the symptoms, but which proved entirely successful in another highly interesting instance of traumatic delirium.

The patient was a waiter, aged twenty-three, who was admitted in hospital on the 5th of November in a violent state of delirium. The persons who accompanied him stated that the wandering had set in after an apparently insignificant injury of the foot, the traces of which were now scarcely perceptible, but which had occasioned a certain amount of inflammation of the lymphatics. Although the local mischief was most trifling, the agitation was such that the use of a straight waistcoat was thought necessary. The symptoms much resembled those of *delirium ebriositatis*, although there was no trembling of the muscles of the extremities, nor the peculiar hallucinations characteristic of that condition. But *nervous delirium*, the denomination used by Dupuytren, is not exclusively observed in persons of intemperate habits. Not only are individuals exposed by their trade to the inhalation of alcoholic vapour, like butlers and cellarmen, liable to the disease, but it likewise occurs not unfrequently in predisposed subjects, as a complication of some slight wound, or as the result of violent mental emotion. M. Léveillé, a remarkably sagacious observer, has recorded, in an excellent memoir published on the subject in 1824, three cases of nervous delirium induced by the latter cause in persons of undoubtedly temperate habits. In 1819, Dupuytren also demonstrated, in a paper "On Fractures of the Fibula," that the acute delirium which he had often met with in subjects labouring under external injuries was due to some cause different from over-indulgence in fermented fluids, although its symptoms were closely analogous to those of genuine delirium tremens, and although it often yielded to the exhibition of opium.

M. Velpeau opined that the symptoms observed in his patient must be ascribed to the form of *delirium traumaticum* alluded to by Dupuytren, and he accordingly resorted to the treatment recommended by that eminent surgeon; but opium was exhibited in vain, in enemas and in mixtures, and for three days the agitation and excitement continued unabated. M. Velpeau, however unwilling to refer the delirium to inflammation of the brain, persisted in viewing the symptoms in the light of mere functional derangement, and finding opium of no avail, had recourse to an empirical method of treatment which has of late been employed with much success.

Every two hours a table-spoonful of the following mixture was exhibited:—℞ Misturæ acaciæ, ℥vjss.; tinct. digitalis, ℥iv.

Two hours had scarcely elapsed after the first dose of the medicine when the delirium entirely vanished; sound sleep followed, and the pulse fell in a few hours from 120 to 60 pulsations. The appetite returned and a complete cure was rapidly effected.

This case is a further confirmation of the good effects recently reported to have been produced in functional derangements of the brain by large doses of digitalis. In September last, in the same ward, a patient, suffering from diffused phlegmon of the leg, suddenly presented the symptoms of traumatic delirium, and was immediately relieved by the exhibition of tincture of digitalis. Similar cases have been observed elsewhere, and this method of treatment may, therefore, be considered as fully deserving of confidence. It would, however, be desirable to ascertain with precision the forms of delirium to which the medication is more especially applicable; the doses must, of course, be proportionate to the intensity of the symptoms, and the physiological action of the drug requires attentive watching.

EXTRACTION OF A NEEDLE IMBEDDED FOR THREE YEARS IN THE FOOT.

A few days ago, a young woman reminded M. Velpeau that three years since she had applied to him for the extraction of a needle from the sole of her foot. The swelling occasioned by the wound was so considerable as to interfere with any local exploration, and the examination was therefore postponed to the following day; but the pain and tumefaction yielded to the application of poultices, and the patient did not think it worth her while to return. The foreign body occasioned no pain but in certain positions of the limb, which the young woman instinctively avoided. Of late, however, the foot had become the seat of pain, and she again sought M. Velpeau's advice. On examination of the parts, the needle was discovered at the posterior part of the small toe, its point was uncovered by a minute incision, and the extraction was readily performed. The length of the foreign body was about ten lines.

EPIDERMIC CONCRETIONS OF THE AUDITORY DUCT (PERFORATING ULCER OF THE EAR).

In certain cases of severe scrofulous otitis, the auditory duct is frequently found, on examination, obstructed by an accumulation of serous and fetid pus, and by a whitish, semi-membranous plug, more or less closely attached to the

parietes. M. Triquet having a short time since discovered a collection of this kind in the ear of a young gentleman who applied for advice at the Dispensary, succeeded in breaking up the plug with a narrow-bladed and flat forceps, and took advantage of this opportunity to describe this peculiar morbid product, which he calls an epidermic concretion, and conceives to be a very common complication of scrofulous otorrhœa, but in no instance the cause of the discharge.

When inspected with a magnifying-glass or with the naked eye, these epidermic concretions present a lamellar aspect and a series of imbricated scales, and when viewed with the microscope are found to consist of large epidermic cells, *without any admixture of cerumen.*

After the removal of the obstructing plug, no trace of the membrana tympani can be discovered, but the inner surface of the drum displays the presence of red granulations, which bleed on the slightest contact, and are not thrown out by the mucous surface of the middle ear, but by the cutaneous lining of the deep-seated parts of the auditory duct. This circumstance, distinctly observed in the case above alluded to and in many others, demonstrates the fallacy of the assertion of Mr. Toynbee, who contends that these morbid products are always enveloped in a cyst. M. Triquet denies the existence of any cyst, and conceives these growths to be generated by the skin of the deep-seated portion of the duct. This cuticular surface, irritated by the contact of an acid secretion, becomes hypertrophied, and throws out epithelial cells in excess, which become stratified and gradually obstruct the passage. The Professor is of opinion that considerable analogy exists between this affection and the perforating ulcer of the foot. In both the disease finally reaches the bones; the epithelial concretions of the ear are, however, observed in childhood and in youth, whereas the ulcer of the foot is peculiar to adults and to the aged.

The epidermic concretions of the external auditory passage are in general connected with a scrofulous disposition of the system, and the symptoms they give rise to are those we have described in our remarks on scrofulous otitis. We may, however, advert to the stagnation of the pus in the duct, and its tendency to work its way towards the brain, and also to the mamillary hypertrophy of the cutaneous lining of the passage. We must also notice, as a physiological symptom, the deafness consequent on the obstruction of the ear.

This morbid epithelial secretion is especially induced by scrofula; amongst the other causes, M. Triquet enumerates syphilis and, in children, eruptive fevers. In the case of the boy above alluded to, the concretions were the result of local inflammation consequent on measles.

The diagnosis can easily be established by appropriate illumination of the duct with reflectors and artificial light. The only point which presents any difficulty is the discrimination between sebaceous matter, which frequently accumulates in the ear in cases of chronic discharge, and genuine epidermic concretions. The problem can generally be solved by examination with a magnifying-glass, but inspection with a microscope of moderate power will remove all uncertainty on the subject.

The fact that these concretions are always secondary, and form only when more or less considerable mischief has already occurred, shows that their presence invariably implies a very serious prognosis. This assertion is, in most cases, confirmed by the fatal issue of the disease.

The practitioner should not, however, remain inactive, because the complication greatly increases the dangerous character of the affection. Appropriate treatment must, therefore, be prescribed to remedy the scrofulous or syphilitic diathesis, and local measures should be adopted calculated to modify or destroy the secreting surface and avert fatal contingencies.

We shall confine our remarks to a consideration of the general treatment which yields the most satisfactory results, and the local remedies most likely to prove beneficial.

The ear should be repeatedly and carefully cleansed with emollient and anodyne injections, and the concretions softened by steam-fumigations; they should then be slowly extracted with the curette, and the granulating surfaces modified so as to prevent the formation of fresh strata. For this purpose, M. Triquet uses the following injections:—℞ Aq. rosæ, ℥viij.; sodæ biboratis, ℥ijss. M. Three injections daily. ℞ Aquæ, ℥viij.; tinct. aloes, ℥ij. M. Two injections daily. ℞ Tinct. myrrhæ, ℥j.; tinct. aloes, ℥ss. M. To be applied once a-day with a camel-hair brush. ℞ Balsami canadensis, ℥jss.; spiriti juniperis, ℥j. M. To be applied twice a week with a brush.

The weaker solution should be used first, and injected, with the assistance of a speculum and reflector. If these mild remedies prove unavailing, more powerful agents, or, more correctly, caustics, must be resorted to for the destruction of the hypertrophied tissues. Anhydrous nitric acid, and especially chloride of zinc, are those to which M. Triquet gives the preference; the treatment must throughout be conducted with the greatest caution, perseverance, and watchfulness, in order successfully to contend with existing complications and obviate the return of the symptoms after a temporary improvement in the condition of the ear.—'Journal of Practical Medicine and Surgery.'

THE MEDICAL ACT—BRANCH COUNCIL FOR SCOTLAND.

The Scottish Branch of the General Council of Medical Education and Registration, at a meeting on the 13th inst., resolved that any act for amending the Medical Act should be restricted to carrying out the following objects:—1. "To confer on the Medical Council definite powers to issue to the various licensing bodies regulations on the subjects of preliminary and professional education and examination. 2. To amend Clause XL., so as to render it more efficient than it has hitherto been to distinguish between qualified and unqualified practitioners, and to prevent unqualified practitioners from assuming Medical titles to which they have no right." To carry out the first of these objects the Branch Council recommend—"That it shall be lawful for the General Medical Council to issue to licensing bodies such regulations respecting preliminary and professional education and examination as may appear to the Council fitted to secure requisite knowledge and skill. That all regulations passed by a majority of two-thirds of the General Council shall be obligatory on all universities, colleges, and other bodies enumerated in Schedule (A) to the Medical Act. That it shall be lawful for the General Council to intimate to any of the said bodies not conforming to such regulations; that, in the event of the said body not conforming within six months after such intimation the qualification granted by such body, after the lapse of the said period of six months, shall not be registered. That any body to which such direction shall have been given may appeal to the Privy Council, who shall have power to disallow the direction of the Medical Council. That it shall be lawful for the General Council to restore any right to registration which may have been suspended by them." In order to carry out the second of these objects, the Branch Council recommend a clause to the effect—"It shall not be lawful for any person, unless registered, to take or use the title of Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical Practitioner, or General Practitioner or Surgeon-Apothecary, or Licentiate or Practitioner in Midwifery, or Professor of Medicine, or Professor of Surgery, or any other Medical or surgical title; and every person so offending shall, upon conviction, pay a sum not exceeding twenty pounds. The Scottish Branch Council having considered Clause XXXI. of the Medical Act, are of opinion that what is objectionable in it would be obviated were the combination and co-operation of the licensing bodies, as provided for by Clause XIX., encouraged or even made obligatory, so that facilities may be given to Medical students for acquiring the complete or double qualification without having to pass repeated examinations on the same subjects; the Branch Council also considered that it is highly expedient that a Bill for amending the Medical

Acts should be submitted to the Home Secretary within two months from the present time, so that it may be introduced into Parliament, and passed into a law during the ensuing session." The Registrar laid on the table the registers of Medical students, and intimated that from the number of blanks, it was impossible to frame an accurate register of Medical students. The Branch Council resolve to report this to the General Medical Council, as an illustration of the necessity for enabling the Council to issue regulations of a compulsory character.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, DECEMBER 20.

MR. PRESCOTT HEWETT, PRESIDENT, IN THE CHAIR.

(Continued from page 29.)

Mr. FRANCIS MASON showed

A PHOTOGRAPH OF EXTENSIVE COLLOID DISEASE OF THE INTESTINES.

The photograph was brought forward chiefly to illustrate the value of photography in the record of pathological appearances. It showed very clearly the intestines here and there united together by masses of disease.

Dr. HARLEY then showed a specimen of

URINE FROM A CASE OF INTERMITTING HÆMATURIA.

The patient, sent by Dr. Wilson Fox, said that whenever he was cold he passed bloody urine. He brought with him two specimens, one clear and the other dark. Dr. Harley then gave details of the history of the case, and said that he should have regarded it with great doubt if he had not had under his care a Medical man who had had exactly the same symptoms. There was no blood corpuscles in the urine, but abundance of the colouring matter of the blood, and much albumen. The Medical man took mercurials and quinine, and got quite well.

Dr. MARTYN showed a specimen of

PLUGGING OF THE PULMONARY ARTERY.

The patient had had rheumatic fever, and was going on as well as usual for several days, and seemed to be recovering. One night she became restless; was said to have had a fit. She said she felt as if choking, and her breathing was laboured and she was pulseless. Her breath was cold, and her nose and cheeks were cold, and the nose and ears became white. She was quite sensible, and complained much of want of air. Auscultation showed, however, that there were loud respiratory murmurs audible throughout the lungs. Ammonia, brandy, and coffee was given, but with no avail. She at last insisted on being laid on her side, after which she gasped and died. Both pulmonary arteries were found to be occluded by a considerable coagulum, but the clot on the right side was more recent.

Dr. FREDERICK ROBINSON exhibited a specimen of

FATTY HEART, ASSOCIATED WITH GREAT DILATATION AND THINNESS OF RIGHT AURICLE AND VENTRICLE, TOGETHER WITH WARTY VEGETATIONS DEPOSITED AT THE BASE OF MITRAL VALVE.

The appearance of the diseased auricle was almost melanotic (externally) owing to weakened circulation. Both lungs were completely filled with miliary tubercles, not the smallest portion of the parenchyma being crepitant. The diseased organs were taken from a delicate young soldier in the Fusilier Guards, aged eighteen, who was admitted into Hospital on November 1. He complained only of slight sore throat; was free from pyrexia; and did not complain of cough, dyspnœa, or any chest symptom. He soon recovered from the throat affection, but remained in a cachectic state—well enough, however, to go out of doors for exercise. He was about to be sent to the country for change of air, when he was found in a state of collapse on the morning of his intended departure (December 6). The extreme lividity of the face resembled much the condition met with in cyanosis. The heart sounds were very feeble, and extended over the chest, which was abnormally resonant; a slight systolic murmur was audible below the nipple; and bronchial respiration everywhere, mixed with large crepitation. He survived the seizure but twenty-four hours. The points of interest in the case Dr. Robinson considered to be the faulty state of the pulmonary circulatory system, defective oxygenation of the blood arising from the abnormal condition of the right side of the heart, in connection with tuberculosis. He had never met with a case in which the lung tissue had been so completely displaced by tubercle. The patient might be considered as almost suddenly asphyxiated in consequence, a slight exposure (possibly) to cold in taking exercise sufficing to cause the sudden and fatal issue.

Dr. BARLOW brought forward a case of

DISEASE OF THE TRICUSPID VALVE, WITH CIRRHOSIS OF THE LUNG.

He remarked that Dr. Wilks had pointed out the distinction between this condition of the lung and chronic inflammation. In this case the pathological condition of the lung had been predicated during life. The patient was a navvy, aged thirty-eight, who had led a dissolute life, and had a few months before been in St Thomas's Hospital on account of hæmoptysis, after which he had never been restored to complete health. On his admission into Guy's he had cough and purulent expectoration, with systolic bruit not audible up the aorta. His face displayed much nervous congestion, with patches of skin exhibiting a sort of fibroid change. There was anasarca and slight albuminuria. The diagnosis was made from the long continuance of hæmoptysis in a man in tolerably good general health, with no symptoms of phthisis, and with probable disease of the right side of the heart, combined with the peculiar state of the skin of the face. On post-mortem examination the left side of the heart was found healthy. On the auricular surface of the tricuspid valve were some vegetations and thickening of the curtains of the valve. The state of the lung quite coincided with that usually described as cirrhosis. There was no cirrhosis of the liver.

Dr. WILKS raised the question as to the existence and as to the recognisability of bruit from disease of the tricuspid valve. Dr. Addison had taught that disease of this valve produced no bruit.

Dr. QUAIN stated that he entertained no doubt of the possibility of recognising disease of this valve. He referred to three cases in which this had been done in his experience.

Mr. J. HUTCHINSON exhibited a specimen of

DISEASE OF THE BRAIN, OF A TUBERCULAR NATURE, CONNECTED WITH LOSS OF SPEECH.

The patient, a male adult, had suffered amputation for caries of the tarsus, and was afterwards admitted for disease of the sacro-iliac symphisis. Suddenly one day he was observed to be unable or unwilling to speak, which was at first referred to deception. There was no loss of intellect or power; but soon after he lost control over the sphincters, and other brain symptoms came on. The power of speech was never recovered (except that he sometimes enunciated the single syllable "Can't") for the three weeks he lived. After death a small mass of crude tubercle was found near the end of the posterior horn of the *right* lateral ventricle, and some thickening of the arachnoid. There were evident symptoms of inflammation extending up the *left* fissure of Sylvius, with softening around it. Mr. Hutchinson observed that it is this part of the brain which has lately been asserted by M. Broca and Dr. Hughlings Jackson to be connected with the function of language.

Dr. J. POLLOCK showed a case of

HYDATID CAVITY OF THE LIVER OPENING INTO THE LUNG.

The interest of the case lay in the fact that the disease appeared to be in process of cure till this was interrupted by circumstances which might be called accidental. The patient, a lad aged nineteen, was admitted into King's College Hospital for cough and pain on the right side. He had had an attack of jaundice in St. Bartholomew's Hospital four months previously. On admission, the right side of the abdomen was found enlarged, and this enlargement was afterwards much increased. He frequently expectorated very large quantities of sputa, and these were often exa-

mined for the hooklets of echinococcus, but without success. After this copious expectoration, the bulging disappeared, and he was soon afterwards discharged convalescent, but was soon readmitted with shivering, severe pain in the abdomen, and collapse. He died soon afterwards. On post-mortem examination, recent peritonitis was found. The liver and right lung were intimately adherent. There was tubercle in the bronchial glands, but on no other part of the lung. There was a large cavity filled with hydatids of irregular shape communicating between the liver and lung; the cavity in the liver was very small compared to that in the lung. Between the liver and gall-bladder was an abscess about the size of an orange which had burst into the peritoneum, and this had been the proximate cause of death, and had interrupted what had apparently been the commencement of the spontaneous cure of the disease. The gall-bladder was very small, and closely contracted on several gall-stones. A small part of the liver was in a state of incipient suppuration. No claws of echinococci were found on any part.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 10.

Mr. PARTRIDGE, F.R.S., President, in the Chair.

A paper by Mr. FURNEAUX JORDAN was read

ON ECZEMA OF THE EYELIDS, CONJUNCTIVA, AND CORNEA.

Many observers, and especially writers on the diseases of the skin, have considered ophthalmia tarsi to be simply eczema of the lids. Dr. Mackenzie has pointed out that scrofulous, or, as he terms it, phlyctenular ophthalmia, is frequently associated with eruptions on the skin. It is the object of this paper to show that not only ophthalmia tarsi is eczema of the lids, but that granular lids, a peculiar swelling of the sub-integumental connective tissue of the lids, lippitudo, strumous ophthalmia, certain forms of simple or catarrhal ophthalmia, keratitis and strumous keratitis, and certain ulcers on the cornea, are merely varieties of eczematous disease. Cases of extreme, firm, indolent, pale or pinkish swelling of the lids occur occasionally, the only cause of which is eczema of the margins of the lids. The eczema may be very slight, or it may pass away quickly, and leave only the swelling behind. Unchecked eczema of the eyelids terminates in lippitudo, just as persistent and progressive eczema of the cornea produces pannus. Both these conditions are analogus to the eczematously red, swollen, and moist condition of the skin which may persist for an indefinite period. Eczema of the conjunctiva presents many important features. The so-called strumous ophthalmia may be regarded as chronic eczema. The several stages of pimple, vesicle, ulcer, or thickened patch, admit of indisputable demonstration. In acute eczema of the conjunctiva, there is for a few days a uniform scarlet colour; then a crowd of vesicles, which soon pass away, and leave an irregular or patchy redness—each patch, however ill-defined, having a redder, thicker, and possibly ulcerated centre. These cases have a slight muco-purulent discharge, and are always tedious. If treated as eczema, they speedily recover. The so-called keratitis, or strumous keratitis, is eczema of the cornea. When vesicles, white patches (necessarily white because of the anatomical structure of the cornea), or ulcers occur on the cornea in conjunction with vesicles on the conjunctiva, the term "scrofulous ophthalmia" is commonly used. If the same pimples (necessarily flat), vesicles, patches, or ulcers occur on the cornea alone, especially near its centre, the term keratitis is applied, notwithstanding the symptoms are similar, and notwithstanding that there is usually, if it be carefully sought for, evidence of eczema of the lids or face, or ears or scalp. The characters of eczema of the cornea are quite as typical as they are of eczema elsewhere. The several varieties of eczema of the cornea, conjunctiva, and lids are combined in a great variety of modes. They are much more frequently combined than not, and very frequently indeed associated with cutaneous eczema in its favourite localities. Eczema is often limited to sites as small as the cornea. The treatment should be directed to eczema. Its chief features are non-stimulating diet and alkaline medicines, with a little iron added in most cases, If the lids are affected, as also in pannus, lippitudo, and granular lids, a little of any of the "eczema ointments" may be used, with the customary attention to details; if much photophobia, a little morphia may be given in the morning.

The PRESIDENT said he supposed the author's communication was intended to show that many cases of strumous ophthalmia were really eczema, and that this was proved by the fact that there was in such cases eczema elsewhere.

The AUTHOR said the President had correctly apprehended the purport of his paper. It might seem strange to say that such diseases as pannus, keratitis, &c., were in reality eczema; but, from the arguments he had stated in the paper, he believed that conclusion was warranted.

Mr. BARWELL had no doubt but that any new view of so common a disease would be considered important; but he thought the author had taken too many cases into the grasp of one hand. He (Mr. Barwell) could not think that granular lids and strumous ophthalmia belonged to the same category. He thought the author had not sufficiently distinguished herpetic eruptions from eczema. He was surprised to find the author describing a long treatment by alkalies and iron for a disease like phlyctenular ophthalmia. He considered the disease to be herpetic, and that the photophobia attendant on it might be relieved by treatment in twelve hours. As for the connection of certain ocular affections with eczema, they might arise from similar general conditions of the system, and alkalies might be of use. Yet he should not be inclined to treat phlyctenular ophthalmia on the slow method recommended by the author.

The PRESIDENT hoped that before long the time would come when Ophthalmic Surgery would be free from the frightful nomenclature which did not afflict other branches of Surgery.

[We have received the following in reference to the discussion on this paper:—

"Birmingham, January 13.

"SIR,—Had time permitted, I intended to say in reply to Mr. Barwell that the tendency of the best authorities on skin diseases is to reduce their number, and that many skin diseases which formerly had separate and distinct names are now recognised as varieties merely of eczema. The eruptions on the cheek which accompany certain forms of ophthalmic disease are certainly eczematous, and frequently precede the ocular lesions. "I am, &c.,

"FURNEAUX JORDAN."]

A paper (communicated by Mr. John Birkett, Hon. Sec.), by M. P. H. DESVIGNES,

ON THE SUBCUTANEOUS INJECTION OF QUININE FOR THE CURE OF AGUE AND OTHER MARSH FEVERS,

was then read. The authors had had large opportunities of testing the value of this remedy in the intermittent fevers which were so common in the district of Tuscany called the "Maremma." The use of quinine and arsenic, in the usual manner, having repeatedly failed, he resolved to try the subcutaneous injection of solutions of quinine. The solution he employed was a grain and a half in fifteen drops of water, acidulated with a drop of dilute nitric acid. With this he successfully cured several hundred cases.

Dr. WEBSTER was glad to hear of a new method of giving quinine, but he doubted whether it would be so efficacious as giving it by the mouth. He was interested in observing that the author got his experience whilst a railway was making. Dr. Webster observed that at Birchweller, near Strasburg, while a railway was constructing in its vicinity, fever proved very frequent. In this commune, having about 1,500 inhabitants, two-thirds at least became attacked chiefly by intermittents, although such diseases had rarely occurred previously. Further, he would mention, that when the Southern Railway of Portugal, leading towards Spain, was being made, during the autumn of his visit to that country, an authority stated that among u

wards of 5,000 labourers there employed, nearly 1,500 were suffering from fever, and often of a severe type; the a ses were mostly agues, which malady, however, frequently prevailed in these districts during hot weather and in autumn. Analogous results are likewise apt to occur when digging canals, in conseqnence of the newly-turned up earth then exposed to atmospheric action. Hence the making of railways and canals, especially in countries where fevers otherwise prevail, are dangerous employments. He (Dr. Webster) would also allude to the Maremma, which extended along the coast from the south of Leghorn towards the Papal States. This was a most dangerous district, where the very worst forms of fevers often devastated its residents, and even more severely than in the Pontine marshes. Therefore, should the treatment mentioned by the author always prove so efficacious as had been stated, great indeed would be the boon thereby conferred on suffering humanity. Fevers from malaria, every person well knew, were very common throughout many parts of Italy, as he (Dr. Webster) could assert from personal experience, having been attacked after simply passing through an unhealthy district—namely, that adjoining the Lake of Bracciano, on the road from Rome to Florence. This was a most pestiferous place during hot summer and autumnal weather. Although travelling by the mail courier without stopping at any place, yet having unfortunately slept for some hours in the night-time, when malaria always acts more powerfully than if the person were awake, he (Dr. Webster) was attacked by fever. He, however, suffered less severely than another Medical gentleman, who, with his family, had left Rome the same day, and was also going towards Tuscany. Having much money in his carriage, and fearing attacks from robbers, who were then infesting that road, he would not risk travelling during a dark night, but preferred sleeping in some miserable Italian "Albergaccio," whereby he and several of his party took the fever, and died.

In reply to the PRESIDENT, Dr. WEBSTER said that cases of ague had occurred in making railways near London.

Mr. C. H. MOORE said that twelve years ago he had under his care a patient who had periodical attacks of inflammation of the knee-joint. The joint inflamed for two and a-half days, and then gradually subsided. Punctually on the ninth day it re-inflamed. It had begun eighteen years before he saw the patient, and eight years after an attack of ague. At first it occurred every thirty days. After a time she married, and then during pregnancy she had no attacks. Quinine did no good. The only case at all like this that he could find on record were three cases of periodical sickness, published in the 'Transactions' of the old Medical Society of London. In two of these there was a connection with ague, and two were cured by arsenic. On Tuesday last Mr. Moore said he admitted into the Middlesex Hospital a girl, aged twenty-one, who told him that she had attacks of inflammation of the right knee every twelve days, and that she had thus suffered three months. He was now waiting to see if an attack would come on at the time mentioned by the patient. In a case like this he should feel inclined to adopt the injection plan, and to inject the solution near the joint at the time of the attack. He inclined to think that this would be better than giving remedies internally in the interval.

Mr. CHARLES HUNTER said that he had no doubt the subcutaneous injection of quinine would answer the expectations of the last speaker, if properly and carefully tried. In an economical point of view, he considered this mode of administration highly valuable, and alluded to the experience of Dr. Moore, of Bombay, who had found four or five grains by injection equal to five or six times that quantity by the mouth. Mr. Hunter could fully corroborate this advantage of the cellular administration, from a large experience with other alkaloids, especially atrogeni and morphia. Another advantage was, the quicker effect than by stomachic administration, the symptoms being often manifested in five minutes. A third advantage was, that quinine could be given this way for a certainty; whereas frequently the stomach is not in a state to absorb the medicine. Mr. Hunter protested against the way in which M. Desvignes injected the fluid. He considered a lancet quite unnecessary, and stated that if the perforated needle were used, and the fluid more concentrated, none of the local evils mentioned in M. Desvignes' paper need or ought to result.

Dr. SANDERSON said the practical importance of the subject of the paper was undoubted, especially at a time when the country poor were suffering from the dearness of quinine. From the parsimony of the Poor-law authorities, Medical men were obliged to provide expensive medicines, so that although most could agree that quinine was the better remedy for ague, arsenic was often used instead. Again, if smaller quantities were required when injected, the plan would be a great boon. It seemed clear that if it cured the "pernicious" agues of Italy it would be of at least equal value in the milder cases in this country. He imagined that the cheapness of this plan was its great advantage, as he supposed the author did not conceive it to be of greater therapeutical value than the giving of larger doses by the mouth.

Dr. A. P. STEWART said that in the wards of M. Chomel he saw quinine used endermically in cases in which it was rejected by the stomach. The great objection to it was the great pain it caused. He (Dr. Stewart) asked if there was no pain after the injection of concentrated solution—no accidents? He had seen considerable depression of the system in nervous patients after the injection of morphia. He wished to know the truth on both sides. In regard to the general subject of the cheapness of these alkalies, people seemed to forget (Dr. Stewart said) that there was a cheap drug, which was quite as effectual as quinine, viz., cinchonine. It was slightly weaker—four grains of quinine being equal to five of cinchonine. In 1850 he had under his care at the Middlesex Hospital many cases of periodical affections. He therefore prescribed so much quinine that he was asked by the hospital authorities to give it up, on account of the great expense. At this time he began to use the liquid extract of bark prepared by Mr. Bullock. Although this preparation was made from the liquor remaining after the extraction of all the usual alkaloids, it was very efficacious. Ten minims was a sufficient dose in ague. It was then generally used in the hospital, and is still used. It was (Dr. Stewart said) an exceedingly cheap preparation.

Dr. ALTHAUS had listened with pleasure to M. Desvignes' paper as it well illustrated the value of a mode of treating disease which was in many instances far superior to the ordinary administration of remedies. He was quite disposed to believe in the great success which had attended the author's operations, as he had himself successfully treated by the same means a very obstinate case of intermittent fever, which had resisted the internal use of quinine and arsenic. He had altogether much faith in hypodermic injections, and had found that, amongst others, the effects of strychnia thus used were far greater and more rapidly brought about than if given in the ordinary way. He had injected the nitrate of strychnia in a variety of paralytic affections, and had never seen any unpleasant effects follow its use. Morphia was very beneficial, especially in certain forms of neuralgia, but was liable to produce general symptoms of narcotism, which might appear alarming, although no real harm was done. This was even more the case with atropine. He had never seen inflammatory action or sloughing following the injections, and believed the use of lint and other applications to the place where the puncture was made to be unnecessary.

Mr. BIRKETT (Hon. Sec.) said that the author (who was not present) had great difficulty in getting a proper instrument for injecting. It was very likely, then, he (Mr. Birkett) would suggest that the lancet was necessary from the clumsiness of the syringe. As to the cheapness of quinine in practice amongst the poor, Mr. Birkett said that he had noticed in one of the Poor-law books at the investigation of the case of Timothy Daley an order to the effect that expensive medicines, such as quinine, must be supplied by the guardians.

A FELLOW said that this order had not been confirmed by the Poor-law Board.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen have recently passed the preliminary examination in Arts for the diploma of Membership :—T. B. Archer, A. J. Bell, C. H. Bird, S. B. Brooks, F. W. R. Burgess, G. E. E. Burroughs, C. A. Carter, J. J. Conybeare, B. Dayman, H. P. Deacon, H. E. Dixon, G. A. Eldred, R. Favell, A. A. Gillithie, A. S. Groves, T. Gurney, F. W. Hamlin, W. Hardman, E. J. Hart, T. W. Hubbard, R. Humphreys, H. H. Jeffreys, A. Jukes, T. L. Lack, F. H. Laking, F. W. Laslett, J. W. Ley, G. J. Llewellin, T. H. Lovegrove, F. O. Lovell, W. H. Mann, C. Mead, J. H. More, A. C. Newman, T. W. Norbury, S. E. Owen, C. H. W. Parkinson, E. Perkins, F. Pertwee, R. F. Phibbs, C. W. Pratt, R. H. Pritchard, W. J. Rae, R. Riches, A. Risden, H. J. Rope, W. Rosser, S. J. Rowlands, F. A. A. Smith, E. Snell, W. H. Staveley, R. Steele, C. H. S. Stevens, T. Strafford, B. Thorp, A. R. Ticehurst, H. C. Turner, E. Walford, F. White, W. B. Wood.

The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 17th and 18th inst., and when eligible will be admitted to the pass examination :—E. W. Adrien, William Anderson, John Arnold, F. M. C. Beechey, F. W. Binns, C. A. Bush, R. W. Ceely, A. H. Cotter, C. G. Edmonds, C. T. Ennals, E. T. R. Evans, E. J. Fairland, F. R. Fisher, E. C. Garnsey, W. Gosselin, W. E. Green, R. S. Hall, W. C. Hewley, N. A. Hilder, C. H. Hines, C. H. J. Hogg, F. E. Hunt, Charles Iliffe, John Jefferson, T. S. Johnson, E. S. Jones, W. P. Keall, M. A. Kilroy, John Lawrence, W. J. Leckie, H. B. Lyle, J. T. Morgan, G. W. Mousley, John Parks, Josiah Paull, J. C. Pearce, E. E. Phillips, D. R. Pughe, F. A. Purcell, Herbert Ridley, E. B. Ruttledge, H. S. Shaw, H. G. Shorter, T. E. Stafford, H. T. Staples, J. A. Temple, James Thorne, T. N. Twigge, William Wiles, E. E. Williams, Alfred Wilson, W. E. Wright, John Yeomanson.

At this examination it is stated that no less than seventeen candidates were sent back to their studies, out of the seventy who presented themselves.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 12th inst. :—George Clements, Middlesex Hospital ; George Henry Eccles, Felix terrace, Islington ; Reuben Zacchæus Miller, Louth Lodge, Richmond ; John Hughes Williams, Holyhead.

As an Assistant :—Job Haddock, Bridge street, Runcorn.

THE HUNTERIAN ORATION for the year at the College of Surgeons will be delivered by Mr. Partridge.

UNIVERSITY OF LONDON.—The examination of candidates for the degree of Master in Surgery in connection with the University of London is fixed for Monday, the 6th of March.

THE REGISTRAR-GENERAL'S WEEKLY REPORTS, which have hitherto had reference to the births, deaths, and diseases of the metropolis only, will in future embrace returns from the principal cities and towns of the kingdom.

THE ELECTION OF CORONER FOR LEOMINSTER.—Dr. Kemp has addressed the following letter to the electors of Leominster district :—"Gentlemen,—In the local Journals of the last fortnight I have submitted to your notice a few lines, preparatory to a further explanation of the reason why a comparative stranger should venture to address you on the subject of the vacant coronership. I was, during that time, unprepared to enter more specifically into the essential points of the case, the details of which had yet to be sought for. Still, the principle on which I proceeded was sufficiently clear :—That, *cæteris paribus*, a person who had been engaged for years in the higher departments of organic chemistry, whose researches are as well known in Germany and France as in his own country ; those researches, at the same time, involving the application of the laws of Medical jurisprudence, had fully as high a claim to your support as a candidate who takes his stand upon mere local circumstances ; and you will immediately see that, allowing this latter claim, the parish beadle of Leominster would be as fitting a candidate as any other, and probably cost the county a much smaller sum than that which you now offer. The tribunal to which the final appeal in this case must, constitutionally, be made is peculiar in many respects : it is a fixed one, has no elasticity, and is utterly unsuited to a progressive state of society. Time was, when poisons of the subtlest nature were passed about to *savans* in morsels, as cabinet specimens ; these are now manufactured by the ton, handled in the daily occupation of thousands, and toyed with by children. Time was, when dangerous gases, which are now employed in nightly exhibitions, were produced in test tubes, and, even thus, astonished large audiences. Time was, when explosive compounds were treated with respectful caution ; whilst now the momentary loss of a batch of lives through careless handling may, perhaps, elicit a sigh, but excites no extraordinary emotion. What is our deduction from these facts ? Wherever vast progress is made in scientific discovery, and profitably employed for the public good, evil is also at work, and human life becomes endangered proportionately ; for its protection, therefore, a higher order of intelligence, education, and practical science is demanded to meet the exigencies of the case. The Prussian and French codes provide for this altered state of things to a great extent ; and a time must come when the Legislature will see the necessity of requiring specific and practical knowledge of Medical jurisprudence, with its cognate sciences, in those to whom fortune, life, and fame are in a great measure confided, as coroners of our country. I have offered you acknowledged qualifications without the smallest amount of local interest ; but here, local interests must necessarily override the merits of the case. To follow up the matter, then, under such circumstances, would involve the employment of a complicated and costly machinery, generally reserved for elections of another kind ; indeed, I could not undertake a personal canvass of a numerous and scattered constituency without other objects in view than the occupancy of the office in question. Trusting that your future coroner may be gifted with all those qualifications, and supported by all that influence necessary for the conscientious performance of his responsible duties, I am, Gentlemen, your obedient servant, GEORGE KEMP, M.D. Cantab., Fellow of the Cambridge Philosophical Society, Hereford, December 27, 1864."

SIR DAVID BREWSTER ON THE CAUSES AND CURE OF CATARACT.—This veteran philosopher, so highly distinguished for his optical discoveries, read a paper before the Royal Society of Edinburgh on Monday, 16th inst., "On the Causes and Cure of Cataract." He showed the differences between the various forms of cataract, as determined by the composition and structure of the crystalline lens, and suggested that in cases of soft cataract a cure might be effected by injections of albumen into the lens.

THE EPIDEMIC OF TYPHOID FEVER AT WOOLWICH.—A serious epidemic having existed in Woolwich, stated to have been occasioned through the main outfall sewer of the Metropolitan Board of Works, at Crossness Point, Erith, Dr. Bristowe was requested to make a report on it by the local authorities, and this report has just been presented. Dr. Bristowe says :—"Admitting the fever to have been essentially typhoid or enteric fever, the important question arises, What has been the cause of the fever ? The drainage has been accused. It would seem that about ten years ago the whole town of Woolwich was drained (under the present surveyor) chiefly by pipe drains of sufficient diameter and with sufficient fall. The total length of the main drains constructed was over fifteen miles. The outfalls of these drains are four in number, and are below low-water mark, so that they are rarely, if ever, exposed. Each of the principal drains is provided (according to its length) with one or two ventilating shafts, which consist of pipes carried up along the sides of houses, and above any openings in the houses. The majority of the houses in Woolwich are connected with the drains, and all can be connected with them, but out of about 5,000 houses 800 are as yet undrained. These are not aggregated in any particular spot, but are scattered irregularly throughout the town. Early in the year the southern outfall sewer came into use. This sewer

passes through Woolwich parallel to the course of the river, presents in its passage through the town four or five ventilating holes, and receives the drainage of the valley between Woolwich and Charlton, the original drains of this valley having been connected with it. There is no doubt that great complaints are made with respect to the smells which escape from the ventilating holes of the outfall sewer, and that there is an impression that the fever has prevailed in its course, and especially in the valley, which would suffer, if it suffered at all, from the effluvia arising from this particular sewer. It certainly is an odd circumstance that diarrhœa should have commenced in April, somewhere about the time, as I am informed, at which the outfall sewer came into operation; and it cannot be overlooked that the sewage is discharged at the pumping-station during a very limited period of the day only, and that during the greater part of the day the sewage is allowed to collect in it, and to become stagnant, and, therefore, to generate gases. There is no reason to suppose that any smell direct from the pumping-station can affect Woolwich, and as regards the river it is generally admitted that this has been less offensive of late than it was in former years; besides which, the absence of undue prevalence of fever on the river bank demonstrates that the river is not the cause of the fever. Before, however, expressing any opinion of my own in reference to the causation of the fever, it is important to consider the sanitary circumstances of Woolwich. That the drainage on the whole is good seems pretty certain; but it is equally certain that a good many houses are still unconnected with the sewers, and that (at least in the lower localities) there is a great deficiency of water for flushing of drains and closets. It is certain, too, as I ascertained by personal visitation of many localities, that excessive overcrowding, filth, and dilapidation of premises, accumulation of offensive refuse, and neglect of privies and private drains, prevail to a large extent. The board, though evidently anxious to do their duty to the inhabitants of the town, have evidently not considered it their duty to institute habitual house-to-house inspection and hunting up of nuisances, measures which have had such beneficial effects in the metropolis generally. Taking all the above circumstances into consideration, I think it can scarcely be assumed that any one of them is of itself the cause of the typhoid epidemic. Certainly there is not sufficient reason to attribute it to the main outfall sewer, although there is sufficient ground to suspect that that may have concurred with other causes in producing it. At all events, the main drainage cannot reasonably be condemned until other matters liable to produce fever which prevail in Woolwich have been remedied."

THE HARTLEPOOL HOSPITAL has been opened for the reception of patients by the mayor of the town in place of Mr. R. Burden, of Castle Eden, by whose liberality the building has been converted into an hospital. The alterations have cost Mr. Burden 1,000*l.* He has also contributed 250*l.* towards an endowment fund.

PURIFICATION OF THE PUBLIC PRESS.—To the list of newspapers which exclude quack advertisements from their columns are now to be added the 'Morning Herald' and the 'Standard.' The proprietors of these Journals sustain, we understand, a heavy present loss; but the step so honourably taken by them will meet with such support from the public, and the Medical Profession in particular, that they will not eventually be losers.—'Lancet.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JAN. 25.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, JAN. 26.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Tyndall, F.R.S., "On Electricity."

FRIDAY, JAN. 27.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—His Eminence Cardinal Wiseman, "On Shakespeare."

SATURDAY, JAN. 28.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Marshall, F.R.S., "On the Nervous System in Man and Animals."

MONDAY, JAN. 30.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JAN. 31.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Anthropological Society of London, 8 p.m.—G. D. Gibb, Esq., M.D., LL.D., F.G.S., "On the Larynx of the Negro."—T. B. Peacock, Esq., M.D., F.R.C.P., "On the Weight of the Brain and Capacity of the Cranial Cavity of a Negro."—T. B. Peacock, Esq., M.D., F.R.C.P., "On a Skull exhumed in Bedfordshire."—T. Bendyshe, Esq., M.A., F.A.S.L., "On the History of Anthropology."

BOOKS RECEIVED FOR REVIEW.

Clinical Surgery: On Tumours, and Tumours of the Breast, more particularly in reference to their Diagnosis. By Thomas Bryant, F.R.C.S. London: John Churchill and Sons, New Burlington street.

Diseases of the Ovaries: their Diagnosis and Treatment. By T. Spencer Wells, F.R.C.S. Vol. I. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE ANTHROPOLOGICAL SOCIETY.—The notice has been received.

MR. L.'s note arrived after our Journal had gone to press.

A. B.—The permanganate of potash owes its deodorising and disinfectant properties to the large quantity of oxygen it contains (permanganic acid consisting of one part of manganese and seven of oxygen), the oxygen being supposed to combine with and neutralise the source of smell or infection.

INQUIRER.—A notice of the paper will be found in our usual Review of the Periodicals, which omits nothing worthy of comment. The amount of space at our disposal prevents us from adopting the suggestion offered.

THE ROYAL INSTITUTION.—The notice has been received.

A LADY.—The supposed efficacy of the *Sanguinaria canadensis* as a remedy in cancer is only an exploded fallacy. The real agent employed was the chloride of zinc, a powerful caustic.

EXPECTANS.—If you are not pressed for time, it will be of great service to you to study for a year at a provincial hospital before beginning your course in London.

M.D.—The handbill in question is very discreditable to the person concerned.

OBSTETRICIAN.—The *potassa cum calce*, although once very strongly recommended by a London physician, is not much used in the affections referred to.

B. A. S., *Temple.*—Your note addressed to "Detector" has been received. The enclosure is a very humble specimen of quackery, and not an uncommon form of quack address in country districts.

MR. H. S. PURDON'S paper shall appear next week.

A POOR-LAW SURGEON.—We are unacquainted with the qualifications or professional status of Dr. Carr, who acted as Medical assessor to Mr. Farnall in the late Poor-law inquiry.

DR. CORFE'S paper is unavoidably deferred until next week.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

REMARKS ON TEA, AS REGARDS AFFECTIONS OF THE HEART.

BY HENRY S. PURDON, L.R.C.S.I.

The tea plant belongs to the natural order of *Ternstræmiaceæ*, and is a small shrub with coriaceous leaves. Some authors assert that there are two species of the tea plant. Mr. Fortune visited the black and green tea districts of Canton, Fokien, and Chekiang, and he informs us that the black and green teas of Northern China are obtained from the same species; green tea contains more essential oil and tannin than black tea. There is a peculiar bitter principle in tea called theine, which may be procured by adding a slight excess of a solution of acetate of lead to a decoction of tea, and then evaporating. This principle is poisonous.

Tea, then, contains theine, tannin, essential oil, colouring matter, woody fibre, &c., and is a stimulant to the nervous system, the circulation being secondarily affected; thus, after being taken, a feeling of increased vigour and freshness is produced, but followed after a little time by slight depression, the pulse being increased in quickness, and loss of sleep occasioned by its use at night.

The tannin contained in tea is a powerful astringent towards the secretions, and forms insoluble compounds in the stomach; this substance is contained in tea to the extent of about 20 per cent., and coagulates any albuminous principles that may be contained in the food. It also acts on the mucous membrane of the stomach, coagulating the gelatine contained in that membrane; and in old, inveterate tea-drinkers a coating of the consistence of leather covers the internal surface of the stomach. The pepsine contained in the gastric juice is likewise precipitated by tannin, thus occasioning dyspepsia and pyrosis.

The heart becomes symptomatically affected through the means of the semilunar ganglia of the sympathetic, the splanchnic nerves which form these ganglia communicating in the thorax with the cardiac nerves; the greater splanchnic nerves also receive a small branch from the pneumogastric and phrenic. The communication existing between the phrenic and splanchnic nerves accounts for the pain which patients have sometimes described to me as passing from the xiphoid cartilage towards the spine. The heart then communicates with the stomach by means of the pneumogastric and cardiac nerves, these nerves sending branches to the greater splanchnic nerves, which eventually form the solar plexus that supplies the stomach and other abdominal viscera. The digestive functions of the stomach being impaired, the heart sympathises with it, through its nervous connections, and becomes also diseased.

In the Belfast Charitable Institution, amongst the female inmates (say) from the ages of forty to seventy years, who, besides their usual weekly allowance of tea, buy this article with any money that they may receive, and are all inveterate tea-drinkers, affections of the heart are very frequent, nearly one in four having some affection of this organ. These people are not of the class that inhabit workhouses, some of them being very respectable, and who never have been much exposed to the weather; only in a few cases can anything like rheumatism be arrived at.

The first symptoms that they usually complain of are—pyrosis, bad appetite, costiveness, and palpitations of the heart. On examining these patients I generally find dilatation, with thinning of the heart; and these patients have been in the habit of taking the strongest infusion of tea five or six times in the day. The teeth also are frequently diseased, probably from a soluble tannate of lime being formed. The average number of deaths in the year from heart affections is about ten, the number of female inmates being about eighty.

In bringing the above observations under the notice of the Profession, I am well aware that some of the caess might be traced to other causes besides the use of tea; but as almost insurmountable obstacles have been in my way, at present I only restrict myself to the above remarks. This subject I intend to investigate more fully, when I hope to be able to prove that

"The drink which invigorates, but not inebriates,"

is a greater source of heart disease than is at present supposed.

HOSPITAL REPORTS.

(By DR. G. DE GORREQUER GRIFFITH.)

KING'S COLLEGE.

Under the care of Mr. WOOD.

CASE I.—*Exostosis of the Jaw.*—Martha O., æt. twenty-three, single. She is pale; has had bad health, often suffering from fainting fits. Admitted for exostosis of the lower jaw on the left side. The tumour has been gradually growing during the last five years or more, and has given her some pain, particularly at times. On her admission, it was about the size of an egg.

July 18*th*, 1863.—*Operation.*—Patient under influence of chloroform; Mr. Wood proceeded to remove the tumour and that portion of the jaw from which the tumour was growing. An incision was made beneath the ramus of the jaw, extending backwards to the angle and forward to the symphysis of the chin. The two extremities of the facial artery were ligatured. Mr. Wood then attempted to remove the tumour with the gouge, but it was so hard that it resisted the steel; he next extracted the second incisor and the second molar teeth, part of their fangs, however, remaining in their sockets, being clasped too firmly by the compact structure of the tumour, which closely surrounded them. The portion of the jaw from which the exostosis was growing was then removed by being partly sawn through at the places where the teeth were extracted, and was then completely separated with the bone forceps. The bleeding from the inferior dental artery was stopped by breaking down, with a blunt hook, the cancellated tissue surrounding it.

August 8*th*.—Discharged, convalescent.

CASE II.—*Traumatic Aneurism, with Fracture of the Skull.*—William S., æt. sixty-four, by trade a carpenter; married. Has enjoyed good health and lived very temperately. States that seven weeks ago a piece of timber fell on his left temple, which caused him to be slightly stunned, but able to continue his work. The part struck did not swell or give him much pain, nor was he ever laid up from the accident, nor had he ever any cerebral symptoms.

Three weeks after the accident a tumour began to form over the left eye, and gradually increased; a week ago, that is, six weeks from the date of the injury, he applied to Mr. Wood. The tumour was then red and tense; a grooved needle was inserted into it, and upon some blood being let out, the tumour could be distinctly felt to pulsate. It was then about the size of a small orange.

July 22*nd*.—The man presented himself for the purpose of having the operation performed. No chloroform was used; the aneurism was laid open by a transverse incision, and the clots turned out with which it was stuffed. Contrary to expectation, the skull was found to be fractured; a sharp splinter could be felt, which appeared to be part of the external angular process of the frontal bone. There was scarcely any bleeding, the temporal artery being plugged.

28*th*.—The wound discharges and looks healthy. The pulse is slow and weak; the bowels have been constipated for several days. He has suffered from headache for the

last two or three days ; tongue is dry, brown, and fissured. Ordered

℞ Calomel, gr. v. ;
Pil. coloc. co., iv. ;
Extracti hyoscyami, gr. ij.—ft. pil. statim.

29*th*.—Rep. pil.

30*th*.—Is very low ; wanders at times ; complains of getting no rest. The bowels have been opened by the pills. This afternoon he is scarcely sensible ; there is a great deal of subsultus ; his arms twitch very strongly.

31*st*.—Died at one a.m.

On the evening of the 30th, Mr. Mason made an examination, and found that he could put his finger through the hole in the skull, and expecting there might be pus he made an incision into the dura mater at the seat of fracture, but no pus came out. Twitching of the right side was especially well marked.

Post-mortem appearances.—Under the incision made at the time of operation, there was an opening about the size of a crown-piece,; this opening was in the squamous portion of the temporal bone and the external edge of the parietal bone. Near the external angular process the bone was rough, as if eaten away ; the dura mater at that point thickened. A piece of the skull showing the fracture was removed. Some pus was found between the brain and the surface of the base of the skull, seemingly about the posterior part of the central fissure of the skull ; the brain seemed healthy ; the periosteum was separated around the margin of the fracture, and a piece of bone was found driven into the brain.

Under the care of Mr. HENRY SMITH.

CASE III.—*Prolapsus Ani or Recti*.—T. R., æt. fifty-three, a widower, by trade a whitesmith, was admitted on Dec. 30.

History.—Eighteen months ago, he had a discharge from the anus, and six months after that he noticed a protrusion from the anus, which came down when he was standing, but returned when he was lying down ; the discharge continued and was sometimes of a puriform character, and at others it was composed of pus and blood mixed ; then, again, it would assume a purely bloody character. The protrusion continued steadily to increase, till it became as large as the palm of the hand and non-returnable. For the last two or three months he has felt great straining, as though the bowels were constantly about to empty themselves. The bowels have been accustomed to be open once each day or every other day.

On Dec. 22nd he came to Mr. Henry Smith, who applied the nitric acid to the prolapsed part, and with great relief to the patient; he was then advised to come into hospital, which he did on December 30th.

On admission, the bowel was slightly down, but after the patient had been in bed a day or two it only came down on violent straining efforts being made.

Dec. 31*st*.—When in the operating-theatre the patient was made to strain, and a tumour composed of relaxed mucous membrane came down through the anus ; this tumour was seized by a hooked forceps, which was then given to an assistant to hold. Three tumours were in this manner seized ; clamps were applied to the bases of the tumours, and these latter were then cut off. The raw surface was touched with the actual cautery. No blood was lost after the operation, and the man seemed to suffer very little pain. After the procedure was finished, the patient walked to his ward.

Jan. 3*rd*.—Has a little pain across the bowels, and passes a little blood with his motions.

7*th*.—Has no pain and there is very little blood with his motions, so he is discharged as cured.

CASE IV.—*Orchitis*.—A. W., æt. twenty-two, single, by occupation a transcriber, was admitted on the 5th of January into No. 2 Ward.

History.—Ten years ago he had the scrotum cut on the left side, but the wound soon healed ; during last August he had gonorrhœa, but the discharge ceased in about the beginning of November, and he felt nothing more till about a month since, when the testicle began to swell after a very slight knock. Leeches were applied a week since, and the symptoms were made to abate a little. The testicle is now, however, again very much swollen, red, and inflamed, but otherwise the patient is very well.

10*th*.—Under the simple treatment of fomentations and rest, a cure was effected, and so the man was discharged.

CASE V.—*Varicose Veins*.—J. J., æt. forty-nine ; by calling, a porter. Was admitted under the care of Mr. Smith.

History.—Has had varicose veins for fifteen years. In 1851 he met with an accident, by which he broke his leg, and ever since that time he has had ulcers upon it. He has been an out-patient under the care of Mr. Smith for the last three or four months. He was in the habit of wearing garters, and from the nature of his employment he has a good deal of walking and standing.

Present state.—There is now a large old ulcer situated on about the middle of his leg, and on its outer aspect ; one also over the external malleolus ; and another, only lately come, on the posterior surface of the leg.

Ordered to have a poultice applied.

Jan. 9*th*.—Mr. Smith put in five needles below the knee ; two on the inside, two on the outside, and one in front.

12*th*. — Discontinue poultice ; apply a bandage and simple water dressing.

19*th*. — Needles removed and simple dressing applied where they had been.

21*st*.—The leg was strapped up to the knee, a bandage applied from the foot to the middle of the thigh, and the patient discharged from the hospital, but to attend as an out-patient.

Under the care of Mr. WOOD.

(We were kindly favoured with these notes by Mr. BELL.)

CASE VI. — *Prolapsus Ani*. — J. B., æt. forty-two, admitted June 24th into Victoria Ward, under Mr. Wood.

History.—Is a labourer ; single. Has always enjoyed very good health. Twelve years ago he fell on his back from a scaffold twenty-five feet high, and was carried to Middlesex Hospital, where he was laid up for three months. During his stay in the hospital he was cupped.

Ever since the accident he has felt weak across the loins. Four or five years since he began to suffer from the disease under which he now labours, and which has been gradually getting worse. Whenever he lifts a weight the bowel protrudes, and when walking to his work he has been often obliged to come to the hospital to have it returned : it has been in this condition for some months. He first attended as an out-patient eighteen months since. When he strains, the whole circumference of the bowel comes down, and for the last week he has been losing blood ; he has not, however, lost much during his entire illness. When he is at stool the bowel comes down about three inches. The bowels are very much relaxed ; on the 25th of the month he had occasion to go to the closet seven times. Ordered

℞ Tinct. krameriæ, ℥xx. ;
Decocti hematox., ℥i. ;
M. ft. haustus, ter in die sumend.
Lotio aluminis.

June 30*th*.—He has been purged since his admission into the house, on an average, six times in the twenty-four hours and still passes blood ; in the last twenty-four hours he has been purged only four times. He says that there is less protrusion than there was. The motions consist mostly of mucus from the bowel. The protrusion is as large as a big orange.

July 1*st*.—Mr. Wood had the man brought into the operating theatre, and with a pair of blunt scissors pinched up a portion of the prolapsed mucous membrane, passing several threads through the mucous membrane,so pinched up,behind the scissors ; then with a sharp pair of scissors, the portion of mucous membrane in front of the blunt scissors was removed. Perchloride of iron was applied to the cut surface, the threads, through the base of the part removed, drawn together, the clamp removed, and the part returned within the sphincter, which was ascertained to be in a relaxed condition. The prolapsed membrane was treated in this manner in two places.

3*rd*. — Is doing very well ; the frequent calls to empty the bowel has passed off; there is no protrusion when he is at stool ; he says he passes a little blood and that the part feels somewhat sore.

15th.—He now has no prolapse or bleeding.
Discharged, cured.

CASE VII.—*Disease of the Wrist.*—H. B., æt. forty-five, admitted May 22, 1863, into the Victoria Ward; is married, but has no family. Has been in the habit of drinking to excess. He was formerly a baker, but latterly has followed no trade. Has generally enjoyed excellent health till two or three months ago, when he suffered from rheumatism, which affected his whole body more or less; the joints swelled and became rather painful, the left wrist being especially affected; he was, however, never laid up with it any longer than two or three days. Eight or nine years ago he was thrown from a cart, and in the fall broke the bones of the right arm just above the wrist, and shattered the bones of the other, but got back again to his work and has worked for some years with his hands. Iodine paint was used to the wrist at the time of the accident.

Four or five weeks ago the left wrist began to swell and became painful, and he placed himself under the care of Mr. Wood, whom, as an out-patient, he attended. The swelling was opened, and exit given to a large quantity of purulent matter; this gave him great relief, and he continued his attendance as an out-patient till May 22, when he was admitted into the hospital.

Under the care of Mr. HENRY SMITH.

CASE VIII.—*Condylomata.*—H. D., æt. forty-two, a cabman, and is married, was admitted on the 11th of February, suffering from perinæal condylomata.

Present condition.—There is a large warty mass, of about the size of the fist, situated in the perinæal region, and extending quite to the base of the scrotum, and back beyond the anus, where it is narrower and fissured. There are two similar growths of the size of a filbert at the upper and inner part of the left thigh; also three others, one over the centre of the left groin, over the pubes, and over the upper and front part of the right thigh. There is a considerable discharge from the surface of the largest mass. These masses have been gradually growing for the last ten years; but with the past three months the growth on the perinæum has doubled its former size.

A fortnight since, while he was assisting a drunken man into his cab, bleeding suddenly came on from the surface of the largest condylomata, and great quantities of blood were lost, on account of the weakness induced, by which he has been compelled to lie up.

In 1841 he had a very bad gonorrhœa, which lasted three weeks; but he has had nothing of the kind ever since, nor has he ever had any chancres. He has been a hard drinker but latterly has been more moderate.

Lead lotion has been applied since his admission, but failing to do good, Mr. Smith, on the 16th of February, removed the masses by operation, the largest growth being very carefully dissected off. Hæmorrhage was rather considerable.

Feb. 18th.—Slight bleeding occurred to-day after a fit of coughing, and again in the evening, but very much more copiously; it was, however, arrested by torsion of the bleeding points.

25th.—The wound is going on well, and is rapidly healing; water dressing has been substituted for the poultice, which had at first been applied.

March 9th.—Leaves to-day. Wound healthy and rapidly cicatrising.

CLAYTON HOSPITAL, WAKEFIELD.—Mr. Thomas Clayton, the founder of the Clayton Hospital and Wakefield Dispensary, has again munificently proposed to enrich the funds of the institution. The erection of an additional ward, called the Albert Ward, to which Mr. Clayton largely contributed, has greatly increased the expenses of the institution. To meet this demand Mr. Clayton has offered 1,000*l.*, on condition of 3,000*l.* being raised by subscription. Steps have been at once taken to raise this sum, and the governors are sanguine of success.

GENERAL CORRESPONDENCE.

REVELATIONS OF QUACKERY.

LETTER V.

To the Editor of the Medical Circular.

SIR,—For the better understanding of the following remarks, I would observe that the unhappy persons who for the most part apply to the kind of practitioners I am dissecting may be conveniently divided into three distinct classes:—

First, those who are suffering under some form of *venereal disorders*, or, in quack phraseology, "*secret diseases.*"

Secondly, those labouring under some malady or derangement of the generative system, as, for instance, spermatorrhœa.

And thirdly, those suffering from sexual hypochondriasis, under the influence of which malady they imagine themselves to be the victims of spermatorrhœa, or even to be *impotent*. This latter class of patients, I believe, compose by far the greater portion of those who apply to the advertising quacks; whilst, for reasons which I shall by-and-by state, they are certainly those from whom they reap the greater part of their ill-acquired wealth.

Now, the victims comprised in the first class are most often young men who have for the first time contracted some kind of venereal disorder; such patients are generally dreadfully alarmed when they find themselves diseased, and are almost always exceedingly anxious to conceal their illness from their friends and relatives. Under these feelings they eagerly grasp at the delusive phantom of "*prompt and secret cure*," which the quacks, in their advertisements, present as the bait to entrap the credulous and unwary.

As an example, I will now relate what occurred to a patient on his applying to one of the quacks in consequence of finding himself the subject of a chancre. After undergoing an examination, he was informed that he was labouring under syphilis, and that he (the quack) had *two modes of curing* that disease; one by the administration of "*mercury*," and the other "*without mercury.*" The treatment with mercury, it was true, sometimes effectually removed the disease, said the quack; but, on the other hand, it sometimes failed; nay, not only failed, but gave rise to severe "mercurial maladies," more serious and dangerous than the original disorder. In confirmation of this, he then submitted to the patient's inspection a numerous collection of plates, containing hideous representations of dreadful eruptions and sores covering all parts of the body. I need hardly say that the sight of these horrid pictures is enough to frighten patients out of their senses, especially the young and inexperienced. Well, the quack having thus, as he doubtless hoped, sufficiently frightened the patient, then proceeded to inform him that, by the "*non-mercurial treatment*," all these dangers were avoided and the cure assured. The patient thereupon naturally asked why he did not always adopt it. To this the quack replied, because the remedy employed in the treatment in question *was very expensive—a preparation of gold!* In answer to a further inquiry as to the relative expense of these two treatments, the patient was informed that he could be cured for ten or twenty pounds by the *mercurial treatment*, but the safest and best—that by the golden one—would cost *one hundred guineas! which sum must be paid before the treatment commenced.* Frightened by the hideous pictures before him, and at the same time charmed and seduced by the high-flown encomiums which the quack pronounced on the "*golden method*," the patient became exceedingly anxious to be treated on this plan of cure. The quack on his part was equally ready to take the case in hand. Under these circumstances, the only stumbling-block was the patient's inability to pay the money down. However, as the quack had gleaned from the patient that he had about half the required sum in a savings-bank, he (the quack) with much affectation of liberality, agreed to accept that sum down, and the balance by weekly instalments of twenty or thirty shillings. The patient at once agreed to this proposal: but then arose

another difficulty, from the fact that it required some days' notice before the money could be drawn from the bank, whilst the quack could not incur the expense, as he said, of preparing the invaluable *golden remedy* unless he was assured of his money, or a great part, in return. On the other hand, the patient was equally reluctant to postpone the treatment. How to solve this difficulty was the point. The quack must be secured in preparing the *expensive remedy*. The patient desired immediate treatment. At last the quack, with astounding impudence, demanded that a watch and chain which the patient wore should be left in pledge with him until the patient obtained the money from the bank, promising in that case that he would at once supply the patient with the remedies. Here, happily, for once, greed and cunning overreached itself. This evidence of rapacity opened the patient's eyes to the true character of the man, and he immediately refused compliance with the demand and declined to place himself under the treatment. The following day I saw him and had the above narrative from him. He was easily cured, at about the tenth part of the sum demanded by the quack, although, to be sure, he had not the inestimable advantage of the *golden treatment*.

In another instance, I had an opportunity of learning how they treat the victims of *imaginary disease*. A tradesman returning home one night somewhat inebriated was induced to accompany a prostitute to a house of accommodation. The next morning he felt alarmed at the possible results of his previous night's conduct, and this the more especially as he was married; and having, or fancying he had, considerable scalding on urinating, he determined on at once consulting some Medical man. As he had heard of the person who figures in the above case, and believing him to be a duly-qualified practitioner, he lost no time in applying to him. This worthy at once assured him that he was diseased, and at the same time informed him if he would only take a five-guinea bottle of his invaluable mediciues the progress of the malady would be immediately arrested and the patient cured without any one knowing he was ill. The dupe gladly, on this assurance, paid the money and received the so-called remedy. In about a week's time the medicine supplied was exhausted, and another visit was made to this temple of health. On this occasion a pretended examination of the patient's urine was made, and he was told his case was progressing favourably, *and the disease passing away in the urine*. Another five-guinea bottle was had and paid for. In a week's time this supply was finished, and a third visit was made to the quack. The same farce was gone through, and the patient was told he must continue the "remedy." But the patient's pecuniary means were not such as to enable him to pay at this exorbitant rate for medicines; and so he told the quack, adding he feared he must give up the treatment. Hereupon the ruffian affected the greatest alarm at the idea of the patient discontinuing the remedy, saying he would be his *involuntary murderer!* as he had by his remedies driven the poison into the patient's system to be discharged in the urine, and therefore, if the patient did not continue the remedies until this was effected, he would be killed! Ridiculous as all this may appear, the patient was horribly alarmed at this representation of his future fate, and in the heat of the moment resolved at all sacrifices to obtain sufficient money whereby to continue the treatment, and he left the quack's house with that view. However, on reflection, he bethought him that he had done some work for my family, and he then determined on consulting me, and so, instead of going home to get more money, he came straight to my house. On my seeing him he was in a great state of alarm, and I obtained from him the above particulars. On examining him I found that in reality there was nothing the matter with him. I told him so and advised him to go back and demand the return of the money which had been so fraudulently obtained from him. In a very short time he returned in even, if possible, a greater state of alarm than he was when I first saw him. I now learnt that he had seen the impostor, demanded the return of his money, telling him that he had consulted me and that I had assured him there was nothing, nor had been, anything the matter with him. To this the fellow coolly replied that it was all very well for me to say there was nothing the matter, as I could not now detect any outward symptom of disease in consequence of his medicines having dried it up and carried the poison into the blood, to be expelled, as he had before said, in the urine! He added that by-and-by the patient would find, to his cost, the disease break out worse than ever; and he finally flatly refused to return the money. I again assured the patient he had nothing the matter with him; but I could not then convince him that the quack's statements were utterly false. Nor, indeed, could I do so on several subsequent occasions of my seeing him. What became of him I know not, but to the last the fears created by the quack remained unremoved.

These two cases may be taken as the type of the mode in which this class of men treat the patients who apply to them when they are either real or only imaginary sufferers under any form of venereal disease. I need hardly inform your Medical readers that the balderdash as to the "*golden*" and other "*secret and valuable medicines*" which they boast themselves to possess is all *fudge;* but it may be as well, for the information of your non-medical readers, to remark that they no more possess such remedies, than they possess any legal right to the names and Medical titles they assume.

I have thus briefly referred to their systems of fraud and extortion in relation to those who, labouring under diseases resulting from impure sexual intercourse, are foolish enough to apply to them. But, considerable as the sums may be which they extort from this class of sufferers, they are as nothing in comparison with the enormous sums they filch from those whose misfortune it is to be either real or imaginary sufferers under spermatorrhœa, or impotency, or any other defect of the generative organs. However, this will form the subject of my next and subsequent letters.

I am, DETECTOR.

MEDICAL GOSSIP.—No. V.

GERMAN SCHOLARS AND FOREIGN INTERLOPERS—LARYNGOSCOPY—QUACK ADVERTISEMENTS, AND THE 'DAILY TELEGRAPH.'

To the Editor of the Medical Circular.

SIR,—My gossiping letters appear to have awakened some of your readers, a few of whom have favoured me with their remarks and their criticisms—not in every case complimentary; but *n'importe*, I like to hear both sides of a question. One who signs himself "Anti-German" wonders who is aimed at in that terrific onslaught on German scholars in No. 2, and thinks it must be a certain ophthalmic surgeon of the German school, who, being a sort of *flapper* to another ophthalmic surgeon, is expected to bide his time for practice; otherwise the said senior threatens, like Dominie Sampson, to prevent him from hanging on his coat tails any longer by wearing a spenser. My correspondent approves of the attempt to check the tendency of certain young men in the new specialties to look for all excellence abroad—he would urge them to form their tastes at home and cultivate that spirit of utilitarianism which so strongly marks the Englishman, and in which the visionary German and the ingenious Frenchman are so deficient. Just, for a moment, take the measure of those who have studied abroad and who cannot write a sentence without letting you know how deeply they have dipped into foreign reading; in almost every case they are ill-adapted for success in practice in England, and they fail. They are far more expert in examining the dead than in curing the living. But another effect of this worship of continental study and literature is, that the town will soon be inundated with French and German doctors. During the last twelvemonths at least half a dozen of these interlopers have brought me letters of introduction with a view to settle in practice. The Orleans family must have over their physician, whose name will be found in the 'Medical Directory' as practising near a fashionable square. The Queen's doctor goes over to Berlin and brings back with him a German who in his own country is little regarded, and who practises with only one idea. The Profession do not see through the *charlatanerie* of

the man any more than the public, for they know nothing of his specialty and are therefore just as easily imposed upon. This fact has been occasionally taken advantage of among ourselves. I will give you an instance. Once upon a time there were two young men who set up a specialty which had previously been the appanage of quacks. The Profession neither knew nor cared to know anything about it. Well, it would seem that these young men put their heads together how best to oust the quacks and win over the Profession and the public in their own favour. It was agreed that the one should write scientific articles, or, at least, having the semblance of science, in the Journals, talk balderdash at the societies, invent a museum, and in every conceivable way address himself to the Profession. The other decided on addressing the public as well as the Profession, and as a sound practical surgeon devoting his best energies honestly to his own pursuit, divesting his subject of all mystification, and practising his specialty with such advantage to his patients as the condition of his art then permitted. But in contrast with his rival I will tell you what he did *not* do. He relied on his own energies for success; he never made nor pretended to make hundreds of dissections, which, if true, would have occupied *years* of his time; he never attempted to filch from a contemporary the merit of a great discovery, and when convicted of the piracy tried to make it appear there was no novelty in it and that the treatment involved had been practised *before*; he never departed from the custom of the Profession *by* demanding two guinea-consultation fees; he never *imposed* upon the credulity of the Profession by a pretended museum, so portable as to be carried under the arm at provincial Medical meetings. None of these things he did, though he knew that the Profession were cajoled into the belief that such dissections were the result of great labour and research, and that he could just as easily have imposed upon them as his rival; but it was "a trick of trade" to which he could not condescend. However, the upshot of the achievements of these no longer young men has ended in prosperity to both; and now it can only be hoped that any gains ill begotten may be deposited in the lap of charity for conscience' sake. A spirit of this kind has already been manifested to an extent which raised the question of sanity or insanity. If sane, doubtless the donor felt such relief that he will repeat the offering.

Another correspondent writes and charges me with departing from my original programme, which was to analyse the unscientific contents of your contemporaries week by week by way of an *addendum* to your own valuable analysis of such science as they may contain. The charge is reasonable; but perhaps I shall be acquitted when I say that there has really been nothing to comment upon. Since the commencement of the new year, the 'Lancet' has been unusually free of correspondence, and there has been nothing approaching controversy. Even the 'British Spurious' has been unheeded, so that the poor Editor was able to finish off the last of the Christmas pudding in peace. As to the 'Medical Times,' it has been more than usual "flat, stale, and unprofitable;" but what can be expected of the cloudy philosophers who hold the *baton?* In former times it was readable; but that day has passed, and now it is as rapidly going down as your Journal, Mr. Editor, is certainly going up.

Another correspondent writes to correct me, in stating that Dr. George Johnson's excellent little book 'On Laryngoscopy' is advertised in the 'Times.' All I can say is, that the sooner it appears there the better; for, being an honest book, and exhaustive of the subject, it deserves a large circulation. I suppose my correspondent does not wish me to believe that Dr. Johnson has no desire that his book should sell—well, then, if he does, he must order his publisher to send the advertisement to the 'Times.' The time has gone by when the author would have been called a quack for doing so. By the bye, I have just had an opportunity of looking over the rival publication bearing a similar title by Dr. Morell Mackenzie, and a shilling pamphlet by Dr. Gibb. The former is a faithful history of the new art, and is deserving of the highest commendation; but the pamphlet must have been written hurriedly, and as if the author were scrambling for a prize which was about to be wrested from him; otherwise, I can find no excuse for such passages as the following:—

"This proved to be the epiglottis, which the laryngoscope showed to be much depressed, and presenting what I shall denominate *a care-worn appearance, for it had undergone much suffering.*"

"Her sufferings were so extreme, that her friends always saluted her with the inquiry, 'How is your poor throat?' which appeared to me to be peculiarly applicable to others at the time, for garotting was then rather prevalent."

"An example of laryngeal consumption, in which the lungs remain comparatively sound, and yet the structures at the upper larynx were wholly chaotic, or to use a geological expression, had undergone a cataclysm, wherein they had been swept away without leaving scarcely a trace behind."

"No *post-mortem* examination was made. Thus ended the unfortunate case, which might have been attended with much more comfort to the patient *had his constitution been better, and the laryngeal consumption less extensive than it was.*"

O Gibb! O Gibb! if I go on quoting, you will be the death of me. The woodcuts are most wonderful. No. 17 reminds me of the hand of the Davenport Brothers, which appears at the dark opening of the *structure* whilst they are immovably tied within it. I cannot resist one more quotation from page 38:—

"It is computed that the number of deaf and dumb persons in Europe is about 250,000. Can it be possible that their ears alone are at fault, and their vocal apparatus not so? I think not, and believe that in a certain number coincident malformation or deformity of the larynx will be found, together with a like condition of the ears. The laryngoscope will add much to our knowledge on this point, if advantage is taken of any opportunities that may present themselves for inspection. *I have been the first to draw the attention of the English reader to this subject in the* 'Medical Times' *of the 12th November*, 1862."

Yes, Dr. Gibb; and undoubtedly you will be the last: for a more far-fetched notion, or a speculation wider of the truth, never entered the brain of a physician; and that is saying a good deal.

The 'Lancet' has a powerful appeal to those public Journals who have not yet purified their columns by excluding the vile quack advertisements which defile them. It appeals to the conscience and the understanding of the conductors of these undertakings, but the quacks appeal to their pockets; and of the two appeals, the latter would appear to be the most influential. Why, if Detector is right in his calculations, that 50,000*l.* per annum are paid for advertisements to the newspaper press of England by these quacks, and that something like 6,000*l.* per annum go to the daily Journal which has the largest circulation of any; meaning, I presume, the 'Daily Telegraph;' then I say, that to relinquish this source of income, would be to put the extinguisher on half the journals now published throughout the Kingdom. The 'Daily Telegraph' will doubtless say "it would be opposed to the principles of free trade to refuse to insert their advertisements, but we do the next best thing to exclude them; we charge them 5*s.* a line, and yet they come. Our income at that rate of charge is, at present, about 6,000*l.* per annum; it is all in the way of trade. You, Mr. 'Lancet,' looked very queer in your advertisement columns until you addressed yourself to the grocers and the purveyors of pickles and sauces. The Profession think such advertisements out of place in the 'Lancet,' but any appeal against the practice would be in vain. You obtained the connexion by a system of terrorism, and now it is a part, and a profitable part, of the 'Lancet' institution."

Although I should delight in seeing the end of these filthy advertisements of the quacks in the Journals, I by no means agree with Detector in thinking that it would

be effectual in putting down the system of quackery they practise. Possibly, the 'Daily Telegraph' thinks so too. It is to our Medical Council we must look for the means of stopping the nuisance, and I trust that in the next session of Parliament they will obtain sufficient powers for the purpose.

VIGILANS.

PARISIAN MEDICAL NEWS.

LEARNED SOCIETIES.

ACADEMY OF SCIENCES.—M. Maisonneuve, surgeon of the Hôtel-Dieu, exhibited before the Academy an instrument which he calls the *lithexère*, and which he uses for the extraction from the bladder of detritus and fragments of stone after the operation of lithotrity.

Crushing of the concretions is but the first part of lithotrity, and the removal of the fragments is often extremely difficult. Hitherto several varieties of catheter-forceps have been used for the purpose, and also copious injections of warm water, but angular fragments, despite these measures, not unfrequently become impacted in the urethra, and, while causing intolerable pain, form a serious impediment to the discharge of urine.

The object of M. Maisonneuve's *lithexère* is to supply the desideratum. The instrument is hollow, and presents the outward appearance of the common lithoclast or crushing forceps, and bears on the concave side of the extremity a wide aperture into which the gravel and detritus spontaneously gravitate. The peculiar merit of the contrivance consists in the presence within the tube of a spiral screw, worked by a crank, which grinds the fragments to a fine powder and expels them from the bladder.

This very simple appliance considerably shortens the duration of lithotritic procedures, and admits at one sitting of the crushing and extraction of a calculus weighing two-thirds of an ounce.

ACADEMY OF MEDICINE.—A letter was received from M. Barthez, in answer to some passages of M. Blache's report, summarised in our last number, and also to the remarks offered in the subsequent debate by MM. Bouvier and Gilbert, on the treatment of infantile pneumonia. "I have never yet," says M. Barthez, "encountered in my private practice a single fatal case of genuine and primary pneumonia in children between the ages of two and fifteen years. I have always applied the same rules of treatment as in hospital, occasionally using active medicines, sometimes an insignificant medication, and often abstaining altogether from interference; and I am perfectly satisfied that in Paris, at least, genuine and primary pneumonia scarcely ever endangers the life of children."

In the name of a committee consisting of MM. Danyau, Jacquemier, and myself, M. Blot read a report on a memoir forwarded by M. Bardinet, of Limoges, entitled, "Epidemic Icterus of Pregnant Women as a Cause of Abortion and Death."

Epidemic icterus in others but gravid women is a disease of very inconsiderable gravity, but the circumstance of pregnancy invests it with a peculiarly dangerous character; the cause of this singular aggravation of the complaint is still, in M. Bardinet's opinion, unknown, but is referred by M. Blot to a morbid condition of the liver frequently met with in women who die in child-bed. M. Bardinet, most unwillingly compelled to acknowledge the utter inefficacy of all the methods of treatment hitherto recommended, inquires whether change of air and of residence might not in such cases be beneficial. The learned reporter entirely agrees that in an epidemic of this description the patients should at once be removed to a distance, and much prefers this plan to the induction of artificial labour advocated by M. Bardinet. "Frequently, indeed in the majority of cases," said he, "the evacuation of the contents of the uterus, far from allaying, rapidly aggravates the symptoms and increases the dangers which threaten the life of the women in whom this measure has been resorted to." It does not follow, from the fact that gestation is an obviously unfavourable complication, that depletion of the womb must necessarily avert the peril. M. Blot conceives that the inference is not legitimate unless it is previously demonstrated that the mere plenitude of the uterus, and not the changes induced in the entire system by that condition is the true cause of danger. Now, the formidable intensity of certain affections during pregnancy is undoubtedly to be referred to the great changes induced in the system by that condition, and not to the mere fact of the presence of the fœtus within the womb. Hence the expulsion of the contents of the uterus cannot be expected at once to correct modifications which several months have been required to establish.

Notwithstanding these differences of opinion between the author and the reporter, M. Blot allowed full credit to M. Bardinet for having boldly brought forward the question of the expediency of inducing abortion under the circumstances alluded to.

— At the same meeting M. Ségalas reported on a new method of puncture of the bladder, proposed by M. Voillemier.

M. Ségalas having expressed an opinion favourable to the merits of the new operation, M. Velpeau presented the following remarks on the subject:—

"M. Voillemier's procedure," said the learned Professor, "is certainly ingenious, and has, moreover, proved successful in the case adduced by that surgeon. I would not, however, be understood to assent to the statement that puncture beneath the pubes is less dangerous than the hypogastric puncture of the bladder. It presents the same risks, and I may further add that the tissues to be traversed in the new proceeding appear to me more liable to infiltration. The method, therefore, is not, in my opinion, better or worse than any other, and the surgeon alone can judge of its expediency in any given case.

"Puncture of the bladder through the rectum, although presenting but little difficulty is an unsatisfactory operation, because only a thin partition has to be perforated, and because a fistula is often the consequence. With regard to puncture above the pubes, the operation is also of great symplicity, but the trochar must be pushed through a thick layer formed by several very distinct tissues, and the bladder contracting after the escape of its contents, the canula may easily slip out of the artificial aperture and extravasation of urine must follow, although this formidable contingency does not occur so frequently as might be expected. In addition, the urine is discharged by the canula—*i.e.*, in opposition with the laws of gravitation, and complete relief is never afforded, the fundus of the reservoir lying lower than the hypogastric region. Surgeons, preoccupied by these various disadvantages, have sought for different procedures. M. Ségalas, for instance, has advocated puncture through the perinæum, but this region is a dangerous one to meddle with. My venerable master, Professor Roux, preferred the forcible introduction of a catheter into the bladder, a plan which deserved a better fate than it has met with. It is, of course, a hazardous attempt to force a passage into the bladder through an obstruction, and it is one which I would not recommend in a common stricture; but when disease of the prostate is the cause of the retention of urine, the procedure is not fraught with serious danger. Extravasation of urine into the prostate is not much to be apprehended, nor are injuries of that glandular organ of a very formidable character. I cannot, therefore, share the prejudice very generally entertained against this procedure, and I recommend it when the retention is consequent on prostatic disease, and in that case only."

M. Commenge forwarded a second communication on the treatment of whooping-cough in gas-factories.

The present returns bear upon eighty-one patients affected with whooping-cough, and admitted into the depuration-halls from July 1st to October 15th. In ten children no result whatever was attained, improvement was observed in twenty-four, and a cure was effected in forty-seven. Age or sex do not seem to have exersised any influence on the issue.

M. Commenge concludes with the following remarks:

"1. The inhalation of the substances evolved by the residues of the purification of gas is extremely beneficial in

whooping-cough. 2. A cure is obtained in the great majority of the cases, even after the methods of treatment usually most successful have entirely failed. 3. The good effects of the inhalations are apparent at every stage of the disease. 4. The age of the children is a matter of indifference. 5. If a cure is not effected, considerable amelioration of the symptoms is almost constantly observed. 6. The curative treatment requires a number of inhalations, which varies between three and thirty. The average in the first period of three months was twelve; in the second, fourteen. Each inhalation should last two hours. 7. In winter this method of treatment is less efficacious, and not that the effects of the gaseous exhalations are less marked, but because the temperature of the depuration-halls is low; this disadvantage might be easily remedied by placing the little patients in properly heated rooms. 8. The treatment is entirely innocuous."—'Journal of Practical Medicine and Surgery.'

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. JENNER continues his lectures "On the Principles and Practice of Medicine," his subject still being Bright's disease. He now describes two more conditions of the kidney which are found in that affection, the one being the *albuminoid* kidney, which is large, heavy, smooth, translucent, pale, and tough; and the other the *cirrhosed* kidney, which is small, dark, hard, and tough, and the surface nodular or granular, or both. The first is a common result of scarlet fever, rickets, and constitutional syphilis, and occurs in scrofulous cases; the second is an occasional consequence of intemperance, and is very common in gouty persons, so that it has been called the gouty kidney.——Mr. SOLLY continues his lectures "On Scrivener's Palsy," and relates two cases in which the affection was successfully treated, the chief beneficial agents apparently being rest of the affected part, and change of air. Mr. Solly concludes the lecture by describing the physiological and pathological conditions of the disease, which appears to have its seat in the nucleated vesicles situated in the course of the nerves. In this paper the statement that one of the patients was ordered by Mr. Solly to take the *third* of a grain of strychnine, and that the dose was afterwards *increased* to the sixteenth of a grain, must be a mistake.——Dr. S. O. HABERSHON concludes his paper "On the Constitutional Character and Modifications of Skin Diseases," his remarks being of a practical character, and drawn from the observation of cases occurring in the practice of Guy's Hospital. ——Dr. HENRY MAUDSLEY contributes the "Notes of a Case of Abscess of the Brain," with clinical remarks. The disease came on suddenly, with symptoms of great cerebral disturbance, and the patient died after being alternately convulsed and comatose. The abscess was in the central white substance of the middle lobe of the left hemisphere of the brain.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. BENCE JONES continues his "Lectures on Clinical and Mechanical diseases, and their Relationship; Diseases of Suboxidation"—diabetes being further discussed. The present article is written "On the Complications that occur in Diabetes." The complication, to which special allusion is made, is cataract, the other affections synchronous with it, or consequent upon it being dependent upon the debility entailed by the malady. From this debility result imperfect nutrition of the skin, manifested by lepra, boils, carbuncles, mortification, imperfect nutrition of the mucous membrane, shown by irritation of all the mucous surfaces, imperfect nutrition of the basement membranes, or of the parenchyma of organs as is exhibited by the occurrence of phthisis. Diabetic patients do not suffer from acute inflammatory attacks, because of the debility of constitutoin entailed by the diabetes; nor are they liable to stone, or dropsy, because of the diuresis occasioned by the sugar. Kunde, Mitchell, Richardson, have produced cataract artificially by loading the system with sugar; and have, therefore, proved distinctly that a chemical alteration of the blood may create a mechanical lesion of the economy in some one or more of its organisms. The debility of diabetes is so great, that any over-exertion on the part of the patient is in very many instances attended with fatal results. Phthisis, a very frequent attendant upon diabetes, is a tertiary rather than a secondary result of that disease. Among the rich, phthisis is not a common termination of diabetes. Bright's disease of the kidneys very frequently sets in as a sequence to the malady under consideration, but seldom, if ever, precedes it. The two may co-exist; and moreover, in a number of instances, the subsequent disease will destroy the patient. "On the Treatment of Diabetes," the writer next descants:—An anti-farinaceous, or anti-saccharine diet, is of course advised, because it tends to the removal of the symptoms of the disease when the power of consuming the animal sugar remains unaffected; and, even when this power is either imperfect or impossible the symptoms are, nevertheless, ameliorated and the condition improved. All animal produce may be taken, but starch, dextrin, and sugar food must be avoided. Fruits are even worse than ordinary vegetables, and certain drinks are as pernicious as either. Dr. Pavy's almond bread, when well washed, is recommended as an article of diet. Milk is more or less injurious according to the stage of the disease, being almost harmless when animal sugar can be consumed. Professor Bouchardat's regimen is, with some slight changes, advised to diabetic patients.——Dr. BEALE makes "Remarks upon Certian Views recently Advocated by Dr. Bence Jones," in which he shows that he is at issue with certain theories propounded by the latter:—First, that nutrition cannot be termed a chemical process; secondly, that oxidation and nutrition are always taking place in each particle of the human body during life; thirdly, that nutrition and oxidation, two great chemical actions, constitute the main-spring of those forces which are summed up in the word "life;" fourthly, that there is any resemblance between inflammation and ordinary combustion; fifthly, that fevers bear the same relation to inflammations that fermentations do to combustions.——Dr. GREENWOOD has an article "On the Nature and Treatment of Cholera in the Collapsed State." The patient in the condition of collapse is exactly in the same state as one suffering from extreme loss of blood, or one suffering in some part of the body from frost bite. The fluidity of the blood must first be accomplished before we can hope for any good effect from the administration of stimulants. We should encourage absorption by every available means, and should administer cold water to satisfy the cravings of the patient; plenty of fresh air and light clothing are likewise commended. The patient should be kept as quiet as possible, in the recumbent posture; all discharges must be removed with the least possible disturbance to the patient; air must have free admission; the bed be lightly covered; thirst allayed by cold water in frequent and small quantities; avoid all stimulants, especially heat and friction; apply cold water in cloths to the parts affected with cramp; give calomel gr. i. every hour till reaction sets in. When reaction has taken place treat as for a low fever, very carefully administer stimulants till the period of congestion is passed, but in the mean time use nourishing broth and such like kind of food—always, however, in small quantities. Incomplete collapse is by no means so obdurate to treatment.

THE MEDICAL CIRCULAR.

WEDNESDAY, FEBRUARY 1, 1865.

THE BRANCH MEDICAL COUNCIL FOR ENGLAND.

The Branch Medical Council for England met on Friday last, at their rooms in Soho square, and passed a resolution in reference to the amendment of the 40th clause of the Act. The resolution was almost exactly similar to those already agreed to by the Branch Councils of Ireland and Scotland. The object of the resolution is to declare that all persons practising Medicine for gain, and assuming Medical titles which do not belong to them, shall be punishable under the provisions of the Medical Act.

THE APPROACHING SESSION OF PARLIAMENT AND THE MEDICAL PROFESSION.

Before another week has elapsed the Parliament of the Empire will again assemble, and national grievances will find a voice in the mouths of the representatives of the people. There probably never was a time when it was more imperatively necessary than it is at present that the Medical Profession should urge their claims to attention on the part of the Legislature. While all the other professions and most of the trades of Great Britain are abundantly represented in one or both Houses of Parliament, Medicine alone is almost without an advocate, the well-directed energies of Dr. Brady being too often ineffective for want of adequate support from other members. Our brethren of the Army and Navy Medical Services are literally without any representative at all in the National Councils, while the combatant branches (as they are called) of those services are plentifully represented in both Houses; and hence any attempt to redress the grievances of the former class is at once neutralised by the red-tapism of the Horse Guards and the Admiralty, and the ready votes they obtain from their hangers-on.

The grievances so long endured by the Poor-law Medical Officers cry out even still more loudly for redress, for we cannot deny that their lot is far more deplorable than that of our military Medical brethren. In point of pay and of rank, as well as of social position, the status of an Army or Navy Medical Officer is by no means altogether unenviable, although, as we have often stated, there is much cause for complaint in certain particulars. But the Poor-law Medical Officer is neither paid nor treated like a gentleman; he has no status except that which he derives from his own personal character, and he may be summarily dismissed from his office, or he may be incapacitated for his duties by age, long service, or infirmity, without having any claim to compensation or even to thanks. His taskmasters, the local Guardians, are permitted, if not encouraged, by the Poor-law Board, to grind him down to the lowest minimum of pay, to thwart him in his benevolent efforts in behalf of the sick poor, to censure him if he is supposed to be negligent, to snub him if he is thought to be too zealous, to disregard his instructions, and when anything goes wrong to endeavour to lay the blame at his door. But the Houses of Parliament, although they are often indifferent to expositions, however eloquent, of general grievances, are sometimes remarkably impressed by a history of individual suffering or wrong; and it is probable that the death of the unfortunate man, Timothy Daley, in the Holborn Union Workhouse, and the subsequent exposure of the defects of the Poor-law system, will direct further attention to the administration of the Poor-laws in reference to the care of the sick, and will perhaps lead to a more equitable treatment of the Poor-law Medical Officers.

It cannot be denied that, for the improvement of the laws relating to the Medical Profession, we ought mainly to look to the General Medical Council. That body, although not in the broad sense a representative one, contains delegates from all the Medical Corporations, and has ample means of becoming acquainted with the wants and wishes of the Profession; and, moreover, it has the right of communication with the Government, and of impressing upon Parliament the defects of the Act of 1858. The members of the Council have hitherto adopted a feeble and vacillating policy, and although conscious of the existence of evils and abuses, they have hesitated to expose or denounce them, or to take energetic steps for their redress. Partly held back by their own timidity, and partly influenced by the conscientious but overstrained cautiousness of their solicitor, they have been content to drag on a languid existence, passing resolutions which they had no power, and apparently very little inclination, to enforce, and turning a deaf ear to the petitions and remonstrances presented to them by the mass of the Profession. We believe, however, that the Council is at last fairly aroused to a sense of its duties and responsibilities, and that it is determined at least to make an attempt at an amendment of the Act. If the attempt is successful, a great point will be gained for the cause of legitimate Medicine; and if it should fail, the Council will at least feel that it has done its duty, and that it has failed in an honourable cause. If the Government, indeed, should show itself indifferent to the representations and the arguments of the Council, it might be a question whether the latter should not, as a body, resign its functions at once, and leave to the Government itself the task of reconstruction, and the duty of carrying out the intentions of the Medical Act. It is quite preposterous that an executive Council should be constituted by Act of Parliament for the accomplishment of specific objects, and should then be left helpless to perform the duties which the Act itself imposes upon it.

As to the reforms required, they are but few in number, and their necessity is sufficiently obvious. In the first place, the Act does not do what the preamble professes to do—namely, it does not distinguish in the eyes of the public those who are and those who are not qualified to practise Medicine. It is the veriest quibble of law to hold

forth that qualified persons have the right of suing for fees in a court of law, while the unqualified possess no such *right*; inasmuch as very few physicians or surgeons ever sue for their fees, and the quacks never give any trust, and take care to get their fees beforehand.

If the public really knew the qualified from the unqualified, is it likely that the indecent advertising quacks would drive such a prosperous trade as they are now doing? Do not these persons always represent themselves as being qualified to practise, and assume the names and titles of legitimate practitioners? If those persons at once avowed that they were quacks, their occupation would be gone, for their success mainly depends upon their mendacious assumption of Medical titles to which they have no claim. The Medical Journals have hitherto refrained from exposing this infamous crew, from the fear of the legal consequences to which the exposure might lead; and we have even seen respectable Medical periodicals admitting in these persons the existence of qualifications which the writers of the articles knew to be fictitious, but the falsehood of which they dared not expose.

This fundamental point, namely, the distinction of the legitimate from the illegitimate practitioners, ought to be strenuously insisted upon in the first instance; and unless this point can be gained the Medical Act is practically worthless. The separation of the quacks from the true men involves no hardship upon anyone: the former will be at full liberty to practise, and the public will be at full liberty to employ them; but then the public will *know* that they are impostors, of which fact they are at present in ignorance. Under existing circumstances the innocent and the feeble-minded are deceived by falsehood into the belief in imaginary ailments, and are then plundered or driven to suicide; but under a more healthy system of Medical Legislation the trade of the obscene harpies would be annihilated, and they would be punished by the law like other malefactors.

As the case of Timothy Daley, in the Holborn Union, may be the means of introducing a more efficient superintendence and care of the sick poor, so may the recent conviction of "Dr." Henery, and the dreadful suicide of the unfortunate young man, whose case we recorded last week, be adduced by the Medical Council as arguments for an amendment of the Medical Act, at least to the extent of showing plainly to the public that the obscene quacks are wholly unconnected with the Medical Profession, by whom they are loathed, despised, and repudiated.

DIFFERENCES AMONG DOCTORS.

[COMMUNICATED.]

We have frequently had occasion, while making observations upon Medical education, to direct the attention of pupils to the manifest advantages of clinical instruction, and to urge them to acquire a knowledge of bedside Medicine, for, as it has been well said by a cotemporary, "the attention to, or neglect of, the golden opportunities in your '*status pupillaris*' will influence for good or for evil your future professional prospects." We are induced to make these remarks from a document placed in our hands, which shows in a remarkable manner the absence of a sound knowledge of the means of obtaining a correct diagnosis by aid of the stethoscope; and we can explain the discrepancies among eight Medical men only by supposing that several had not fully accepted the opportunities offered while attending in the wards of an hospital, for it is there only that this skill can be attained.

We have invariably advocated, and with no small success, the claims of Medical advisers of assurance companies to a proper remuneration, and therefore we are entitled to write freely and strongly to recommend students to qualify themselves to give correct opinions as to the state of health of those parties placed before them for examination. The claims which the Medical Profession justly have on life assurance companies, to a proper remuneration for their professional opinions, can be fixed and upheld only by proof "of the worth of the article sold," and the cases we report would go somewhat to support the views of several actuaries, that Medical opinions in the selection of lives might be dispensed with, and the doctrine of chances preferred.

Extracts from the Papers of Seven Life Assurance Companies, on the Eligibility of X. Z. for Assurance.

1. A. B., in Dec., 1859, states X. Z. to be a rather delicate-looking young man, but he could detect nothing unfavourable to his eligibility for assurance, and was of opinion he might be accepted without risk.

2. C. D., on the 28th of June, 1860, only six months later, states, in his report of X. Z., chest *well* developed; normal percussion rather dull at some points; weight, 140 lbs.; belongs to a phthisical family; am doubtful as to whether the lungs are in such a perfectly healthy state as to lead me to consider that any disease thereof is improbable to occur. Seventy-two pulsations of the heart when at rest; his occupation may prove injurious by exposure to cold. Considers life rather inclined to be hazardous.

3. E. F., on the 24th of July, 1860, states weight 10 stone 12 lbs.; chest *not well* developed; action not quite equable at apices; respiration, twenty. Flattening at the right subclavian region; the resonance at the right apex is not so clear as on the left side. Believes slight exciting cause would produce disease of lungs; pulsation of the heart after making some exertion, 88; concludes report by stating there is evidence of an imperfect condition of the upper part of the right lung. It is now in a passive state, and does not interfere with his usual health; comparatively slight causes would, I believe, produce serious change at that part, and I consider his life below the average. With care, his life may be a long one, but I could not recommend him to be taken without additional premium.

4. G. H., in August, 1860, only twenty days later, considers the life unexceptionable.

5. I. J., in the 29th of Jan., 1862, considers him to be thoroughly healthy and a first-class life.

6. K. L., on the 11th of July, 1862, states he found him perfectly healthy, free from disease (although he does not appear a very strong man); that he has an average chance of life; thinks him a fit subject for assurance at usual rates.

7. M. N., on the 22nd of August, 1863, considers him a first-class life; weight about nine stone; but the company's own advisers say, the fact of Mr. —— having lost nearly two stone in weight during the last three years, coupled with the seriously bad report of E. F. to the company, induce us to recommend that the proposal should be declined. A letter from the district manager to the company, 3rd of October, 1863, states he has made inquiries, and the party has been weighed, and instead of decreasing, is heavier than he ever was. Medical officers then state in E. F.'s report, Mr. —— is said to weigh 10 stone 12 lbs., whereas, in Mr. ——'s report of August, this year, puts his weight at nine stone, the natural inference is that he has lost nearly two stone since the first date. It is now, however, positively stated that he weighs more than ever he did; and if this is really the case, we see no objection to the life being accepted with fifteen years addition.

8. O. P., Nov. 16, 1863, states respiration 18; frequency of pulse, 80; considers him a first-class life, because

his appearance is good; habits and mode of life regular; and the absence of any indication of a predisposition to disease. His sister is supposed to have died from consumption; but the other members of the family have shown no symptoms of this disease, so that he attaches but little importance to this isolated case. Upon this report five years were proposed to be added to the life.

So poor X. Z. is alternately buoyed up and depressed, from December, 1859, till November, 1863, when he is finally shoaled, as no office has accepted the life. We shall be curious to note the progress of this case, and learn which party is right.

REVIEW OF BOOKS.

Curvatures of the Spine: their Causes, Symptoms, Pathology, and Treatment. By Bernard E. Brodhurst, F.R.C.S., of St. George's Hospital and the Royal Orthopædic Hospital, &c. Second edition. Pp. 93. London: Churchill and Sons, 1864.

The treatment of curvatures of the spine is still so little taught in the practice of the great general hospitals, that the practitioners of the present day are in want of special treatises to enable them to understand the nature of an affection on which they are very frequently consulted in private practice; and Mr. Brodhurst's handsome volume will be a trustworthy guide to them in their studies. The present edition has been entirely rewritten, and enlarged; and all the woodcuts are new, being executed by the well-known hand of Mr. Bagg, who, in the ordinary language of the day, may be truly said to have surpassed himself in the beauty, the accuracy, and the clearness of his illustrations. The anatomy of the osseous structures, as well as the appearances presented by patients suffering from spinal curvature, are beautifully shown, and also the apparatus devised for the cure of the deformities. The book is luxuriously got up, the binding, the paper, and the printing being all in keeping with the illustrations; and the letter-press contains a clear and concise description of the affection which forms the title of the volume.

The Half-Yearly Abstract of the Medical Sciences; being a Practical and Analytical Digest of the Contents of the Principal British and Continental Medical Works published in the preceding Six Months: together with a Series of Critical Reports on the Progress of Medicine and the Collateral Sciences during the same Period. Edited by W. H. RANKING, M.D. Cantab., and C. B. RADCLIFFE, M.D. Lond. Vol. XL. July—December, 1864. London: Churchill and Sons. 1865.

The copious title-page indicates sufficiently the nature of the contents of this well-known serial, which, as usual, contains abstracts of every important paper or communication published during the last six months. The volume is got up in the careful style which has always characterised the half-yearly compendium of Drs. Ranking and Radcliffe; and there is a very useful feature superadded in the form of a general index to the series from vol. xxiii. to vol. xl., the present, so that the reader can at once refer to the title of any paper or the name of its author for a series of years.

Photographs (coloured from life) of the Diseases of the Skin. By ALEX. BALMANNO SQUIRE, M.B. Lond. Class V. Vegetable Parasite Diseases (of the Body): CHLOASMA. London: Churchill and Sons.

The present photograph presents a very life-like representation of the disease which, under the name of chloasma, or its more familiar denomination of pityriasis versicolor, is occasionally observed on the skin, occupying usually the front of the chest or the upper part of the back. It depends essentially on the presence of a minute cryptogamic parasite, the *Microsporon furfur*, and is distinguished by the variety of colours which it exhibits, and whence one of its names is derived. The present photograph is equal to any of the series, which we consider to be high praise.

The Student's Book of Cutaneous Medicine and Diseases of the Skin. By Erasmus Wilson, F.R.S. Pp. 275. London: Churchill and Sons. 1864.

The endeavour to supply the present year's students with a class-book on diseases of the skin has rendered it necessary to publish this work in two parts, of which only the first now appears, but the second is announced in the course of a few months. The present part embraces the anatomy and pathology of the skin, the classification of its diseases, and the descriptive history of some of the most important of these affections, especially the family of the eczemata, which, according to Mr. Wilson's views, comprise eczema, psoriasis, pityriasis, lichen, impetigo, scabies, and gutta rosacea.

Such a veteran writer as Mr. Wilson hardly requires an introduction when he offers to the Medical world another contribution on cutaneous diseases, but in a short preface the author tells us that he proposes in his present book to supply a want in Medical literature, and to offer to students a treatise on British Cutaneous Medicine, founded upon an observation of skin affections as they occur in this country and in the present day, treated on principles which long experience has shown to be best suited to British habits and constitutions. In reference to classification, while Mr. Wilson does full justice to the system of Willan and Bateman, he proposes a nosological scheme of his own, founded upon clinical observation, and which, although rather difficult for beginners, meets the want of the hour, and is based upon natural, in contradistinction to artificial characters.

The first chapter is devoted to the anatomy and physiology of the skin, and contains a very readable and lucid epitome of our present knowledge on these subjects; and the second describes the pathology of the skin, on which the classification of its diseases is founded. The system of Willan and Bateman is very ably reviewed and criticised, and its shortcomings exposed when viewed by the light of modern science and experience; and Mr. Wilson then proceeds to develope his own views on the subject. It would be unfair to Mr. Wilson to give a bare catalogue of the affections which he groups together as the bases of his classification, and an explanation of his views in detail would occupy too large a portion of our space; it must, therefore, suffice to observe that, as might be expected, his observations are characterised by great reflection, extensive study, and mature experience, and that they are well worthy of careful perusal and study.

In the subsequent pages the different groups are systematically and concisely described, the causes, prognosis, and treatment being consecutively considered in each disease. The book will, no doubt, be extensively read, and will adequately meet the want which it is intended to supply.

THE CASE OF PRYCE *v.* BOWEN.
MEETING OF THE MEDICAL PROFESSION IN LIVERPOOL.

A numerous meeting of the members of the Medical Profession of Liverpool and the neighbourhood was held on Monday evening, at the Medical Institution, with reference to the case of Dr. Bowen.

Dr. Vose presided, and in opening the business said it was not long since that the Medical Profession of Liverpool and the neighbourhood had thought it necessary to hold a meeting for the purpose of condemning the conduct of the witnesses for the plaintiff at a notorious trial in an adjacent city, and it was mortifying that they had so soon found it necessary to hold another meeting to express their opinion upon a like subject. All probably had heard more or less of the case of Pryce *v.* Bowen, tried at the last Liverpool assizes. The case belonged to a class which appeared to be rapidly establishing itself as one of the institutions of the country. Actions of this kind were set on foot by a certain description of the community, in concert with a certain description of attorneys, for the purpose of plunder; but they could never be brought at all were not these people

aware that there was also a certain description of Medical men always ready, perhaps eager, to hire themselves out for a paltry pecuniary consideration to give evidence against their Professional brethren, and thereby involve them in disaster and in loss. They all remembered the formidable expense entailed upon the defendant in the Chester case, although the verdict was triumphantly in his favour; and in the present case, although Mr. South, of St. Thomas's Hospital, as well as other surgeons of eminence, together with the judge and the jury, concurred in the opinion that Dr. Bowen's professional skill had been unquestionable, they found that that gentleman had been mulcted in 200*l.* costs to defend himself; to say nothing of the annoyance, the waste of time, and the suspense in which he had been involved. It was to be hoped that the machinery of the British Medical Association would without delay be brought to bear upon this and similar transactions, and that its opinion would be expressed unflinchingly on the conduct of its members when they came forward to give evidence against Professional men in cases like Pryce *v.* Bowen. ("Hear, hear," and cheers.)

Mr. Ellis Jones, who moved the first resolution, said that no doubt many members of the Profession had been extremely annoyed at the imaginary opinions formed by patients of the maltreatment of their cases. Both he and his colleagues had suffered in some degree in this way, and he mentioned a case at the Northern Hospital (with which Mr. Hakes had been more particularly concerned) where the patient expressed himself perfectly satisfied with the treatment he had received, and thanked Mr. Hakes and others for their attention to his case. But when he had left the hospital, he got hold of a Medical man or two in the town, who told him the treatment was not correct, that Mr. Hakes and the other Medical men had no right to interfere with his limb, and even went so far as to say that no dislocation had taken place. The president had told them that actions like these were frequently brought in consequence of the assertions of persons who knew nothing of the treatment adopted, and who sought only to injure the fair fame of an honourable man. ("Hear, hear," and applause.) Mr. Jones mentioned another case in point within his own experience in Liverpool where, though no action was actually taken, a Medical man had been served with a writ, and sustained great anxiety and annoyance. With regard to Dr. Bowen's case, he (Mr. Jones) had been requested by the attorney for the prosecution to appear against Dr. Bowen, but he declared that he would rather sacrifice his property and even his life than do so, and he recommended the attorney to give up the case. (Cheers.) The resolution was:—

"That this meeting desires to express their deep sympathy with Dr. Bowen for the annoyance to which he has been subjected in the trial of Pryce *v.* Bowen, and to congratulate him on the very satisfactory manner in which he has vindicated his Professional reputation."

Dr. A. T. H. Waters seconded the resolution. Painful as it was, he said, it was their duty on an occasion like this to come forward and express their sympathy and congratulations, and, also, in firm and unmistakable language, to declare their opinion of those who unjustly and unfairly gave evidence against their Professional brethren. Meetings like the present would ultimately tend to put a stop to these most unjustifiable prosecutions; they had an important influence, both on the Profession and the public, tending to show in both cases that a man who acted honourably and conscientiously, and to the best of his ability, when unjustly accused, would have the support of his Profession. (Applause.) If they respected and appreciated their own Profession, so would the public respect and appreciate them. (Hear, hear.) With regard to Mr. Lund, he (Dr. Waters) could not help remarking that had Mr. Lund acted upon the golden rule, not to give an opinion upon the case before he had consulted with his Professional brother, he would never have placed himself in the painful position which he now occupies, and the case of Pryce *v.* Bowen would never have been tried. ("Hear, hear," and applause.) In conclusion, Dr. Waters warmly echoed the congratulatory terms of the resolution, which was then put and carried unanimously.

Mr. Bickersteth moved—"That this meeting feels bound to record their strong disapprobation of the course pursued by Mr. Lund in the matter of Pryce *v.* Bowen." It is extremely painful to pass a vote of censure upon any man, and nothing but a stern sense of duty would have impelled him (Mr. Bickersteth) to move the resolution. Had it not been for the conduct of Mr. Lund, he believed the trial would never have taken place. He had it on the authority of the solicitors for the plaintiff, that they had canvassed Liverpool, and had found no one who would support the evidence. (Hear, hear.)

Mr. Steele wished to place the nature of the meeting in its true light. It must be clearly understood that they had not met for the purpose of attacking any individual; it was not an aggressive, but a defensive, movement on the part of the Medical Profession. (Applause.) All present would acknowledge that, as public servants, they were responsible to the public for the efficient discharge of their duties, and any Physician or Surgeon who undertook the care of a case of disease or injury was bound to bring to its treatment a reasonable amount of skill, judgement, and attention. If a person suffered damage in life or limb through the gross negligence or ignorance of his Medical or Surgical attendant, he was undoubtedly entitled to compensation at the hands of that attendant; and if such a case as this were brought before a legal tribunal, any member of the Profession summoned to give evidence was not only justified, but bound to obey that summons, and to give his honest opinion upon the case. Mr. Steele further argued that the case of Dr. Bowen was not at all an analogous case to this, inasmuch as all necessary skill had been shown, and that the gravamen of the offence against Professional propriety, the injury which Mr. Lund had done to himself, and the scandal that he had brought upon his Profession, did not consist so much in what he said and did at the trial as before the trial. (Hear, hear.) Mr. Steele then quoted from the 'British Medical Journal' of January 14, which contained a letter from Mr. Lund to the editor. It was clear, he said, that the prosecution in Price *v.* Bowen had submitted a case to Mr. Lund, with the view of getting his opinion as to how far an action would lie, and what chance they had of getting a verdict. In this case Mr. Lund had placed himself in the position of a grand jury, with the very important distinction that grand juries never ventured to cut or to find a bill without hearing the evidence on both sides.

The resolution was then put, and carried unanimously.

Dr. Stookes moved:—"That a subscription be opened to assist Dr. Bowen in defraying the needful expenses incurred for his defence." Dr. Stookes remarked that there could be little doubt that, in addition to the annoyance and harass which he had experienced, Dr. Bowen had been put to very large expense in the case, and it was most desirable that his Professional brethren should assist in defraying this expense.

Mr. Hakes had much pleasure in seconding the resolution, having had the misfortune himself to have been harassed in the same way as Dr. Bowen. In referring more particularly to his own case, Mr. Hakes said that, in order to procure witnesses against him, not only Liverpool, but London, and other parts of England, were canvassed for the purpose, and he mentioned the fact that Mr. Erichsen (of London), who had given an opinion on the case which precisely accorded with the treatment which he (Mr. Hakes) had adopted, after doing so declined to have anything more to do with the case until he had communicated with the defendant. Mr. Erichsen wrote him (Mr. Hakes) a letter, telling him all he had discovered, nnd which made it easy for him to ask Mr. Erichsen to offer his services. Fortunately he was not required, for the case broke down, the plaintiff being nonsuited; but this conduct of Mr. Erichsen formed so marked a contrast to that which had occurred in connection with Dr. Bowen's case, that he (Mr. Hakes) felt bound thus publicly to call attention to it. (Applause.)

At this point of the proceedings Mr. Ellis Jones read a

letter from Dr. Bowen, which stated that the expenses of the case would be under 175*l.* The resolution was then put and carried unanimously.

Dr. Scholfield (Birkenhead), said he had received a letter from Dr. Hammond, of Preston, stating that a meeting had been held in that town in reference to Mr. Bowen's case, and that upwards of 17*l.* had been subscribed. Resolutions had also been past condemning the practice of Medical men giving evidence against their Professional brethren without first communicating with them, and in favour of establishing a General Medical Defence Fund for the protection of the Profession, the nucleus of such fund to be formed by the balance remaining after defraying Dr. Bowen's expenses.

Dr. Desmond moved and Dr. Fenton seconded, "That Dr. Stooks be requested to act as treasurer to the fund." This was adopted unanimously.

Mr. Manifold proposed, and Mr. Parker (Kirkdale) seconded, a resolution that the proceedings of the meeting be forwarded to the Medical journals. This was adopted.

Mr. Parker remarked that accusations of this kind were now so frequent that it would really in a short time be a question with many how far they would be justified in the treatment of cases which were likely to end in a manner not quite so satisfactory as they could wish. He suggested that a committee should be appointed from the present meeting to take into consideration some further means of preventing similar proceedings in future. The resolution was then adopted.

Mr. Lownder remarked that as Mr. Martin's name had been brought in question in connection with the case, and as Mr. Martin was present, it was desirable to hear any explanation he might wish to make.

Mr. Martin said that when he saw the case they asked him what he should propose. He said he would not do anything without meeting Dr. Bowen in consultation, and that he should like to meet him (Dr. Bowen). He (Mr. Martin), in consequence of this application to him, and hearing that the case was going to trial, thought it was his duty to go over to Oxton, and he had two interviews with Dr. Bowen. ("Hear, hear," and cheers.)

Thanks to the Chairman were then moved by Mr. Stubbs, seconded by Dr. Imlach, and carried unanimously; after which subscriptions were received, Mr. M'Cheane and Mr. Harrison acting as secretaries to the fund.

THE SURGEON-GENERAL OF THE FEDERAL ARMY.

Dr. Hammond, late Surgeon-General of the United States Armies, has just presented the following petition to the Senate, and is very confident of success in getting the decision of the court-martial reversed, so far as any stain on his private character is concerned.

"*To the Honourable the Senate of the United States.*

"The undersigned, a resident of the city of New York, and late Surgeon-General of the Army of the United States, respectfully represents,—

"That he has been deprived of his commission of Surgeon-General, and prohibited from again holding office under the Government of the United States, by the sentence of a general court-martial, under circumstances which he prays your honourable body to inquire into before confirming the appointment which has been made of his successor.

"He respectfully requests that your honourable body will cause to be printed and will examine the record of the court-martial, and hear such additional evidence, as he was, by the neglect of the Judge-Advocate to summon his principal witness, and by other circumstances, unable to lay before the court, but which it is now in his power to adduce.

"He affirms, in all sincerity, that he believes the finding and sentence of the court to be illegal, and not warranted by the facts of the case; that they were procured by conspiracy and false testimony; and that consequently his removal from office, and the disability placed upon him, are unjust and wrongful.

"By the failure to prosecute the civil suit instituted against him by order of the Secretary of War, and by the fact that there is no appeal from the decision of a court-martial to a higher court, your petitioner is debarred all opportunity of vindicating his unjustly aspersed character but such as your honourable body may see fit to afford him.

"For these reasons, he prays your honourable body to inquire into all the circumstances connected with his recent trial and dismissal, and to suspend action in the matter of confirming the appointment of his successor till such inquiry is made, with the view that, should it appear that your petitioner has suffered injustice, he may be, by Act of Congress, restored to the position from which he has been displaced.

"And your petitioner, as in duty bound, will ever pray, &c. "WILLIAM A. HAMMOND, M.D."

LEGAL INTELLIGENCE.

THE LATE SCANDAL AT THE NORTHERN DISPENSARY.

CLERKENWELL POLICE-COURT, JAN. 26.

(Before Mr. D'EYNCOURT.)

Mr. Sleigh, the barrister, said he was instructed by Mr. Wood, solicitor, of Lincoln's inn fields, to attend before Mr. D'Eyncourt to explain a report that had appeared in the 'Times,' relative to a case of a young woman who was charged before his worship with attempting to commit suicide by taking chloroform at a public dispensary in the Euston road. On that occasion, Mr. John Sebastian Wesley, the surgeon at the public institution mentioned gave evidence, and the report that had been published had called forth some very strong remarks, but the language was not at all too strong if all that had gone forth was true. There could be no doubt that there had been an intimacy between Wesley and the girl.

Mr. D'Eyncourt said he did not wish to stop Mr. Sleigh, but if he was to have an explanation given of every case that was reported, the business of the court would never be ended.

Mr. Sleigh said that it had gone forth that he had seduced the girl. Now, that was a clear misapprehension. He met her as he might any other girl in the streets, and she visited him, but he had requested her not to do so.

Mr. D'Eyncourt, having looked at the report, said it was very much like what took place. It did not appear from the report that he had seduced the girl. He believed that the girl did say that she had been living with the person mentioned, and he did not deny it when in the witness-box.

Mr. Sleigh said that the young man was of a nervous temperament, and had taken high honours. He had been discharged from his situation, and the report had caused him great anxiety, as it had his friends, who were highly respectable. He was anxious to say on his behalf that he had not seduced the young woman. The young woman had written a letter, stating that Mr. Wesley had not seduced her, and had also written to the newspapers, but her letters had not been inserted.

Mr. D'Eyncourt said that the letter written to Wesley seemed to have been drawn up by a lawyer.

Mr. Sleigh admitted that it was, but it was at the wish of the young woman. He would call the girl if he was allowed, to prove that Wesley had not seduced her, and that he had not, as she was reported to have said, "turned her off now that she was in the family-way." The report also made Wesley say, "Now that she was of no use or pleasure to him she had better go."

Mr. D'Eyncourt said he believed he did so say when under examination. He had no power over the press, and could not reopen the case.

Mr. Sleigh said that he had no doubt the press would take notice of the application, and there the matter dropped

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, JANUARY 17.

DR. PEACOCK, President.

In taking the chair for the first time, Dr. Peacock expressed himself as feeling highly gratified at being appointed to preside over the Pathological Society of London. At no period in its history, he remarked, had it been more flourishing than at present. He recollected some years ago hearing it stated that the Society was on its last legs, that it had exhausted the subjects for exhibition, and that the members were beginning to repeat themselves. After an experience of sixteen years, during which the Society had steadily increased in usefulness and reputation, they might well smile at such a remark. During that time the number of members enrolled had steadily increased, the interest of the meetings had been maintained, and there had been issued to the Society fifteen volumes of 'Transactions,' which he believed would bear a favourable comparison with those of any other society, and the general reputation of which was attested by the frequency with which they were referred to, not only in this country, but abroad. The success of the Society was due, he believed, chiefly to two causes. First, that it devoted itself to the study of a branch of Medical science of the greatest interest and importance. It had never degenerated into meetings for the exhibition of specimens of morbid anatomy, but had aimed at cultivating pathology in all its bearings. Fresh subjects of pathological interest were continually arising, and many such had received a large amount of the Society's attention, and important information for their elucidation would be found in the pages of its 'Transactions.' The other element in the success of the Society was, that it embraced a large number of young and energetic men; and if such continued to join the Society, and if the members continued to display the same energy, it would continue to increase in importance. He would say to the present younger members of the Society that their communications would also receive the greatest attention, and he would tell them that a reputation made in that room would be a sure prelude to higher distinction in a wider sphere. Many members who had been little known, and were amongst the most active at its commencement, now enjoyed a high reputation in their Profession, and he could confidently predict the same for those who had recently joined. The Society had from the first made it a point that the younger as well as the older members should be represented in the Council, and it would be seen from the list for the year that the principle had not been departed from. As regards the secretaries who had conducted the work of the Society during the last session, it was impossible for him to speak too highly, and they had to regret the loss of one of them—Dr. Bristowe. He would, however, be replaced by a gentleman, Dr. Murchison, whose labours in the Society and elsewhere afforded a sure guarantee that he would prove himself not less efficient than his predecessor. The President concluded by saying that, having attended all the preliminary meetings of the Society, and nearly all those for business, he had seen its steady progress, and that had afforded him the greatest gratification. He had been anxious to promote its interests in his former position, he could be no less so as its President. He felt, however, that his position was a difficult one. He could not forget that the post he was called upon to occupy had been previously held by the most eminent members of the Profession, and he especially alluded to the able presidency of his predecessor. It would, however, be his earnest desire to fill it worthily, and he hoped he should in doing so promote the interests of the Society. It would indeed be a source of great gratification if, at the end of his term of office, he preserved the same kindly feelings on the part of the members which were manifested towards him in his election as President.

A report, by Dr. HARLEY and Mr. FRANCIS MASON, was read on Mr. Fergusson's specimen of

GALACTOCELE.

The report was in great detail, a thorough chemical and microscopical examination having been made of the fluid. The chief results, however, were that the fluid differed from ordinary hydrocele fluid, with which it was carefully compared, simply in containing fatty matter. The reaction of the two was identical, so also was the odour, and both contained sulphuretted hydrogen. The specific gravity was also nearly the same, the ordinary fluid being only two degrees higher than the other. In fact, in all respects they appeared alike, except one, viz., in the absence of oleaginous matter in the ordinary fluid. As previously stated, by removing the fatty matter from the milky fluid it assumed the appearance of the other. The counter experiment was also made, and by adding animal oil to the ordinary fluid it assumed precisely the same appearances as the other. The natural conclusion, therefore, was, that the milk-like fluid was ordinary hydrocele fluid *plus* some of the fatty matter of the blood probably exuded by the capillaries of the tunica vaginalis.

Dr. WILKS showed a specimen of

LOSS OF THE PULMONARY VALVES.

A man, aged thirty-one, came amongst Dr. Wilks' out-patients, suffering from phthisis. He had at the same time a double bruit, heard over the valves of the heart, and traceable with equal intensity upwards on the left side. There was no indication in the pulse of aortic valvular disease, and yet from the improbability of the affection being in the pulmonary artery, it was thought to be due to an aneurismal or other morbid condition of the aorta. He had had an attack of rheumatism ten years before, and had since been obliged to leave a laborious occupation for that of a cabman. After death, which took place from disorganisation of the lungs, the cause of the systolic and diastolic bruit was found to be in the pulmonary artery. One only of the sigmoid valves remained, another had completely disappeared, and of a third there was a mere vestige at the point of attachment. There was no thickening of the healthy valve, nor other signs of an inflammatory process in the neighbourhood; the morbid process appeared to be simply an ulcerative one. Two of the aortic valves were slightly adherent as the result of a former endocarditis; the right ventricle was not enlarged. As regards the origin of the disease, Dr. Wilks said some difficulty existed. The fact of the patient's health failing after an attack of rheumatism ten years before might point to that time as the occasion of the mischief, whilst, on the other hand, the absence of all the ordinary signs of endocarditis, with the simple loss of the valves, might suggest a congenital malformation. The latter theory would be merely throwing back the time of the occurrence of the endocarditis to intra-uterine life, but would be favoured by the fact that affection of the pulmonary valves appears to be more prone to occur at that time than after birth.

Mr. HINTON presented a specimen of

SEBACEOUS TUMOUR IN THE TYMPANUM.

The case was peculiar inasmuch as instead of a single laminated mass enclosed by a membrane, which is the usual form in which these tumours are met with in the tympanum, two were present in the form of small rounded bodies of a glistening white aspect, and attached not to the walls of the cavity, but to a semi-membranous pultaceous mass, which filled it. This mass itself appeared to be of the same character as the smaller tumours, but to have undergone a process of decay. The membrana tympani was thick, white, and fallen in, and at its posterior part was a perforation, round and with smooth edges—apparently the point at which the growth of the tumour had commenced. The bone was not diseased, but the upper wall of the tympanum was thicker and denser than is usual, and also than on the opposite side. The Eustachian tube was pervious. The external meatus contained thickened flakes of epidermis. The vestibule contained a large quantity of otoconie much in excess of the usual amount. The nerve fibres were small, and of fibroid appearance, and some of the epithelium cells exhibited marks of fatty degeneration; in the semi-circular canals were numerous large circular or oval forms, lined with epithelium; these were not seen in the opposite ear.

In the cochlea the teeth appeared small and their outline indistinct. The patient was a man aged fifty-six, who died in Guy's Hospital of cancer of the liver. He could hear a distinct voice within a foot of the ear, and a loud click of the nail at the distance of six inches; he had been deaf in that ear (as he said "from colds") for upwards of twenty years; neither pain nor tinnitus. The left ear also had at one time been deaf, but was cured by syringing; in the left ear, the hearing of which, three weeks before his death, was good, though not acute, the tympanic cavity contained a large number of fine but firm adhesive bands which surrounded the assicula in all directions. The opecula were fairly moveable. Labyrinth healthy.

At the desire of the exhibitor, the specimen was referred to Mr. Toynbee and Mr. Thomas Smith for further examination.

Dr. CRISP exhibited the

STOMACH, DUODENUM, AND PART OF THE JEJUNUM OF A VERY FAT MAN, SIXTY YEARS OF AGE,

who weighed about eighteen stone. The case occurred in the practice of Dr. H. Davis, of Putney. The patient for many years had been a great eater and drinker. He suffered much from flatulence, and was in the habit of taking large quantities of aperient pills. He had coliky pains in the abdomen, followed by a low form of peritonitis, and sank six days after he was first seen. There was obstinate constipation, but no stercoraceous vomiting. The intestines were glued together by recent lymph, but no other mechanical obstruction was found. The stomach and small intestines were much distended and of large capacity, the coats of the former being very thin. The length of the stomach was fifteen inches; its breadth, when opened, eleven inches. The lower part of the duodenum and the jejunum, when opened, measured five and five and one-half inches from side to side; the kidneys were deeply imbedded in fat, and this material was deposited in many other parts to an enormous extent; thus, large flakes were connected with the small intestines that measured three inches in diameter. The liver was large, light-coloured, and very fatty, but notwithstanding this the fæces presented a normal appearance, and the gall-bladder was filled with what appeared to be healthy bile. It was thought that the great capacity of the stomach and small intestines was due to the long-continued overfeeding, gaseous distension, and the injudicious use of aperients.

Dr. CRISP likewise exhibited the

LUNGS, SPLEEN, AND OTHER PARTS OF A YOUNG ORANG [*S. satyrus*] (WITH WAX CYSTS).

The right lung was in a state of grey hepatisation, and the spleen, which had a supplementary one attached to it, had several small tubercles attached on its surface. This was the only organ affected with tubercle, and Dr. Crisp had met with the same localisation of tubercular deposit in other of the quadrumana, but he believed that in man tubercle was never confined to the spleen alone.

With these preparations was sent round the os penis of the chimpanzee and orang, a discovery Dr. Crisp thought that would tend much to lower these brutes in the animal scale.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examination for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 24th ult., viz.:—Messrs. George Fortescue Webb, Exeter, St. Bartholomew's; George Clements, L.S.A., Brixham, Devon, Middlesex; Richard Douglas Powell, St. John's-wood, University College; Griffith Griffith, Pwllheli, North Wales, Liverpool; Richard John Lupton, Bradford, Yorkshire, Liverpool; James Fernie, Kimbolton, Hunts, Middlesex; George Stokes, Hanley, Staffordshire, Dublin; James Taylor, L.S.A. and L.F.P. and S. Glasgow, Chapel-en-le-Frith, Glasgow; George Dixon, M.D. Edin., Penrith, Cumberland, Guy's; Robert Duncan Logg, Calcutta, University College; Charles Webb Iliffe, Coventry, Birmingham; George Arthur Rogers, Commercial-road, London; Thomas James Webster, Conway, North Wales, Manchester; Frederick Sutton, L.S.A., Norwich, Guy's; John Brady, Belfast; Samuel James Hulme, Bowdon, Cheshire, Manchester; Henry Pearson, Manchester; Thomas Edgelow, Teignmouth, Devon, St. George's: David Wilson, Carmoney, Antrim; Robert Whipp, Bowden, Cheshire, Manchester; William Bell, Uppingham, King's College; Thomas Wilson, Darlington, Newcastle; and Anthony Charles Farrington, Ottery St. Mary, Devon, St. Bartholomew's. At the same meeting of the Court Messrs. Charles Henry Slaughter, of Her Majesty's ship Royal Adelaide, and George Bellamy, of Haslar Hospital, Gosport, members of the College, their diplomas bearing date respectively June 20, 1856, and August 31, 1859, and Henry Normand M'Laurin, M.D. and L.R.C.S. Edin., of Greenwich Hospital, passed their examinations for naval surgeons.

THE LATE PROSECUTION AGAINST DR. E. BOWEN.—MEETING IN PRESTON.—A meeting of the Medical Profession of Preston was held at the Literary and Philosophical Institution, Cros street, on Wednesday evening, 18th ult., for the purpose of expressing sympathy with Dr. Essex Bowen, of Birkenhead, on the occasion of the unjust prosecution to which he has recently been subjected. At the meeting there were present Drs. Altham, Broughton, Brown, Gilbertson, Hammond, Heslop, More, Ridley, Smith, Stavert, and Walling, and Messrs. Pilkington, and Richardson. Dr. Stavert occupied the chair. Letters, approving of the objects of the meeting, and expressing strong sympathy with Dr. Bowen, were read from Messrs. Allen, Haldan, and Howitt, of Preston; Ashton, of Walton-le-Dale; Gradwell and Fisher, of Lytham; and Eccles, of Longridge. The first resolution was proposed by Dr. Broughton, seconded byDr. Hammond, and carried unanimously, viz.:—"That this meeting sympathises most deeply with Dr. Bowen on the annoying and vexatious trial to which he has recently been subjected, and begs most cordially to congratulate him on its satisfactory termination." The second resolution, which was proposed by Dr. Gilbertson, seconded by Mr. Pilkington, and carried unanimously, was as follows:—"That this meeting most strongly condemns the practice of Medical men giving evidence against their Professional brethren without first communicating with them." The third resolution was proposed by Dr. Smith, seconded by Dr. Altham, and carried unanimously —"That a subscription be commenced to assist in defraying Dr. Bowen's legal expenses, and that Dr. Hammond be appointed treasurer, and Dr. Moore honorary secretary." It was next moved by Dr. Altham, seconded by Dr. Ridley and carried unanimously:—"That this meeting is of opinion that it is desirable to establish a General Medical Defence Fund for the protection of the Profession, and suggests that any funds left after defraying the cost of Dr. Bowen's suit should be devoted to that object." The last resolution was proposed by Dr. Walling, seconded by Mr. Richardson, and carried unanimously:—"That copies of the foregoing resolutions be forwarded to the different Medical journals, and to Dr Scholfield, the chairman of the Birkenhead meeting." A vote of thanks to the chairman terminated the proceedings.

LONDON HOSPITALS.—Two ladies, Miss Foster, of Hyde park square, and Miss Ellis, of Balham hill lately deceased, have left the following sums to Medical charities:—The first-named lady of 1,000*l.*, to the Charing cross Hospital, and the latter of 100*l.*, to the Royal Free Hospital, and similar amounts to the Asylum for Idiots, and other institutions not strictly Medical.

ROYAL MEDICAL COLLEGE.—An extraordinary general meeting of the Royal Medical College was lately held, when Lord Granville, K.G., was elected president, Lord Chelmsford having retired, from increasing duties in the House of Lords. After some discussion the following bye-laws were unanimously adopted:—2. *The School.*—The school is intended for the education of boys between the ages of eight and nineteen, none being above fifteen years old on admission. Two hundred or more of such boys shall reside in the college; forty of them shall be foundation

scholars, and the remainder may either be exhibitioners or other pupils (the sons of members of the medical profession), or the sons of gentlemen not in the medical profession; but boys of the latter class shall be admitted only when there are vacancies not required for the sons of medical men. The foundation scholars shall be educated, boarded, clothed, and maintained by the College, except during the school vacations. The exhibitioners shall be the sons of some of the less fortunate members of the medical profession, and shall be admitted by the Council in such numbers and under such regulations as the Council may from time to time determine. They shall pay not more than 30*l.* a year each for education, board, lodging, and washing, without any extra charge for the use of books or school materials. Other pupils, the sons of medical men, shall pay 40*l.* a year for each of the like advantages. Pupils not the sons of medical men shall be admitted on such terms as shall be from time to time fixed by the Council, and any profit which may arise from their admission shall be added to the Exhibition and Scholarship Fund. Every boy entering the College after Easter Term, 1865, except the foundation scholars, the Surrey Society's scholars, and the exhibitioners, shall pay to the Exhibition and Scholarship Fund an entrance fee of two guineas, and (after his first year) a fee of seven shillings a term. All payments shall be made in advance at the commencement of each term. 22. *Exhibition and Scholarship Fund.*—The Exhibition and Scholarship Fund shall be formed from the fees and profits assigned to it by the 2nd and 23rd bye-laws, and from subscriptions, donations, and bequests, specially made to it. Governors of the College only, who shall contribute one guinea annually, or ten guineas as a life donation to this fund, or shall collect twenty guineas for it, shall be entitled to an additional vote at the election of pensioners and foundation scholars for every such subscription, donation, or collection. The exhibition shall be of the value of not less than 10*l.* a year each. Donors or collectors of 50*l.* each, if paid at one time, and executors paying a legacy of 100*l.* to this fund, or such other sums as the Council may from time to time determine, shall be entitled to present one boy duly qualified to become an exhibitor to an exhibition of not less than 10*l.* a year, tenable for five years or any shorter period during which such boy shall remain in the school, provided that in every case the nominee be approved by the Council, and be not more than fourteen years old on admission. Such donation, collection, or bequest shall not give any additional right of voting in respect thereof. The scholarships shall also be of the value of not less than 10*l.* a year each, and shall be open to the competition of the whole school, under such regulations as the Council may from time to time determine. Two-thirds of this fund shall be appropriated to exhibitions and one-third to scholarships. 23. *Day Scholars.*—The day pupils, who shall not necessarily be the sons of medical men, shall be admitted by the head master. They shall pay 12*l.* a year each if the sons of medical men, and 15*l.* a year each if not the sons of medical men, for education, inclusive of the use of books and school materials. They shall also pay two guineas entrance fee, and (after their first year) a fee of seven shillings a term, to the Exhibition and Scholarship Fund; to which fund any profit arising from their admission shall likewise be applied. In addition to the above, the sons of pensioners may be admitted by the Council as day pupils, on such terms as the Council may from time to time determine.

THE PRICE OF SULPHUR.—Since vine-dressers have discovered that sulphur preserves vines from the disease called oidium which has caused such a destruction of property in the wine-producing district of France of late years the price has greatly increased although the produce of the Sicilian mines has increased in a similar proportion. In the year 1831 the proprietors of sulphur mines in Sicily exported 474,000 metrical quintals of sulphur worth 9f. 50c. on board. In 1861 the export amounted to 2,500,000 metrical quintals valued at 13f. 50c. the metrical quintals, and at present the export exceeds 3,000,000 quintals, and the price has increased to 14f. 50c. Notwithstanding the 40,000,000f. paid by foreigners to Sicilian merchants annually for sulphur, the mines are worked in a most slovenly manner. The owners make no effort to meet the increased demand, nor have they improved their machinery. The consequence is that foreigners established in the island have introduced the fabrication of sulphuric acid from pyrites. It appears further that half the mines are not worked, and that those who work their mines do so in the rudest manner. They neither use steam-engines for drawing off the surplus water, nor do they employ railways for the interior service; all is done by manual labour. Independently of these causes there are others which contribute to the maintenance of the high price of the article, such as the bad state of the roads, the total absence of all facility in shipping the article in the Sicilian ports, where men are to be seen carrying sulphur in baskets on their heads while up to their waists in water, in order to reach the ship to be laden. It is expected that an improvement will shortly take place in consequence of the provincial councils undertaking to make roads and the Victor Emanuel Railway Company having received a concession to establish railways in Sicily. The sulphur question is not only of great importance to France as a wine-producing country, but likewise because many French farmers steep the seed of various plants in a solution of sulphur to protect them from the ravage of insects. It is further proved that sulphur in many cases is indispensable for the nourishment of diseased vegetables. It has been used with great success in the cultivation of the cotton plant, both in France and Algeria. Many French farmers have likewise used sulphur with the best result when they have found a difficulty in procuring lime; in fact, the advantage farmers have derived from the use of sulphur is one of the principal causes of the increase in its consumption.

POISONOUS WAFERS AND VISITING CARDS.—In a recent number of the 'Journal des Connaissances Médicales,' Dr. Caffe notices M. Chevallier's remarks on the dangers which may arise from the use of coloured wafers. These thin leaves of dry paste are tinted with poisonous substances of the most dangerous character: the red wafers are dyed with red or orange minium; the green wafers with arsenite of copper; white wafers with carbonate of lead; the blue colour is obtained with pulverised ultramarine; the violet hue with roseate and blue-lake; and the yellow pigment is chromate of lead. Poisonous substances being thus largely employed in these preparations, the danger of allowing coloured wafers to remain for any length of time in contact with the surface of the tongue is self-evident. The foregoing observations also apply to glazed visiting cards, which children sometimes imprudently carry to their lips; a grandson of M. Robinet was thus all but poisoned. M. Chevallier has ascertained that of a total number of 439 cards left at his house on the 1st of January, 1864, 270 were glazed with carbonate of lead, and 159 only with zinc-white. The diseases to which all workmen employed in lead-factories, and also painters and manufacturers of glazed cards and papers, are liable, ought to cause zinc-white to be universally used as a substitute for ceruse on account of its entire innocuity.—'Journal of Practical Medicine and Surgery.'

THE LADIES' SANITARY ASSOCIATION has distributed during the past year nearly 100,000 of its useful sanitary and other tracts, and upwards of 700,000 since its commencement—a moral force which implies a vast extension of public and really popular opinion in favour of ventilation, cleanliness, sobriety, and many other domestic improvements.

MORTALITY AT GLOUCESTER.—The number of deaths registered at Gloucester during 1863 was at the rate of 29·54 per 1,000 (the average of all England being only 22·14). This large increase is stated to be owing to the prevalence of scarlet fever during that period. The deaths of children under five years of age amounted to upwards of 51 per cent. of the mortality of all ages.

THE ADVERTISING QUACKS AND THE PRESS.—By the whole world (outside Downing street and the Medical Registration Office) is the fact distinctly known and recognised, that in the United Kingdom exist some hundreds of

swindlers who amass fortunes, not only by false pretences, but by false pretences which drain the purses, the health, and the spirit of their dupes—that these persons and their nefarious practices are well known to the law, and could by a movement of the Legislature be at once crushed almost entirely out of existence, and yet are permitted to exist unmolested while the so-called "great Palladium of British Liberty," the English Press, knowingly lends its powerful aid to these swindlers for the sake of the income which the furtherance of such crimes brings to their coffers. We have this moment before us a Dublin newspaper, happily little known, the 'Commercial Journal,' which contains the announcements of no less than twenty-one of these swindlers, many of them couched in language of gross obscenity, and to the great majority of which the name of the proprietor of the Journal or the address of its office are appended as of the vendor and depôt for sale. We would ask the editor of this creditable specimen of the Irish Press whether he knows that his twenty-one clients are swindlers and their twenty one advertisements filthy traps for the lives, health, and peace of mind of his readers, and whether he thinks that obscenities, which we should blush to transfer to our columns, are fitted to the tastes of his subscribers.—'Medical Press.'

CHARITABLE BEQESTS IN WARSAW.—Dr. Rouczwiez has just died at Warsaw, leaving a sum of 310,000 Polish florins for philantrophic works, of which 150,000 are to be laid out in the purchase of a plot of ground for the Medical Society. An annual sum has also been set apart for two student.

PETROLEUM IN SCABIES.—M. Decaisne, of Antwerp, treats itch by simply spreading this oil all over the body of the patient. He has obtained excellent results, and finds that the emanations from the oil purify the clothes which are put on immediately after the operation. He dispenses with the soap, the bath, the sulphur, and the liquid sulphuret of lime used in the Belgian army.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, FEB. 1.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Obstetrical Society of London, 8 p.m.—Dr. Snow Beck, "On Puerperal Fever."—Mr. I. Baker Brown, "New Mode of Securing the Pedicle in Ovariotomy, with a Case;" and other papers.

THURSDAY, FEB. 2.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Tyndall, F.R.S., "On Electricity;" Chemical Society, 8 p.m.—Dr. Hofmann, "On Lecture Illustrations;" Harveian Society of London, 8 p.m.—Dr. Charles Drysdale, "On the Antecedents and Treatment of Phthisis."

FRIDAY, FEB. 3.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Prof. Odling, "On Aluminium, Ethide, and Methide;" Western Medica, and Surgical Society of London, 8 p.m.—Mr. Geo. Nayler' "On Syphilitic Diseases of the Skin following Vaccination.'

SATURDAY, FEB. 4.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Marshall, "On the Nervous System."

MONDAY, FEB. 6.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, FEB. 7.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Irrationale of Speech. By a Minute Philosopher. London: Longman and Co., Paternoster row, E.C.

On Food as a Means of Prevention of Disease. By Erasmus Wilson, F.R.S. London: John Churchill and Sons, 11 New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE HARVEIAN SOCIETY.—The notice has been received.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
Chas. Arnison, Esq., Alston	0	10	6
J. Byerley, Esq., Birkenhead	0	10	6
Dr. Lambert, ditto, per J. Byerley, Esq. .	0	10	6
R. S. Daniel, Esq., ditto	0	10	6
Dr. Downing, ditto ditto	0	10	6
Amount previously announced . . .	111	16	0
Received at the 'Lancet' Office . . .	6	16	6

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

Jan. 25, 1865.

THE OBSTETRICAL SOCIETY.—The notice has been received.

X. Z.—There is no truth in the report of the death of the physician alluded to.

A SUBSCRIBER.—We are happy to learn that the disputes between the Council of the Royal Medical Benevolent College and some of the subscribers to that institution have happily terminated in a compromise. We have printed a brief report of the proceedings in our present number.

MR. B., *Liverpool.*—As Mr. Lund has expressed his regret for the error he committed, and has contributed the handsome sum of fifty guineas towards the fund raised for Dr. Bowen, we think that his mistake should be forgiven. He received only fifteen guineas for giving evidence at Liverpool; but we would say to him and to some others who have similarly erred, "Pray don't do so again."

A GOVERNOR.—We think that enough has been said on the subject of Mr. Wesley. Our own statement on the subject was perfectly correct, and its truth and justice have been borne out by subsequent events. We understand that Mr. Wesley has instituted legal proceedings against the Journal alluded to.

THE ROYAL INSTITUTION.—The notice has been received.

NEPOS.—The chloric ether, as it was improperly called, was a solution of chloroform in spirits of wine. The preparation is now called Spiritus Chloroformi in the British Pharmacopœia, and consists of one part of chloroform to nineteen parts of spirit.

A SUFFERER.—Avoid the quacks as you would avoid a pestilence. If you once enter into their clutches you are ruined. Consult any respectable Medical Practitioner.

DR. T. shall receive a private note.

WE have received a copy of the 'Ashton and Staleybridge Reporter' which contains a report of some proceedings of the Board of Guardians of the Union of Ashton-under-Lyne, and a leading article indignantly commenting upon those proceedings. The Guardians have been endeavouring to cut down the fees of the Union Medical Officers, under the pretence that some of the cases to which they were called were not cases of difficulty. The writer of the leading article protests against the parsimony of the Guardians in matters concerning the life or death of the sick poor, and thinks this conduct on their part more reprehensible, when the distress of the operatives in Lancashire is taken into consideration.

VIGILANS will not fail to notice the grievances alluded to by his correspondent at Lynn, most probably next week. It is a practice which prevails in other localities as well as Lynn. The quackery brought to his notice by T.M. will also come under his lash.

R. T.—It is not true that Mr. Arnott has retired from practice. He has only removed from New Burlington street to Chandos street, Cavendish square.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ABSTRACT OF A PAPER ON THE DIAGNOSIS OF EMBOLIA (*a*) AS AFFECTING THE GREAT VESSELS OF THE HEART.

Read at the Harveian Society

By Dr. STEWART.

Dr. Stewart wished to draw the attention of the Society to the following cases and to the few comments he desired to make upon them, and he trusted to be able to draw a clear line of diagnosis which would enable us to recognise this disease at moments when every minute lost might be a life lost.

CASE I.—S. A. W., æt. thirty-five, a widow, who, while enjoying apparent good health, was suddenly seized with fainting, vomiting, cramps, and coldness of the surface, and one hour afterwards, when seen by Dr. Stewart, she was in a state of complete collapse, with general cyanosis of the skin, and died five hours after being first attacked. The post-mortem results were—1. General venous congestion, externally and internally; 2. Interlobular emphysema of both lungs, with pulmonary apoplexy; 3. In the heart: hypertrophy, dilatation, atheroma, softening, all the valves diseased, and the cavities full of black fluid blood; 4. A large clot of partially decolorised fibrin attached to the lining membrane, and filling up the aortic orifice so as completely to occlude it.

CASE II.—M. H., æt. forty-nine, a single woman, fell down suddenly and expired without a word or groan. For ten years she had suffered from angina pectoris, but for two months previously to her death had been very well. There was cyanosis of the head, face, and neck. Post-mortem results—1. General venous congestion externally and internally; 2. Pulmonary apoplexy and emphysema; 3. The heart: hypertrophy, dilatation, atheroma, softening, all the valves diseased, the right cavities full of dark fluid blood; 4. Two fibrinous clots filling up the pulmonary artery.

CASE III.—C. S., æt. fifty-seven, a gentleman, and married; for more than thirty years had not complained of ache or pain; fell down and immediately expired after taking a short walk. Dr. Stewart saw him within five minutes of his falling down; he was quite dead, and his head, face, neck, and upper part of the body was of a deep blue-purple colour. The post-mortem appearances were—1. General venous congestion of the skin of head, face, neck, and upper extremities, and of all the internal organs; 2. Pulmonary apoplexy and emphysema, with interlobular emphysema of the right lung; 3. The heart: hypertrophy, dilatation, softening, atheroma, all the valves diseased, right cavities full of black fluid blood; 4. A large clot filling up the vena cava descendens, extending into both subclavians, about six inches in length.

CASE IV.—E. G., æt. forty-six, a married woman. During the puerperal period of her first confinement, fourteen years since, was seized with hemiplegia of the left side, which existed partially at the time of her fatal seizure. After returning from a short walk, became suddenly faint and vomited, with dyspnœa and great excitement; had numbness of the partially paralysed arm and hand, blueness of the surface, and a grasping sensation of the left shoulder. Two hours afterwards her dyspnœa became greatly aggravated, with violent palpitation of the heart; countenance greatly excited; vomiting increased; exhaustion; cyanosis of the head, face, neck, and the upper part of the body; pulse 140; respiration 70; dulness and loud sonorous breathing over the right chest. In the evening, nine hours after, the symptoms continued much the same, her vomit consisting of a frothy mucus highly coloured by blood. Forty-nine hours after her first attack she had a second, which speedily ended in collapse, and five hours afterwards in death. No post-mortem was allowed.

In all these cases the cyanosis was of a deep purple hue, so deep as is only to be seen in cases of strangulation by hanging, strangulation from some other cause, or in the blueness of collapse arising from cholera; a venous congestion of highly carbonized blood. The clots of fibrin in the first three cases were for the most part decolourised, with fresh deposits of blood adhering; and in the cases of M. H. and C. S., they were undergoing in some parts softening with the deposit of fat and oil globules, and in all the cases were more or less firmly attached to the lining membranes of the vessels they were found in. Dr. Stewart said that if he was called to a patient who was suddenly seized with extreme excitement of the nervous pulmonary and arterial systems, great anxiety of the countenance, with blueness of the surface, coming on, in a state of apparent health, without evident cause, accompanied by fainting, vomiting, and great exhaustion, he should not hesitate to diagnose a plug or plugs of fibrin in one of the great vessels of the heart. If, in a case of sudden death without apparent cause, he found extreme venous congestion of the face, neck, and upper part of the body, he would come to the same conclusion.

(*a*) From *embolus*, a wedge, a pin, the bar of a door, or anything inserted.

HOSPITAL REPORTS.

(By Dr. G. DE GORREQUER GRIFFITH.)

CHARING-CROSS HOSPITAL.

Cases under the care of Dr. WILLSHIRE.

There were in the house two cases of syphilitic lepriasis: one was that of a middle-aged woman, somewhat emaciated in appearance and of a broken-down condition; the other was that of a young man, of apparently excellent health and condition, being muscular in development and ruddy in complexion. Dr. Willshire drew attention to the fact that the mercurial preparation which was being administered, and had been employed since the patients had come under his care, affected the subjects of the administration in very different ways, the woman being with difficulty brought under its influence as a salivating agent, while the man was so readily influenced that the drug had to be reduced, at an early period of its employment, to a minimum quantity for each dose. The preparation used was the proto-iodide of mercury. There are different forms of lepra described by authors:—Lepra alphoides; L. vulgaris; L. tuberculosa; L. prominens; L. nigricans.

The term "vulgaris" is applied to that form of the affection which most commonly occurs, and which is characterised by the following symptoms:—Upon the extremities first, and subsequently upon the trunk, appear a few isolated, reddish, and smooth spots, evidently raised above the surrounding integument; from these the smoothness disappears, and scales are found covering each spot. These eminences are, as we have said, isolated when they appear; this state is soon done away with, and each becomes, as it were, the centre of development around which many others are formed. In this way, a circularly-shaped patch is made and usually with its margins clearly defined and elevated. This definity and elevation communicate to the centre of the patches the semblance of being depressed. The scales are very fine and delicate; diaphanous, though tough; and glisten at the same time that they are capable of transmitting the light; they are not quite white, being rather grey or of a yellowish cast of colour. Each spot is not covered with only one scale; on the contrary, a number of scales become heaped upon each other, and when removed, are again quickly replaced by new ones.

The patches enlarge with different degrees of rapidity in

different cases, and, when thus increasing in size, continue to preserve their original form, unless one patch should run into another, so that the natural appearance of both be lost and an irregularity of shape be presented. The confluence of the patches is most generally to be noticed when the eruption appears in the neighbourhood of the joints, but we would not wish it to be understood as confined to these localities.

With the spreading of the patch, the periphery does not at all become shaded off into the surrounding healthy skin, nor in any way indistinct; the centre, however, undergoes a marked change, the scales falling off, the roughness and redness disappearing, and giving place to the natural white skin. The result of this transformation is, that the eruption loses its original characteristic marks and distinctive traits, and comes to resemble that affection commonly known under the cognomen of "ringworm." The extent to which the spreading may take place is sometimes so great as to cover an area of a foot or even more.

The face is very seldom involved, and will be found to escape even when the disease shall have extended itself to the very margin of the scalp, that is, to the very last row of hair-bulbs of the forehead and temples. Of the limbs the parts it selects are those contiguous to the joints, and in these situations it will sometimes linger with an obstinate tenacity, as though the contact of the adjacent and opposite portions of integument, whence a certain amount of perspiration exudes, tended to keep up the diseased cutaneous action.

We have said that the face is very seldom engaged in the lesion; the same remark holds good concerning the hands.

The duration of simple lepra (lepra vulgaris) is by no means certain. In some instances it readily yields to the proper treatment; in others, again, it is very obstinate and rebellious to all methods of remedial agencies; and frequently, when ameliorated or removed, recurs with renewed vigour.

It has been mentioned above that when the scales drop off, the skin on which they had been superimposed is smooth; but we would note this with some reservation, inasmuch as cases are to be met wherein the integument, instead of returning to its natural softness and smoothness, to, in fact, its healthy condition, becomes furrowed more or less deeply in different parts, the furrows intersecting each other in various places, and giving to the surface thus lineated a peculiar net-like arrangement.

A certain form of lepra has received the name of "alphoides," because the scales are particularly white. This kind of the affection is met with upon the limbs more frequently than upon any other part of the body, and the patches do not attain a large size, in some instances covering an area of only a few lines.

The lepra "nigricans" is that in which the characteristic patches wear a dark livid hue.

Lepra "prominens" is known by the individual patches being rather small, not usually even an inch in circumference, and, while preserving the diagnostic circular shape, being covered with a number of scales, the topmost of which is the smallest, and the lowermost, or that next the skin, being the broadest. A cone is in this way formed; its base is broad, while its apex is narrow though not elevated much above the surrounding integument. It is not unlike psoriasis in some of its features, but is distinguished from it by its peculiar circular shape.

Causes.—Under this head may be ranked poverty of blood and want of cleanliness of skin. These conditions being most frequently met with in the poor, it follows, therefore, that amongst the poor the affection should be, as it is, most frequent. There is not, however, an immunity on the part of the rich or higher classes.

It may be predisposed to by the gouty or rheumatic diathesis, and, indeed, by any taint or agency which tends to interfere with the nutrition of the skin and with the proper performance of its peculiar functions.

The affection sometimes seems to be induced by any burst of passion, or any sudden emotion, or even by the nervous shock communicated to the system when the person takes a cold drink being at the time overheated; and the drinking of certain articles, the eating of particular kinds of food, are, likewise, to be regarded as causes, inasmuch as the ailment has in a number of instances been traced back to them as the sources whence it emanated.

In the purely local forms of the malady local causes are to be looked upon as the sole originators, the constitution being not at all engaged.

The spring and autumn are the seasons of the year when it prevails. It affects both sexes alike, and in about an equal proportion as regards numbers. Children are liable to it, but not with so great frequency as adults.

GENERAL CORRESPONDENCE.

REVELATIONS OF QUACKERY.

LETTER VI.

To the Editor of the Medical Circular.

SIR,—In concluding my last letter, wherein I exposed the manner in which the quacks treat patients who apply to them labouring under venereal diseases, I remarked that, large as the sums may be which they obtain from this class of patients, they are trifles in comparison with those they secure from the *real* or the *imaginary* sufferers under spermatorrhœa and other derangements affecting the sexual functions. Patients of this description are highly nervous; they entertain the most exaggerated notions as to the serious character of the real or imaginary maladies under which they labour; indeed, they very generally fancy themselves to be on the verge of impotency, if not actually impotent. Hence, they offer themselves ready victims to the system of intimidation and extortion which it is my object to expose.

The circumstances which very generally induce patients of this kind to apply to some one of the quacks are something like the following. A young man who has, whilst a lad, been unfortunately initiated into a certain habit, is attracted by the advertisement of one of these men, wherein the practice of self-abuse is openly referred to in connection with nocturnal emissions, spermatorrhœa, and other affections of the sexual organs. His curiosity, and it may be his fears also being excited by these references, he buys the book. Now on reading it, he will find the most frightful description given of the evils resulting from the practice of the habit of which he has been guilty. Amongst the first of these he will see paraded the occurrence of involuntary nocturnal and diurnal emissions.

Now, involuntary nocturnal emissions are common, and indeed, natural, to all young unmarried men not indulging in regular sexual intercourse. However, as this is a fact not generally known to the mass of patients, this representation makes a capital fulcrum for the quacks to which to work on the fears and the credulity of the patient inasmuch as such a patient as I am now describing will especially if he has abandoned the habit referred to, be sure to have had occasional involuntary nocturnal emissions. Under these circumstances, and, as I have just stated, ignorant of the fact that such losses are, with rare exceptions perfectly natural, he is horribly frightened on finding the described as the first of a long catalogue of terrible maladies represented as following on self-abuse, on sexual excesses and all kinds of involuntary seminal losses; and as he now believes himself the victim of the first of the terrible maladies so ostentatiously paraded as the inevitable consequences of his past habits, he not only immediately jumps to the conclusion that he is already suffering under a serious affection of the generative system, but he also believes that he will quickly and surely be overwhelmed by all the other terrible maladies which are always so graphically described in books of the class he has been reading. Again, he has stated in them, that involuntary emissions have happened to patients riding on horseback, or on the mere occurrence of an erection, or on their voiding their fæces or expelling the urine. Henceforth, he fears to mount a horse lest the occurrence of an erection is dreaded; he visits the water-closet in fear and trembling, and watches the urine as it is voided with keen and anxious eyes.

Now, under certain conditions, it may happen that slight mucous discharges will take place on all these occasions without being of the slightest importance in an injurious sense. But as the patient is not aware of this fact, he no sooner observes them, than he at once assumes them to be seminal, and then arrives at the very summit of mental misery. His imagination evermore runs upon nothing but his sexual organs, and he becomes a veritable sexual hypochondriac, or it may even be a monomaniac!

Whilst in this deplorable condition, he, in an evil hour, determines on consulting the apparent author or authors of the book he has been reading. On doing so, he will in many instances be marched upstairs and downstairs, through gorgeously furnished drawing-, dining-, and billiard-rooms, and finally ushered into the sanctum of the fortunate owner of all this splendour, where he will be left to ruminate and wonder at the ostentatious display of wealth that has been submitted to him.

Now, all this may appear to the uninitiated as a very useless or even ridiculous proceeding; but, in truth, it is not so, and is not done without due calculation as to its probable effect on the mind of the patient, when the question of fees becomes the subject of discussion. For how can a patient, especially a nervous one, call in question the professional charges of so evidently successful a practitioner? How is it to be expected that the owner of such an establishment can give his valuable professional services on the same terms as Mr. Bolus round the corner, with his blue and red lamp, and modest, not to say humble, appointments? Nay, Mr. Scalpel (who resides nearly opposite one of these establishments), the "GREAT OPERATOR," the "SUCCESSFUL CONSULTING SURGEON," with his pair of horses and chariot and well-appointed house, can bear no comparison with his neighbour's splendid horses, carriages, and houses. And well assured I am that, eminent and justly eminent as he is, if he attempted to obtain the enormous fees exacted by the men to whom I refer, he might, to use a vulgarism, "whistle for them." Indeed, the contrast which patients exhibit in this respect when attended by duly-qualified Medical men and when consulting quacks is not a little singular. And here, although I am leaving the patient waiting in the quack's sanctum all this while, I cannot help stopping to relate a circumstance which happened to myself, and which fully confirms this statement. In the course of last summer I received a letter from an officer quartered at ———, inquiring if I should be at home on a certain day, and requesting me to write and say at what hour I could see him, as he intended coming up to London to consult me. I duly replied. On the morning of the day on which he should have called, I got a second letter, saying regimental duty would prevent his coming up as he had intended. He then stated he thought he laboured under spermatorrhœa, and passed semen when he voided his urine. He therefore desired to know, if he sent me up several different samples of urine, if I would examine them and send him a written report of the result; and he further asked what would be my fee for doing so. I replied that I would do as he wished, and that my fee would be two guineas. To this I got no immediate reply, but after an interval of some weeks I received another letter in which he said it was his intention to come on a day he named, and he requested me to write and say if I should be at home. He ended his letter by remarking that he thought the charge of two guineas very high. This made three letters that I had written. Well, on the day named, he arrived, bringing with him several different bottles of urine, all of which he required me to examine. I did so, and did not detect in any one of them the slightest trace of semen; and, indeed, I found on questioning him that, beyond some slight local debility, there was little or nothing the matter with him, and so I told him when he, after again remarking he thought the fee high, most reluctantly paid his two guineas. Now, mark what had been this man's antecedent conduct when subjected to the frightening system pursued by quacks. In the course of conversation I learnt from him that he had formerly consulted one of the keepers of the anatomical museums to which I have referred, and that this worthy had so thoroughly frightened him, by telling him he laboured under spermatorrhœa, and by representing that disease as most terrible in its consequences and difficult to cure, as to induce him to agree to pay the enormous fee of *five hundred pounds* for a promised cure! and in pursuance of that agreement had actually at once written a cheque on his agents for TWO HUNDRED AND TWENTY POUNDS (all he had at the time), and given a bill at a short date for the balance, 280*l.*! The next day he began to reflect on the egregious folly of which he had been guilty, and resolved not to return to the quack, but quietly submit to the loss he had sustained. Not the least strange part of the story is the fact that no application was made to him to pay the acceptance he had given. All persons thus acting are not so fortunate, as I shall show in my next.

However, let us now return to the patient we have all this time left anxiously waiting the appearance of the pretended Medicus. Well, on that worthy's arrival, the patient will give all the painful details of his case, and whilst he is doing so, everything that can by looks and words be done to increase his alarm will be systematically practised. The history finished, questions will be asked him as to his avocations, position, and means, all apparently with the view of elucidating the points of his case, but in truth with the sole object of ascertaining to what extent it is likely he will bear bleeding in a pecuniary sense. This essential information obtained, the quack at once sets his moral rack to work. Everything will be said not only to confirm the patient's fears, but to increase them. He will be desired to pass his water and the quack will then leave the room on the pretence of making an analysis and a microscopical examination of it. By-and-by he will return, wearing a grave expression of face, and say he regrets to have to announce to the patient that he has found the urine to be loaded with semen; so that, in addition to the nocturnal emissions, he is suffering a daily and constant waste of semen on each occasion of urinating. Should the patient ever have observed any discharge escape at the water-closet, he will be assured that that is also semen. Sometimes they will offer to show the unfortunate dupe with the microscope the spermatozoa floating in the urine; and as they have always a supply of semen ready to mix with any victim's urine, this is easily done. The effect of this is tremendous on the patient, as he thinks this ocular demonstration of the truth of the assertions of the quacks is "confirmation strong as proof of holy writ" of whatever he has said or may after say; and, in truth these worthies do not fail to draw pretty freely on the further credulity of their dupe. Thus he will be told that, unless this dreadful waste be at once stopped, he will become impotent; he will be liable to spinal disease, softening of the brain, or become *insane!* Having by these means frightened the poor sufferer out of his wits, hopes of a cure are artfully held out to him; and in some instances a moderate sum named as the price of a cure, as occurred in the following instance:—A gentleman who recently consulted me on a supposed case of spermatorrhœa informed me that he had been induced to consult one of the quacks. At his interview with this party, after he had given the particulars of his case, he was informed that he could certainly be cured and the cost would be twenty guineas. As this appeared a moderate sum, he at once paid the amount. The quack then left the room, and shortly returned with a package of medicine. He then, after giving certain directions as to the mode of taking the medicines, proceeded to inform the patient that it would be absolutely necessary for him *to remain in bed for the six weeks during which he would have to take the remedies, and that he must have a nurse to sit up with him at night, in order to wake him and give him the medicines regularly!* adding that if he (the patient) should by any chance catch cold during the time he was taking the remedies, fatal results might ensue. Upon hearing all this, the patient at once declared that it was impossible for him to submit to such a mode of treatment. Hereupon the quack informed his victim that he had another remedy by which the necessity of the confinement was avoided; but it was "*very ex-*

pensive," and a cure by it would cost "*two hundred pounds.*" The patient now began to see what kind of hands he had fallen into, and he, therefore, at once refused to pay such a sum; at the same time he requested that the twenty guineas he had paid, less a guinea, should be returned to him, as it would be impossible for him to undergo the first mode of treatment suggested. Upon this the quack, who had been all civility up to this time, became violent and threatening in his manner, and declared that he would not return the money, as the medicines had been *especially prepared for the patient's case, and would do for no other.* After much discussion, the patient, finding he could not get his money back, left the house minus twenty guineas and without his medicine.

In another instance, a gentleman wrote from the country to one of the quacks in London, stating his case. A few days after he was surprised by receiving a note to the effect that the quack was in the town and would be glad to see him. The patient accordingly called at the hotel where the fellow was staying. At this interview exactly the same plan was adopted as that just related, only the sum first obtained was fifty guineas, whilst in this instance the patient fell into the trap, and was cheated out of a further sum of one hundred pounds! One day a gentleman called upon me evidently in a state of great mental excitement, and stated to me his case, one of impotency. Having done so, he exclaimed, "I will give you a thousand pounds immediately if you say you can cure me." My reply was, first, that although it was possible for him to be cured, yet no respectable professional man would promise to cure him, or accept such a fee even if he could. I added that if any one did make such a promise, and demand such an exorbitant fee, he (the patient) would be a downright fool to give it. I then asked him what had put such an idea into his head. Upon this he informed me that he had been under one of the quacks, had paid some seventy or eighty guineas without obtaining any benefit, and that the quack had a few days before told him his case was one that required for its cure "*a preparation of gold*," a remedy so expensive that he could not prepare it unless the patient paid him a thousand pounds down. Whilst this patient was undecided about complying with this demand or not, he heard by accident of a case in which this man had obtained bills for a large amount from another patient, which bills he got back by following my advice: hence his visit to me. But I am trespassing, I fear, too much on your valuable space; I must, therefore, conclude with these cases. In my next I shall resume my illustrations of the evil practices of these men, by relating a case in which nearly a thousand pounds in money, besides bills for large amounts, were obtained from an imaginary sufferer. I am, &c.,

DETECTOR.

MEDICAL GOSSIP.—No. VI.

THE BEST TREATMENT OF FEVER—DISCOVERERS IN THE PROFESSION—A FLAW AMONG CONSULTANTS—A PERVERT TO HOMŒOPATHY—AT IT AGAIN!—A KIND WORD FOR DR. GIBB.

To the Editor of the Medical Circular.

SIR,—As, in your analysis of the contents of the 'Lancet' for this week, you omitted all notice of Dr. Wilks's remarks on typhus and typhoid fever treated without stimulants, I venture to say on the subject, that the only conclusion at which we can arrive as to the treatment with stimulants or without stimulants, is, that it should be neither one nor the other.

Fevers of all kinds, including the exanthemata, have a definite course to run, and the only judicious plan on the part of the physician is to leave them alone, only carefully watching for, and obviating if it comes, any symptom calculated to turn the scale against the patient. I really believe the homœopaths are more likely to be successful in these cases, simply because, in effect, they do nothing. The upshot of all Dr. Wilks's observations to an unprejudiced mind is, that the *let alone* system is the best. Aid Nature if you are sure of the right means; but as you cannot be sure, don't embarrass her by empirical meddling. The yearning after novelty in the present day is something wonderful; look which way we will, we are confronted with some new mode of treatment for every disease. At the London Hospital Dr. —— swears by blisters as *the* remedy for acute rheumatic fever; at the Middlesex, Dr. —— is no less an advocate for preparations of potash; and at the same hospital, and to his honour I say it, Dr. Stewart is curing his patients by leaving them to get well of themselves. If I were a betting man, I would offer odds on Dr. Stewart.

The secret of all this striving after novelty is, that every one of us is anxious to be esteemed, and is willing to believe himself, a discoverer. We see this anxiety manifested in every conceivable way. In my last letter I showed how Dr. Gibb even laid claim to have been the first to put upon record *an idea;* but still it was a novelty, and he claims it as such. Again, your hospital surgeon affects an entire ignorance of all that is done or that has been done by others, and delivers a clinical lecture or publishes some clinical reports in which he dwells with most becoming importance on results of his experience, which, oddly enough, every reader discovers to have been the results of *his* experience too. The physician, if of a practical turn, has hit on some nice points of diagnosis, which may possibly have been hit on before, but which he verily *believes* never were so. The pathologist has found in some tissue a little more white or a little more black than he *conceives* other pathologists have; and is he not a discoverer? Nay, the merest routine practitioner has the genius of invention too, for he has a mixture or a pill far better than any former or any contemporary pill or mixture. And where would some of us be if we could not persuade the world that so much genius is afloat? Is it not lucky that we cannot be brought to the grindstone of mathematical proof? I have not seen Dr. Barclay's book "On Medical Errors," nor do I know its size; but if it embraces them all, with a word or two upon each, it should be a volume of Bantingian dimensions.

Then, again, the industry displayed in collecting and publishing *original* facts is quite out of all proportion to that exhibited in ascertaining the previous researches of others. An author has two eyes of very different refracting powers, the German scholars particularly—one is microscopical, and with that he deciphers his own page, in which the minutest letter acquires size and importance; the other has the faculty of diminishing all great objects, and of rendering ordinary ones imperceptible, and with this eye he reads the pages of his rivals. Authors may claim the privilege of forming a part of the providential scheme which provides for the continuance of what is valuable on earth. They resemble those birds which swallow grain and, voiding it at a remote period and in a distant place in the shape of excrement, are the useful means of disseminating the seed.

But we see the same sort of egotism and anxiety for esteem carried out in actual practice by the bedside of the patient. Here is a letter before me from a correspondent who says:—

"Pray, Mr. Vigilans, give a rap on the knuckles to those gentlemen who never meet, in private practice, with any but the most severe cases, and who, *fortunately for the patients, are just called in in time.* I know a surgeon not wanting in parts, who invariably adopts this disgraceful mode of extolling his own wonderful skill in curing dangerous (?) cases; and I have reason to believe that he is but a specimen of a very common class.

"I would also draw your attention to a reprehensible practice common to many towns, namely, that of having the names and qualifications of the Medical officers of the local hospital or dispensary inserted in every possible occasion in the newspapers. An accident takes place; the patient is removed to the hospital, where, according to the next issue of the 'Advertiser,' 'Dr. Humbug most skilfully attended to the sufferer.' Not long since, the officials of a certain hospital in the North sent a weekly statement of its dismissals and admissions, with the names and qualifications of the Medical officers attached to the institution, to several newspapers of the town. The publishers w

shown the unfairness of advertising the hospital physicians and surgeons gratuitously, and immediately afterwards the practice was discontinued."

My correspondent is quite right in saying it is a practice "common to many towns." In a provincial paper down West I was amused at the following announcement:—'John Brown was admitted into the —— Hospital with his leg fractured. Amputation was performed by Mr. A. and Mr. B.' The initials in a small town would be quite as sufficient to indicate their owners as 'C. K.' in the Medical Journals.

What would be thought of a humble private practitioner were he to insert weekly in the papers a nice little paragraph acquainting the public with the nature and result of the accidents and diseases under his skilful treatment? The hospital and dispensary physicians and surgeons would at once denounce him as a quack.

A correspondent has forwarded the following, "extracted from the 'Liverpool Weekly Mercury' of Dec. 31, 1864":—I have turned to the 'Medical Directory' and find that the qualifications, honours, and appointments ascribed to Dr. Thomas are there verified; still, I cannot believe in such a *sell*, and cling to the hope of a denial from Dr. Thomas himself:—

"A DISAGREEABLE SURPRISE.—At a recent complimentary public dinner given by his professional brethren to Dr. Thomas, the eminent Surgeon to the Staffordshire County Hospital at Wolverhampton, the recipient of this honour is reported to have stated in his acknowledgment of the toast of the evening that 'he had instituted a long and careful inquiry into the nature and value of homœopathy, and had found its principles and practice to be so unequivocally true and reliable, and, above all, so extremely effective in the treatment of disease, that he had firmly resolved to devote the remainder of his life to their propagation and support.' Surely the feelings of his allopathic friends at this unlooked-for announcement may be more readily imagined than described, more particularly when it is remembered that the newly-declared homœopath is a gentleman of no mean literary and scientific attainments, and, moreover, the well-beloved guest of the assembled party and the subject of their warmest encomiums. Dr. Thomas is a graduate, with honours, at the University of London, a Member of the College and Hall, and a Gold Medallist both in Anatomy and Medicine of London University, Longridge Prizeman of University College also, and, prior to his appointment of Surgeon to the Staffordshire County Hospital at Wolverhampton, was Demonstrator of Anatomy in the University Medical School."

At it again! The 'Lancet' of this week has resumed its Analytical Commission. Why don't you, Mr. Editor, fall into the same profitable calling? There are more Sanitary Commissioners than one in the world, and perhaps samples bought by your Sanitary Commissioner may not be found to be so poisonous as those bought by their Sanitary Commissioner; and then the vendors will exclaim, with Shylock, to your Sanitary Commissioner:

> "A Daniel come to judgment! Yea, a Daniel!
> O wise young judge, how do I honour thee!"

Ponder well on this my advice, and remember that of the ninety-six columns of matter which the 'Lancet' advertises in the 'Times' to give to its subscribers, fifty-two consist of advertisements! Here's a mine of wealth!

I regret to find, by a letter you have forwarded to me from Dr. Gibb, that gentleman is highly irate at the criticisms on, and extracts from, his pamphlet. Now, I have always understood that when a man publishes a book it becomes public property, and it is free to any other man to make what comments upon it he pleases. Against Dr. Gibb personally I have not one word to say; I have always understood that he is a hard-working, industrious practitioner, and doubtless deserves the success he has achieved. If my extracts have raised a laugh, I trust it is no unpardonable offence; indeed, if I cannot be permitted to jot down what comes uppermost in my mind in these off-hand scribblings, without having the fear of giving umbrage, or if I fail with your readers, by this rough magic,

> "To work mine end upon their senses, that
> This airy charm is for, I'll break my staff,
> Bury it certain fathoms in the earth,
> And deeper than did ever plummet sound
> I'll drown my book."

Yours, &c., VIGILANS.

THE ABUSE OF TEA.

To the Editor of the Medical Circular.

SIR,—In the present month's number of 'Good Words' is a very interesting paper on the "Nature and Composition of Food," by Dr. Lyon Playfair, from which I extract the following passages:—"In the United Kingdom, not far from 3 lbs. of tea are annually used by each person, man, woman, and child included. When chemists examine tea, an alkaloid called 'theine' is found. This alkaloid has very peculiar physiological properties. In small quantities, it appears to arrest the too rapid waste of the tissues. When a person has been labouring, the organs of the body necessarily waste; but the transformation begun is apt to continue when the demand for labour has ceased, and theine has the property of stopping this change. But when taken in too large quantities, as frequently happens in the present evil fashion of taking tea at all hours of the day, it acts on the nervous system, producing irritability of temper, and acting unfavourably on the assimilation of food. Tea and coffee in their solid state contain abundance of caseine, the important flesh-forming ingredient of milk; but this does not find its way into the infusion, unless when poor people put soda into the water, which, thus rendered alkaline, may dissolve some of it. It is to the theine that the chief action is due: 100 ozs. of tea contain about 3 ozs. of theine." Now, Sir, as a Poor-law practitioner, I wish to add my testimony to the injurious effects of tea as taken by the majority of our labouring classes, and especially by the women. In my own practice, I have seen numerous cases of obstinate stomach disorder, which I believe have entirely arisen from the excessive use, or rather abuse, of "the cup that cheers, but does not inebriate;" in fact, I am inclined to believe that tea-drinking and tobacco-smoking are the sources from which arise one-half of the dyspeptic disorders. This is not my own opinion only, for a few weeks ago, while dining with a neighbouring physician in large practice, I asked his opinion, casually, about a case of my own. His answer was very remarkable: "She either smokes or drinks tea to excess; and you will find you may try all you know with these obstinate stomach complaints in old women, but if you do not stop them from drinking so much tea, you will try in vain. Stop the tea and they will get well without your assistance, in most instances." I do not wish it to be thought that I am writing a tirade against the use of tea; it is its abuse I deprecate. But it may be said, If you do away with the too free use of tea, what can be substituted which will come within the reach of the labouring poor? And here is the difficulty. At the present price of butchers' meat, it is impossible that a poor man can obtain a sufficient quantity every day. The next best substitute is the moderate use of alcohol in the form of beer, which produces all the beneficial effects of small quantities of tea; but the poor man cannot afford to brew his own beer, the tax on malt making it too expensive a luxury, so the consequence is, that when he receives his wages, he goes to a public-house, perhaps intending only to take one glass, but the charms of company induce him to take more than is good for him, and so he reaps harm instead of good. Still, my opinion is, that if a moderate allowance of meat (say, in the form of broth) could be substituted for

tea, and with it a small quantity of beer, the labourer would be better fitted for his daily toil, and we Poor-law surgeons would have less trouble from dyspeptic patients. It is a subject of great importance; how it can be carried out, I leave to wiser heads than my own. Hoping you will be able to spare room for this in your columns,

I am, &c., A POOR-LAW SURGEON.

THE TREATMENT OF POOR-LAW MEDICAL OFFICERS.

To the Editor of the Medical Circular.

SIR,—One who has known from childhood what *work-us* life is, hardly needs an apology for speaking out when occasion tempts.

As the eldest son of a Medical family, whose parent was POOR-LAW MEDICAL OFFICER, or, in real English, the "parish doctor," during the thirty-three years he spent in a laborious country practice, I feel I have an Englishman's right to a simple hearing on the case of Timothy Daley. Mine is an hereditary right, for this reason: my father served the Poor-law for thirty-three years of his life, and died in disgust. After twenty-two months, I resigned in disgust, as shown by the enclosed letter addressed to, but not published by, the Guardians, which I shall feel obliged by your inserting. 'Punch' of to-day has stated the case most eloquently, and his statements are confirmed by the facts contained in the paper I send you for quotation.

I am, &c., JOHN A. BOLTON, M.D.

Leicester, 28th January, 1865.

"To the Guardians of the Leicester Union.

"GENTLEMEN,—I now tender my resignation of the office of Surgeon to the Leicester Workhouse. In taking this step, two months before the expiration of the time I fixed, when appointed, I am not influenced by any sense of having neglected my Medical duties, which have been carefully and thoroughly performed, from first to last of my holding office. This assertion I challenge the Board, by minute investigation, to disprove. Still less am I disposed to resign in consequence of any desire or threat of dismissal expressed by you, since I entirely repudiate all power on your part to influence my position or appointment.

"*I resign in consequence of injustice, insult, abuse, and almost every other violation of gentlemanly bearing, which I have received at the hands of several members of your Board.* Self-respect, independent of the pecuniary sacrifices which I have made to the duties of office, compels me to sever the connection between us. In doing this, I will refer you to the Medical Book, where you will find that one year's aggregate of 'weekly returns' is 9,314; which, made to divide a salary of 65*l.* (minus 2*l.* 2s. paid to the book-keeper), gives a rate of remuneration less than three-halfpence for each. For this remuneration I have had to find time, labour, professional knowledge, and diplomas, medicines, instruments, and dressings, &c.

"The returns of the Medical Book do not furnish the sum total of my duties and requirements. In addition to those appearing in the book, there are hundreds of cases in the year of which no record is kept, and for which I have prescribed and found medicines. Notwithstanding this inadequate amount of remuneration, it never has been my intention to ask for or receive an increase of salary on my own account, but it has ever been, and now is, my intention, no less than my obligation, not to ask, but to demand, in the name of humanity and justice, an increase for my successor. "I am, yours truly,

"JOHN ADAMS BOLTON."

REVIEW OF BOOKS.

On Long, Short, and Weak Sight, and their Treatment by the Scientific Use of Spectacles. By J. Soelberg Wells, Ophthalmic Surgeon to, and Lecturer on Ophthalmic Surgery at, the Middlesex Hospital. Second Edition. London, 1864.

If Mr. Wells had paid a little more attention to his style of writing, and had not so frequently set at defiance all the ordinary laws of grammar, we could have spoken in terms of almost unmixed praise of his work. Such sentences as the following will afford a sufficient illustration of our meaning:—"The near point may be normal, but the far point approached nearer than an infinite distance to the eye;—this is often mistaken for myopia;—or the far point may be normal and the near point receded abnormally from the eye;—or, again, both near and far points may have changed their normal positions and have become approximated to each other" (p. 43). An intelligent schoolboy preparing for a competitive examination would probably pick several holes in this sentence: "The production and increase of myopia by continuous use of the eyes at near objects appears (*sic*) to find," &c. (p. 49). In p. 55 Mr. Wells speaks of rays falling "in a divergent direction upon the eye of the observer. If the latter be myopic (accommodated for divergent rays when his eye is in a state of rest) they will be united upon his retina," &c. Who or what is "the latter"? If it is "the observer," how can he be "accommodated for divergent rays"? And if it is "the eye" that is referred to, the sentence would run in the following mysterious manner:—"If the eye be myopic (accommodated for divergent rays when his eye [whose eye?] is in a state of rest), they will," &c. We give up the further analysis of this sentence in utter despair, and turn to the following astounding remark, which forms the commencement of a paragraph in p. 99:—"The showers of bright stars and flashes of light are most relieved by flying blisters behind the ears." Does Mr. Wells seriously wish his readers to believe that he has ever treated "showers of bright stars" by the application of flying blisters behind the ears? "To accommodate" is surely a transitive verb, and yet Mr. Wells (and we believe he is not the only offender in this respect) perpetually uses it in an intransitive sense. "Persons thus employed," he observes in p. 50, "continually accommodate for a very near point." And in p. 156 we read of a patient who has been "accustomed to exert his accommodation" to a dangerous extent; while in the following page we meet with the phrase "the muscle of accommodation." Was it not "the muscle of accommodation" rather than the "accommodation" that was exerted?

We have nothing further to add in the way of criticism, except that we should have preferred seeing more reference to the labours of English oculists. Has not Mr. W. White Cooper written a creditable book 'On Near Sight, Aged Sight, and Impaired Vision,' which might at least demand a passing reference? Have Critchett, Dixon, Wharton Jones, and Haynes Walton, individually or collectively, done nothing to entitle them to be handed down to posterity in Mr. Wells' pages? Even the name of Mr. Bowman, to whom the work is very gracefully dedicated, only appears once, and then in a quotation from Donders, the Dutchman!

With these comparatively trifling drawbacks, we can cordially recommend Mr. Wells as a surgeon well qualified to assist a patient in the choice of a pair of spectacles.

On Some Points connected with the Pathology, Diagnosis, and Treatment of Fibrous Tumours of the Womb: being the Lettsomian Lectures delivered before the Medical Society of London, November and December, 1863. By C. N. F. Routh, M.D. Lond., Physician to the Samaritan Free Hospital for Women and Children. Pp. 135. London: T. Richards. 1864.

These lectures, after being delivered before the Medical Society of London, were printed in the pages of a contemporary Journal, and they now appear in a collected form. Dr. Routh, in his preface, gives general and special reasons for having made choice of the subject of fibrous tumours of the uterus; but, in fact, the importance of these affections sufficiently justifies any attempt to throw light on their diagnosis, pathology, and treatment. The operative proceedings of modern days have removed into the category of curable diseases many of the uterine tumours which

were once considered incurable, and hence it becomes a matter of paramount interest to determine the nature of the morbid growths in the first instance; and the diagnosis is remarkably facilitated by those methods of exploration which modern science has placed at the disposal of the Medical practitioner. Dr. Routh has executed his task with great ability, and his lectures will be read with interest and profit.

OBITUARY.

DEATH OF DR. JONES QUAIN.

There are very few, if any, of the present generation of Medical practitioners who have not heard of 'Quain's Anatomy,' which is, indeed, about as familiar as household words to the minds of the Profession. Before the appearance of that work there were but few guide-books for the anatomical student, and still fewer were the volumes in which the histological knowledge of the Continent was incorporated with our English Medical literature. The elaborate work of *Cloquet* was too lengthy and too minute for the use of the student, besides being written in a foreign tongue; and the appearance of 'Quain's Anatomy' was not only a welcome contribution to our anatomical lore, but became almost an indispensable companion to the anatomist. The whole Profession, but more especially those who had the pleasure and advantage of having been his pupils (and these are numbered by hundreds), will read the announcement of Dr. Quain's death with sorrow; and although the event took place about the completion of the threescore years and ten which are allotted by the Psalmist as the usual term of human existence, yet those who recollect his graceful form, his elegant discourses, and his genial and courteous manners, will drop a tear upon his grave as they reflect upon the fleeting tenure of intellect however profound, of accomplishments however varied, of personal grace and manners however polished. Dr. Quain was emphatically a scholar and a gentleman, with a mind stored with various learning, with a countenance full of intellect, and a frame, although not robust, yet exquisitely symmetrical and elegant.

Dr. Quain began his career as a London Lecturer on Anatomy at the Aldersgate-street School of Medicine, an institution where some of our most distinguished physicians and surgeons, including Mr. Lawrence, Mr. Skey, and the late Drs. Todd and Pereira, laid the foundations of their subsequent fame; and it was while he was a lecturer at this school that Dr. Quain produced his well-known 'Treatise on Anatomy,' which led to his appointment as Professor of that branch of science at the then University of London. The affairs of the Medical Department of the latter institution were in a most critical condition about the period of Dr. Quain's appointment. Mr. Pattison, the former Professor of Anatomy, a good practical anatomist and surgeon, but who had failed to realize the expectations formed of him, had retired from his post; Mr. James Bennet, a gentleman who had formerly been a private teacher to English students in Paris, and who was joint Professor with Mr. Pattison, and a great and deserved favourite with the students, had died at the very commencement of a brilliant career: Sir Charles Bell had retired from the Chair of Surgery, and the present Dr. Conolly from that of Medicine, and other resignations were either threatened or carried into effect. The new arrangements constituted Dr. Jones Quain Professor of Anatomy and Physiology; his brother, Mr. Richard Quain, became the Demonstrator, or, as it is now termed, the Professor of Practical Anatomy; and the present Mr. Erasmus Wilson was the Dissecting-room Demonstrator, besides supplying to Dr. Quain his daily dissections and his excellent extemporaneous diagrams of the parts described. At the same period Mr. Hinde, the distinguished private teacher of anatomy, was the Curator of the Anatomical Museum. In the other departments, Dr. Elliotson, then in the zenith of his fame, was appointed Professor of Medicine, and the late Sir Robert Carswell became the Professor of Pathological Anatomy. Mr. Samuel Cooper, who had long been known by his numerous contributions to Surgical Literature, was the new Professor of Surgery, and very soon afterwards, on the establishment of the University Hospital, the late Mr. Liston joined the surgical staff. Under these circumstances, the Medical School of the then University not only rapidly recovered its *prestige*, but became the largest in London; and among those who contributed to this great prosperity, Dr. Jones Quain certainly occupied a very distinguished place. His first lecture at once proved his acquirements and secured his popularity. Without any notes, and with a copious, but graceful flow of eloquence, he gave a general and comprehensive review of the then existing state of anatomical and physiological science at home and abroad, and brought to a conclusion an address in which he never faltered or hesitated for a moment, amidst the most enthusiastic applause. He at once became a universal favourite, his lecture-room being always crowded; and his popularity with the students never deserted him during the period when he occupied the Chair of Anatomy and Physiology, which was from the year 1831 to 1836.

Accomplished as a scholar, eloquent and impressive as a lecturer, endowed with remarkable tenderness of feeling and kindness of heart, his retirement from his duties was regarded at the period as a great calamity. Annoyances coming from sources where they were least to be expected told on his refined, perhaps too sensitive temperament, and he withdrew from public and professional life to pursue in retirement those scientific and literary studies which afforded him constant pleasure and satisfaction. Dr. Quain was a member of the Senate of the University of London, an office which he continued to hold for a few years after his retirement from the chair in University College. Besides being the author of 'Quain's Anatomy,' the value of which has been appreciated by the living generation of Medical practitioners, and of which successive editions continue to be published, he was also, in association with Mr. E. Wilson, the author of the series of anatomical plates which bear his name; and he translated a little manual called 'Martinet's Pathology,' a work of some reputation in former years, but now superseded by the more comprehensive works of modern pathologists, especially Rokitansky and Virchow. Dr. Quain had reached, we believe, very nearly the age of seventy, and was unmarried. His health had latterly been failing, and, always sensitive to cold, he seemed to suffer much during the recent severe weather, till he gradually sank and died. His remains were interred in Highgate Cemetery on Saturday last. Dr. Quain was a man of gentle and retiring character, indisposed to pass through the turmoils of controversy, and his retirement from his official position at the University of London Medical School was due to this reluctance to engage in some controversial hostilities which were incidental to that period and locality. Since then he has passed a life of lettered and scientific ease, visiting the great capitals and centres of science, enjoying communion with men of congenial tastes and acquirements, but often revisiting London, where he was frequently met and cordially welcomed by his former friends and pupils, one of whom, in grateful remembrance of the pleasure and profit he derived from his instructions, and in admiration of his public and private character, has penned the above brief record of his career, and has expressed, however feebly, this testimony to his worth.

(Continued at page 90.)

THE MEDICAL CIRCULAR.

WEDNESDAY, FEBRUARY 8, 1865.

THE AMENDMENT OF THE FORTIETH CLAUSE OF THE MEDICAL ACT.

If ever there was a time when the voice of the Profession ought to be loudly heard and unanimously expressed, it is the present, when the Medical Council requires the active co-operation of all legally-qualified practitioners of Medicine in assisting to make the Medical Act of 1858 a living spirit instead of a dead letter. We have so often urged the inefficiency of the Act to accomplish its avowed objects, that our readers cannot be ignorant of the present state of the question, and of the urgent necessity for immediate amendment of some of the clauses as they now stand; and we are happy to confirm the statement we have already made, that the most complete harmony now exists among the members of the Medical Council upon all essential points, and that, at the next general meeting, which, as we before stated, is fixed for the beginning of next April, active steps will be taken to prepare and present to Parliament the draft of an amended Bill, which is intended to remedy the shortcomings of the existing enactment. The week before last, as we announced in our last number, the Branch Council for England met and agreed to a resolution substantially of the same nature as those which have already been passed by the Branch Councils respectively of Scotland and Ireland. The exact terms of the resolution of the English Branch are as follows, and we place, for the sake of greater distinctness, the 40th clause of the Act as it now stands, in juxtaposition with the amendments proposed by three Branch Councils. The clause, as it now stands, is as follows :—

"*Penalty for falsely pretending to be a Registered Person.*

"XL. Any person who shall wilfully and falsely pretend to be or take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds."

The amendment proposed by the English Branch Council is thus expressed :—

"Any person practising Medicine or Surgery, or being engaged in the treatment of diseases or injuries, for gain, not being registered under this Act, nor being able to give evidence of being qualified to be registered under this Act, who shall take or make use of any of the titles or designations enumerated in Schedule A to this Act, or that of Physician, Surgeon, Doctor, Professor of Medicine, Professor of Surgery, or any professional title, name, or distinction commonly used by, or used to distinguish, duly educated or qualified practitioners in Medicine or Surgery, shall, upon a summary conviction, be liable to a penalty not exceeding *l.* for each offence."

The proposed Scotch clause is as follows :—

"It shall not be lawful for any person, unless registered under this Act, to practise any branch of the Profession, taking or using the name or title of Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical Practitioner or General Practitioner, or Surgeon-Apothecary, or Licentiate or Practitioner in Midwifery, or Professor of Medicine, or Professor of Surgery, or any other Medical or Surgical title; and every unregistered person so offending shall, upon summary conviction for such offence, forfeit or pay a sum not exceeding 20*l.*"

The Irish proposition is as follows :—

"On and after the day of , 186 , it shall not be lawful for any person, unless registered under this Act, to pretend to be, or take or use the name or title of Physician, Doctor of Medicine, Licentiate in Medicine or Surgery, Master in Surgery, Bachelor of Medicine, Doctor, Surgeon, Medical or General Practitioner, or Surgeon-Apothecary or Accoucheur, or Licentiate or Practitioner in Midwifery, or any other Medical or Surgical name or title; and any unregistered person so offending shall forfeit and pay a sum not exceeding 20*l.*, to be recovered in a summary way before the Justices of the Peace."

It will thus be perceived that all the amendments substantially agree in essential matters, the great object held in view being the prevention of unqualified persons from thrusting themselves before the public as being legal practitioners of Medicine. Still, there is considerable difference in details among the three propositions for amendment, and we are not sure that the English proposition, notwithstanding the care and time which have been expended on its elaboration, is the best of the three, or that it will eventually be adopted by the Council, or approved by the Profession. If our opinion were asked as to which of the three propositions is the best, we think our preference would be given to that of the Scotch Branch, as it seems to hit the right point at once, and to declare, without circumlocution, the conditions necessary to enable persons legally to practise Medicine, and to enable the public to ascertain that they are employing men who are what they pretend to be. The Irish proposition is objectionable because it prohibits all unregistered persons from taking or using any Medical or Surgical name or title, thereby imposing unfair restrictions upon persons who may have taken University degrees or diplomas in Medicine, but who may not care to practise or to pay the registration fee of 5*l.* The Scotch Branch meets this objection at once, by making it unlawful *to practise any branch of the Profession, &c.*, and to this prohibition no one can object, seeing that the Act is intended to protect *practitioners*, but not to punish Doctors of Medicine who, although not practising, may choose to assume the academical title which belongs to them.

A little consideration of the English proposition will show that it contains expressions, and makes exceptions which may very seriously embarrass the progress of the amended clause, and perhaps frustrate the very object which must chiefly be held in view. By the English resolution, persons are to be punished who assume Medical titles not being registered under the Act, *or not being able to give evidence of being qualified to be registered under the Act;* but this modification of the leading principle may be attended with very serious consequences in the operation of the clause, for it may be asked, What is evidence of being qualified to be registered? Not many months since

an unregistered person, on being summoned before a magistrate for illegal Medical practice, produced a number of papers purporting to be Medical qualifications, and these were held by the magistrate to be sufficient proof of education and qualification. Whether in the case alluded to, the diplomas or licences were valuable or worthless, were real or forged, were earned by examination or merely paid for, we know nothing; but the magistrate considered the evidence to be perfectly satisfactory to himself, and who shall say what evidence shall in future be considered sufficient, in the eyes of a magistrate, to prove a person to be qualified for Medical Registration? Some objection has also been made to the expression of the words "for gain" in connexion with the practice of Medicine, inasmuch as illegal practitioners may pretend to practise gratuitously, and charge indirectly large sums for their medicines or instruments.

The whole subject must therefore be again carefully considered, and the suggestions offered by the solicitors and counsel who will of course be engaged in preparing the draft amendment, may perhaps tend still further to make the meaning of the Act clear to all persons, and to make its operation effective for the protection of the public and of the Profession.

THE SEQUEL OF A "SENSATION" STORY.—THE CASE OF TIMOTHY DALEY.

The Metropolitan Poor-law Inspector has made his report to the Poor-law Board on the facts elicited by him at his recent official inquiry as to the circumstances connected with the death of Timothy Daley, and to this report is appended that of Dr. William Carr, who was retained by the Poor-law Inspector to watch the case in a Medical point of view, as to the Medical evidence produced on that occasion. After recapitulating the main facts of the case, the Inspector proceeds to analyse the evidence, and in reference to an allegation that Daley was removed from his lodging to the workhouse without receiving either stimulants or food, it was proved to be untrue, for the wife swears that she supplied him with a sufficiency of both on the occasion adverted to. Daley earned at least 1*l.* 2s. 6d. per week, and the value of the wife's situation, independently of her board and lodging, could not be estimated at less than 30*l.* a year. Independently of the Medical treatment to which Daley was subjected, the Inspector states that he inspected the sick ward which Daley occupied and the bedstead on which he slept. He examined the bedstead, bed-clothes, the bath-room, and other appliances of the same ward, and also the means of warming and ventilating it, and he had no reason for finding fault with anything which he thus inspected; and he also had to repeat that Dr. Carr publicly declared at the inquiry that the dietary said to be given to Daley was all that could have been desired in the case of a man in the patient's condition. He (the Inspector) felt therefore justified in informing the Board that in his opinion Timothy Daley was well lodged and sufficiently fed in the Holborn Union Workhouse. The Inspector then refers to the evidence of the Rev. Dr. Barry, Roman Catholic priest, to show that he never saw a cleaner sick ward, never discovered Daly to be in a dirty state, and that Daley never complained to him of ill-treatment in the workhouse. He also referred to evidence that the Medical officer seldom missed a day; that Mr. Norton himself swore that he visited the workhouse every day, and that the master confirmed these statements upon oath. After going into that part of the history of the case which relates to the removal of Timothy Daley from the workhouse to St. Thomas's Hospital, and the letter addressed by Mr. Shuter, the Honorary Secretary of the Farringdon Dispensary, to the 'Times,' headed "Horrible Case of Union Treatment," and in which the public were invited to view it with disgust and resentment, the Inspector remarks that Mr. Shuter, who, we understand, is a potato-dealer, states that he published the letter only out of mercy to the poor. In reference to Mr. Norton, the Inspector states that he admits that he had not hitherto made any return to the guardians in the book known as the "Medical Relief Book," the effect of which was that it afforded no opportunity of testing the frequency of Mr. Norton's visits to his sick patients. In conclusion, however, with Dr. Carr's sanction, the Inspector begged to state that in his opinion the evidence taken at this inquiry did not establish the charge publicly brought against Mr. Norton, the Medical officer of the Holborn Union Workhouse, of having ill-treated and neglected Timothy Daley while he was an inmate of that house.

All the substance of the above report appears in a recent number of the 'Times,' in which newspaper, it will be recollected, the case was first brought into public notice under the "sensation" heading of "Horrible Case of Union Treatment;" but the following report by Dr. Wm. Carr, F.R.C.S., which is appended to the Inspector's report, does not appear in that periodical. The omission was probably caused by want of room; but we must be permitted to remark that the same cause did not apparently exist when it was thought advisable to reprint from the columns of the 'Spectator' into the same Journal a highly coloured and, in our opinion, libellous article on Mr. Norton, charging that gentleman, in direct terms, with the crime of manslaughter in reference to the man Daley. Dr. Carr's evidence and report are as follows:—Dr. Wm. Carr, F.R.C.S., in his evidence, states that the remedies applied in Timothy Daley's case were in keeping with the received opinions of Medical men, viz., Dover's Powder, which is soothing, together with saline or cooling aperients. Proper food was ordered, and general dietary directions given. So convinced, however, was Mr. Lathbury of the serious character of the case, that he visited the man twice on the following day, and urged his removal to the house, and this suggestion was adopted. On the 29th he was admitted into the house, had a warm bath, and was put to bed. For three weeks the man went on favourably, when the nurse discovered some slight excoriations about the hip, to which she applied "fullers' earth," but as these excoriations got worse, ulti-

mately beer grounds and other remedies were applied. Notwithstanding all this care, the wounds became worse for a time, but began to show improvement in the early part of December. Granulations of a healthy character appeared, so that Mr. Norton looked for a favourable termination of the case. On the 14th of December, Daley voluntarily left the workhouse, and occupied a lodging in Upper Union court, Saffron hill, which, compared with the excellent and well-aired ward of the house, may truly, says Dr. Carr, be called "miserable." Dr. Carr considers that the removal took place under very adverse circumstances, and that whilst at his own lodgings he did not receive the nourishment and support which his case required, and that his second removal to St. Bartholomew's Hospital in a cab, no doubt, accelerated his death, as when seen by Dr. Andrews in the square, he recognised death plainly written in his face. This was on the 22d, and on removal to bed he was found very ill, prostrate, with feeble pulse, blue lips, and cold extremities. One bed sore was seen from three to four inches long, to which a linseed poultice was applied. Wine and brandy were given freely, but on December 23 Daley died from exhaustion, consequent upon bed sores. Post-mortem examination revealed heart and lung disease and pleurisy of recent date.

Dr. Carr remarks :—The Profession of Medicine regards bed sores as an indication of feeble powers, whether depending on depression of nerves, vascular, or general languor, or complicated with disease of blood. In some cases of illness, in spite of every care and every human appliance, they cannot be prevented, and if the skin be once broken, no appliance is available to heal it, so long as the patient retains the recumbent position. These remarks apply with especial force to cases in which there is disease of the heart and lungs, as in Daley's. Dr. Carr then deduces from the evidence that the removal of Daley to his lodgings from the workhouse, caused pleurisy and lung disease to supervene, and the local diseases to extend, and in a few days passed him into a state of hopeless exhaustion. With the exception of the construction of the building, forming four sides of a square, very objectionable in hospitals or homes for poor people, Dr. Carr speaks highly of the cleanliness and ventilation of the infirm and sick wards of the Holborn Union, and states that he examined and found the various provisions good and wholesome, and the bread especially excellent. On the subject of the Medical officer, looking to the vast amount of duty he has to perform, he recommends that the drugs should be supplied by some respectable wholesale druggist, and be paid for by the guardians, and that his salary should be raised to 150*l.* per annum. He also suggests the appointment of two properly educated nurses, and expresses an opinion that the extra expense would, no doubt, be followed by real and positive good alike to paupers and guardians.

Thus it will be seen that after a patient and protracted investigation, the upshot of the whole matter is that Mr. Norton is not only declared to be free from blame, but is recommended for an increase of his salary to nearly double its present amount; but this part of the report the 'Times' thinks it convenient to suppress, or, at any rate, it has not room for its insertion. It is, however, briefly alluded to in a leading article of Monday last.

REVIEW OF THE PERIODICALS.

The great demands upon our space this week compel us to condense into as small a space as possible our usual review. THE 'LANCET' opens with the conclusion of Mr. SOLLY'S lectures "On Scrivener's Palsy," the pathology of which is stated to consist in a morbid condition of the ganglionic cells of some of the nerves supplying the hands. The chief remedy is rest, and afterwards mineral and other tonics may be advantageously administered.——Mr. JAMES SYME relates a "Case of Excision of the Tongue," the operation terminating successfully.——Dr. PEACOCK contributes some "Remarks on some of the Forms of Epidemic Disease recently Prevalent." The chief of these have been catarrhal affections and typhoid fever.——THE 'MEDICAL TIMES AND GAZETTE' contains a lecture by Dr. H. BENCE JONES in continuation of his course "On Chemical and Mechanical Diseases and their Relationship." His present subject is still the diseases of suboxidation, beginning with diabetes, the treatment of which is discussed, and the various therapeutical measures recommended are criticised. ——The next communication is a "Report of some Cases treated in the Regimental Hospital of the Coldstream Guards," by Surgeon-Major WYATT. The cases are of a very miscellaneous character, but they are well described and possess considerable interest.

OBITUARY.

(Continued from page 87.)

DR. HUGH FALCONER.

On the 31st ult., there died in London a man of science who was little known to the public, but who had made a great reputation for himself in the various scientific societies of London. He died at the age of fifty-five, and twenty of the most active of these years were spent in India in the service of the East India Company. It is this absence from England that has chiefly retarded his public reputation. During the few years in which he has been at home he quickly became known as the possessor of one of the most scientific intellects in England. His chief field of study was palæontology, but he was also favourably known as a student of botany, and, indeed, generally of natural history. His scientific memory was prodigious, and he had such stores of knowledge at command that men of science in London are just now speaking of his loss as if with him had perished a great treasure of information which is not likely to be soon amassed again. From this enormous knowledge of his, great things were expected; but he was cautious to a fault: never liked to commit himself to an opinion until he was perfectly sure of it; and he has died in the fulness of his power before his race was run. He was born at Forres, in the north of Scotland; he studied successfully at the Universities of Aberdeen and Edinburgh; and went out to India in 1830. His two official appointments there, in which he became best known, were those of superintendent of the Botanic Gardens at Suharunpore in succession to Dr. Royle, and afterwards of those at Calcutta. It was to information supplied by him that we owe the cultivation of tea in the district of Assam. It was through his exertions, also, that

the cinchona plant has been introduced into India. The South American supply of quinine threatened failure through bad management. He suggested the cultivation of the plant in India, and the result has been completely successful. But beyond this he made great discoveries of fossils in India, and the result of his researches, arranged by himself, is a splendid gallery of specimens in the British Museum, the like of which is not to be found in any other collection in the world. He has been one of the chief instigators and directors of the inquiries which have recently been raised as to the antiquity of man. Many of the facts bearing on the question, such as those connected with flint implements, have been discovered either by him or by friends whom he urged to this or that course of investigation. About ten years ago he returned from India with shattered health, and he has died before his time. All those who had any knowledge of him will deeply feel his loss.

THE LATE DR. BAIKIE.

At a time when his friends and the many who are interested in African exploration and discovery were anticipating with eager interest the arrival in this country of Dr. Baikie, the sad news has come giving information of his death, at Sierra Leone, on the 12th of December, of fever and dysentery. Dnring the past six years our lamented countryman has devoted himself with extraordinary enthusiasm and energy to African exploration, chiefly along the course of the Niger, and for a part of the time in the interior of the country, undergoing surprising privations, overcoming the greatest difficulties, escaping imminent dangers, and collecting, during these six years, an immense mass of the most important facts in natural history and physical science, as well as a large accumulation of specimens, which we trust may be preserved as a fitting memorial of the perseverance and heroism of this gifted Orcadian. Dr. Baikie had made every preparation for returning to his native country by the American mail steamer, and had arrived on the 21st of October at Lagos, from which place his friends had received letters from him by the previous mails. Indeed, had it been possible, he was to have come home by the previous mail; but the labour of arranging his African collections occupied longer time than he had anticipated. Arriving at Sierra Leone, "the European's Grave," he was suddenly seized with illness, and died in a couple of days. The loss of such a man to science and civilization is very serious indeed, and while we cannot but offer our condolence with Dr. Baikie's relatives in Kirkwall, we cannot but feel that the public loss is in one sense even a greater cause of sorrow. Dr. Baikie has for years been in a great measure lost to his friends, and by his extraordinary devotion to the mission with which he was entrusted, has rendered himself peculiarly an object of public attention and affection, and we venture to say that there are few public men who have recently been called away whose death will be more generally deplored. Dr. Baikie was born in Kirkwall, and was son of Captain John Baikie, R.N., long agent for the National Bank of Scotland. He received his early education in Kirkwall Grammar School, and thereafter studied, with a view to prosecute the Medical Profession, at Edinburgh University, whose diploma he carried. At an early age he manifested unusual interest in travel and adventure, and it was not difficult to foresee that, if spared, his future life would be distinguished in that respect. As a Medical student Mr. Baikie gave evidence of singular ability, and it was in that capacity that he was first fixed upon to undertake duties that ultimately urged him into the theatre of African exploration. In that department Dr. Baikie's history has been full of marvel. He has, especially during the last six years, gone through scenes of adventure and escaped dangers which entitled him to one of the highest positions in the list of travellers, and render his history since the day he left Kirkwall Grammar School one of the most wonderful of any age. And there is no doubt that, whether Dr. Baikie's papers have been left in such a state as to justify his friends in giving to the public a detail of his last six years' adventures or not, enough is known of him to justify us in placing his name by the side of the galaxy of modern African travellers who have done so much to enlighten the world regarding its swarthy tribes and its physical characteristics, and to advance the interests of scientific discovery and advancing civilization. And certainly, among the long list of honoured sons of which Orkney can boast, there is none of whom it has more reason to be proud than "Dr Baikie, the African explorer."—'Northern Ensign.'

DEATH OF MR. EDMUND BELFOUR.

There are many Members of the Royal College of Surgeons who will regret to hear of the death of the venerable Secretary of that Institution, with which he had been connected for upwards of half a century. Mr. Belfour had never recovered from the blow occasioned by the terrible death of his only son little more than a year ago, and owing to this, and increasing attacks of bronchitis, had quite secluded himself from nearly all Collegiate intercourse; occasionally his opinion would be sought by members of the Council, well aware of the importance of his sound judgment on all affairs connected with the Profession. So highly was he esteemed by the governing body, that in 1860 a sum of 200 guineas was unanimously voted to present him with a service of plate, bearing on one of the pieces the following inscription:—"Presented by the Council of the Royal College of Surgeons of England, with other plate to the value of 200 guineas, to Edmund Belfour, Esq., in acknowledgment of his zeal, fidelity, and honourable conduct, and of the invaluable services he has rendered the College, in all its departments, during the fifty years of his tenure of the office of Secretary.—John Flint South, President. November 9, 1860." And well did the deceased merit this encomium passed on him by one so well qualified to judge as the late Joseph Henry Green, with whom he was always an especial favourite. The very inclement weather which set in with an intense fog on Saturday, the 21st ult., told seriously upon him, and notwithstanding the kind and unremitting attention of his attached friend and Medical adviser, Mr. J. S. Streeter, F.R.C.S., who sat up with him the whole of the night preceding his decease, he quietly and almost imperceptibly sank, and died of senile exhaustion and decay in the seventy-sixth year of his age, leaving a widow and two daughters, one of whom is married to Captain E. Ward Fox, of Haddon House, Bakewell, Derbyshire. The remains of Mr. Belfour were interred on Saturday, in the family vault in Hackney Old Church, and notwithstanding the wish of the deceased that the funeral should be strictly private, it partook more of a public character from the high estimation in which he was deservedly held, not only by the members of the Council, but by the Profession generally. Mr. Belfour will be succeeded by Mr. Edward Trimmer, M.A. Cantab., a grandson of the celebrated authoress of the same name, who, having filled the office of Assistant-Secretary for several years, has proved himself eminently qualified for the important duties of Secretary to the Royal College of Surgeons of England.—'Med. Times and Gaz.'

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, JANUARY 17.

Dr. PEACOCK, President.

(Continued from page 78.)

Mr. J. Z. LAURENCE then showed a patient who had a

CANCROID AFFECTION OF THE CORNEA.

The patient was a man, twenty-seven years of age. The eye presented the following appearances when Mr. Laurence first saw him in April, 1863:—Occupying nearly the whole outer half of the cornea was a soft, vascular, conical growth, measuring about 4‴ transversely, about 3‴ from above downwards, and rising 1½‴ above the surface of the cornea. The greater part of the tumour appeared to spring from

the deeper layers of the cornea, the smaller portion on the outer side passing insensibly into the adjacent scleral surface. Numerous vessels passed from the highly congested conjunctiva to the surface of the growth, especially one large vein from the inner side. The patient stated that he had experienced but little pain in the eye, and that the growth was but slightly sensitive to the presence of a foreign body, such as a fine probe. The portion of the cornea unobscured by the tumour was nebulous and highly vascular, and at its upper and outer part adherent to the upper lid, which was very much thickened and congested, and its palpebral surface roughened by minute fungoid elevations having the character of surgical granulations. The visual power of the eye was reduced to mere quantitative perception of light. When last seen on January 17, 1865, the eye appeared to have undergone little general change, excepting that the conjunctiva was more vascular, the growth larger in all its dimensions, and its apex flatter, softish, uneven, and of a dirty white colour (ulcerated); numerous large tortuous vessels running to it, and ramifying over its surface. The protrusion of the growth between their edges prevented the complete closure of the lids. The upper lid was considerably thickened at its margin, and projecting from its under surface, moving freely upon the cornea, were two lobular fleshy growths, each measuring about 1½‴ in length. Three cases of cancroid of the cornea (an affection which Mr. Laurence said is by no means frequently observed) have been reported in the 'Ophthalmic Review' (i. 79).

CIRRHOSIS OF THE LUNG.

At the last meeting of the Society Dr. Bristow having exhibited a specimen of this disease, Dr. Quain suggested that a microscopic examination of the lung should be made. The President requested Dr. Wilks to do so, but Dr. Wilks having been very much engaged, asked Dr. Sutton to make the examination, and the following is an abstract of Dr. Sutton's report:—The greatly thickened pleura was found to be made up of bundles of fine fibrous tissue, and between the bundles were a number of fusiform and large spherical corpuscles with granular contents, the nuclei not being very distinct. By the naked eye it could not be decided where the thickened pleura ended and the lung tissue began, but a section made in the immediate vicinity of the pleura showed (as seen in the drawing) spherical and spindle-shaped cells, and with a high power it could be distinguished that there were fine bundles of newly-formed fibrinous tissue, which were continuous with those of the thickened pleura, and these had in some partly, and in others completely, obliterated the air sacs. The connective tissue around the bronchial tubes and pulmonary vessels was unusually distinctly seen and was apparently increased in amount, and from a similar extension into the lung tissue. Therefore, Dr. Sutton concluded, that there had been a formation of new tissue elements, and of such as usually represent connective tissue, and that these were in the highest state of development in those parts of the lung in the vicinity of the diseased pleura and of the increased fibrous tissue around the bronchial tubes; and in those parts of the lung most removed from these situations spherical granular corpuscles only were seen.

Dr. W. SQUIRE exhibited, on behalf of Mr. W. DUNNETT SPANTON, of the North Staffordshire Infirmary, a specimen of

RUPTURE OF ONE OF THE MUSCULI PAPILLARES OF THE TRICUSPID VALVES.

The heart was taken from a young woman, admitted into the Infirmary seven weeks after a second confinement. She was suffering from pelvic inflammation, peritonitis, and from want. A very loud, rough, systolic murmur was heard at the base of the heart. She lived five days, the rough and intense character of the cardiac bruit being remarkable throughout. At the autopsy thick pus was seen surrounding the intestines and uterus, and filling the ovaries. There was pneumonia in the right lung, but no trace of tubercle. The pericardium contained half an ounce of clear yellow serum; its inner surface was smooth. There was a soft fibrinous clot in the pulmonary artery and aorta, and in both the right and left cavities of the heart. On the tricuspid valve, at its free margin, were numerous large, firm, nodulated vegetations, and recent soft ones were seen to be attached to the columnæ carneæ. One of the musculi papillares was ruptured near to the origin of the cordæ tendineæ; the broken extremity was covered over and rounded by fibrinous deposit. The endocardium was of a bright red colour; mitral, aortic, and pulmonary valves were healthy. Tissue of heart soft and flabby, with fatty degeneration. Mr. Spanton remarks that "among eleven cases of rupture of the valves, Dr. Peacock found but one case affecting the tricuspid, and I cannot find an account of any other."

Dr. SQUIRE also exhibited, for Mr. SPANTON, a specimen of

CHRONIC ULCERATION OF THE LARYNX,

from a man who had suffered more than two years from the affection. The laryngoscope had shown extensive and deep ulceration below the epiglottis, and round its left base; there had been swelling about the uvula and tonsils for some time. There was no history of syphilis, and no evidence of any disease of the lungs either before or after death.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 24.

Dr. BASHAM, V.P., in the Chair.

Dr. HORACE DOBELL read a

CONTRIBUTION TO THE NATURAL HISTORY OF "WINTER COUGH."

This paper was an analysis of fifty-eight cases of "winter cough," the details of which were given in an appendix. The cases were arranged in four groups, according to the physical signs:—1. Cases in which there were physical signs both of bronchitis and of emphysema. 2. Cases in which there were physical signs of bronchitis, but not of emphysema. 3. Cases in which there were physical signs of emphysema, but not of bronchitis, and in which there was *no* history of previous bronchitis. 4. Cases in which there were physical signs of emphysema and not of bronchitis, but in which there *was* a history of previous bronchitis. Each case was reported in the form of answers to a set of forty-one questions relating to the short breath, the cough, the taking of colds, the past illnesses, the occupation, the dwelling, the food, the habits, and the family history of the patient, in addition to a concise statement of the personal condition at the time of examination. The number of facts thus collected was too numerous to admit of their being discussed within the limits of a paper; the author therefore restricted himself to an analysis of the cases under the several groups, and a comparison of some of the principal facts in a series of twenty tables, thus putting the materials into a convenient form for future use.

Dr. SALTER questioned the appropriateness of the words "natural history" in the title of the paper. He thought nothing was gained by removing the ordinarily received landmarks of a vocabulary by taking up a word and transplanting it into a position not its own, and that nothing tended so much to weaken and impoverish the resources of a language as attempting to expand the use of words too far. By "natural history" was generally understood the history of organised beings, animal and vegetable. No doubt the study of disease was the study of a department of Nature; but if the use of the expression "natural history" was defended on this ground, it would be as appropriate to speak of the natural history of astronomical or any other natural phenomena. The point on which the paper seemed to promise to throw some light was the causation of emphysema; but in this it had disappointed him. The only case that really bore on the subject was the single case in which emphysema was said to have existed without bronchitis; but he could not conceive that bronchitis really was absent in this case. Emphysema with cough and without bronchitis he could understand; but emphysema with *winter* cough and without bronchitis he could not understand: the bronchitis

might be very feebly pronounced, but he did not believe in any non-bronchitic winter cough. While containing much that was interesting, and suggestive of many hints for future useful work, he thought the paper suffered a great disadvantage from being so entirely a paper of figures. And he thought, too, that it very well illustrated what had been often said of figures—that they could be made to prove anything. Take, for example, the fact stated by the author—that patients with emphysema had bad spirits, while those with bronchitis had good; and his explanation—that this difference depended on the presence of expectoration in the one case and its absence in the other. He (Dr. Salter) thought that this statistical evidence of the exhilarating tendency of expectoration was a strong proof of the omnipotence of figures. He differed from the author in the little importance he assigned to occupation in the causation of winter cough; he (Dr. Salter) found it the most potent of all circumstances in the production of the affection. By far the larger proportion of sufferers from it who came under his observation were those whose occupation exposed them to all weathers, and at the same time prevented their lying by—such as vendors of things in the streets, cabmen, porters in Covent-garden Market, &c. Indeed, the fact that the disease was due to climatic influences, was itself a proof that those whose occupations the most exposed them to those influences must be the greatest sufferers. He quite agreed with the author as to the undefined use of the word "asthma;" that a great many cases of so-called asthma were simply chronic bronchitis; and that any chronic difficult breathing is commonly called asthma. At the same time, he thought that a carefully directed inquiry would generally detect whether such cases were truly asthmatic or not.

Dr. DOBELL said he begged to thank the Society for listening so patiently to his very dry paper. He had hesitated to bring it before them because of the number of tables and calculations which it contained. He was much obliged to Dr. Salter for his suggestions about the term "natural history" used in the title; but he entirely disagreed with him. When treating of animals or plants, the term "natural history" was used to comprise a description of the "conditions of their existence;" the circumstances influencing their development, maintenance, growth, and reproduction; their habitats, habits, and the like. It was precisely this kind of information which he had collected with regard to "winter cough;" and he must, therefore, maintain that it was correct to call it "natural history." With regard to occupation, he entirely agreed with Dr. Salter that the influence of occupation on winter cough was of the greatest importance. Dr. Salter had simply misunderstood the words of the paper. It was there stated that, as there were only fifty-eight patients, and as they followed twenty-eight different sorts of occupation, no more than seven following any one of these, it would not be fair to draw any conclusion as to the influence of occupation on the disease from the tables, but that, as a correct record of facts, it would become valuable when added to others of a similar kind. With regard to the whole paper, he (Dr. Dobell) wished particularly to impress that, as it only treated of fifty-eight cases, broken up into four groups, and as each case necessarily differed to some extent from the rest, he did not consider that it ought to be taken as a safe basis for general conclusions respecting such an important and widely-spread class of diseases. He had scrupulously abstained from making such conclusions, and he hoped that others would do the same. The title described the paper as no more than a "contribution" towards a natural history, and he did not wish it to be considered as more than it assumed to be.

OBSTETRICAL SOCIETY OF LONDON.

JANUARY 4TH, 1865.

DR. OLDHAM, PRESIDENT.

The following gentlemen were elected Fellows: Mr. J. H. Bridgeman, Dr. E. Copeman, Mr. Fairbank, Dr. Hodder of Toronto, and Mr. Whitehead.

Dr. PLAYFAIR read a case of Extra-Uterine Fœtation, on which Dr. PRIESTLEY made some remarks.

Mr. WILLS, through Dr. GRAILY HEWITT, described the Mode of Birth of a Double Monster, and exhibited a Photograph of the same.

Dr. PARSONS exhibited a specimen of Pulmonary Embolism, of the tubular kind, after ovariotomy, and described the case.

Dr. RICHARDSON entered at considerable length into the question of these fibrous deposits.

Mr. NAPPER read a case of Amputation of Arm during early Pregnancy.

ANNUAL MEETING.

The business of the annual meeting then commenced. The report of the Auditors of the Accounts of the Treasurer for the year ending Dec. 31st, 1864, was read; from which it appeared that the balance in the hands of the treasurer is 262*l.* 6s. 5d., and that during the year a sum of 181*l.* 10s. was invested in Consols in the name of the trustees of the Society, making a total now invested in Consols of 731*l.* 10s. The balance-sheet showed that the Society had received during the year the sum of 469*l.* 7s. as subscriptions from the fellows, and 40*l.* 9s. 6d. from the sale of 'Transactions.'

Mr. MITCHELL, in proposing the adoption of the report, congratulated the Society on its financial prosperity.

Mr. NICHOLS having seconded the resolution, it was carried unanimously.

The SECRETARY having read the modifications of the laws rendered necessary by the opening of the library, Dr. MEADOWS proposed their adoption. This, being seconded by Dr. HALL DAVIS, was unanimously adopted.

It was then announced that arrangements were now completed for the lending of the books of the library to the fellows at Mr. Hardwicke's, publisher, 192 Piccadilly.

Dr. PRIESTLEY moved with great pleasure, and was seconded by the whole meeting, the following resolution:—"That the thanks of the Society be and are hereby given to the President and Officers of the Society for their services during the past year. That they be particularly given to the retiring President, Dr. Oldham, for the able and efficient manner in which he had presided over the Society; and also to Dr. Graily Hewitt, on his retiring from the office of Honorary Secretary, for his zealous aid rendered to the Society from its commencement."

The list of donations to the library were then read.

The following gentlemen were then elected officers for the ensuing year:—Hon. President: Sir C. Locock, Bart, M.D. President: Dr. Barnes. Vice-Presidents: Dr. Gream, Dr. Greenhalgh, Mr. F. S. Haden, Mr. Robert Hardy (Hull), Dr. Tanner, Dr. J. G. Wilson (Glasgow). Treasurer: Dr. Graily Hewitt. Hon. Secretaries: Dr. Braxton Hicks, Dr. Alfred Meadows. Hon. Librarian: Dr. A. Meadows. Other members of Council: Dr. Aveling (Sheffield), Dr. Clay (Manchester), Dr. John Hall Davis, Dr. Gervis, Dr. Alfred Hall (Brighton), Mr. I. Harrison (Reading), Dr. Madge, Mr. Josh. T. Mitchell, Dr. Gustavus C. P. Murray, Mr. Edward Newton, Dr. Oldham, Dr. W. O. Priestley, Mr. Edward Ray, Dr. Samuel Richards, Dr. Thos. Skinner (Liverpool), Dr. Tyler Smith, Mr. Fred. Symonds (Oxford), Mr. James Reeves Traer.

The PRESIDENT then delivered the

ANNUAL ADDRESS.

He referred to the prosperity and activity of the Society, as shown by the balance-sheet, by the 'Transactions,' and by the number of its fellows, who now were to be found in Australia, New Zealand, India, and Canada. He lamented, however, the deaths of six fellows during the past year. He congratulated the Society upon the formation of the Lending Library, which had long engaged the attention of the Council. The tone in which the discussions had been carried on in the Society was very satisfactory, although subjects had been brought before them upon which there had been strong diversity of opinion. Dr. Oldham pointed out that it was to the interest of the Society to continue to maintain this spirit unimpaired. He thought it desirable to establish a committee of two experts to report to the Society upon the results of any new line of practice which might prove of serious consequence to the

patient. It was one of the duties of the Society, not only to bring forward new suggestions for improving practice, but, by the light of modern science, occasionally to revise the older rules and opinions ; and he noticed, among other subjects, the advantage of the careful and intelligent investigation of the influence of the ergot of rye on the mother and fœtus, and on the uterus in functional or organic diseases. He alluded to the possibility of improving the education of women as nurses to the lying-in room, by instructing them in public institutions to a competent knowledge of their duties, which would save a vast amount of the injury and misery inflicted by incompetent nurses. Referring to the revival, in a recent case, of a jury of matrons to decide upon the pregnancy of a condemned criminal, he hoped the Society would take an early opportunity of endeavouring to induce the Legislature to alter this rule, and refer in future to obstetric practitioners. The President, in conclusion, expressed his warm acknowledgements for the assistance rendered him by the honorary secretaries, and thanked the fellows for their support, which had rendered the performance of his office one of the most agreeable recreations of his professional life.

Dr. TYLER SMITH proposed, and Dr. GREENHALGH seconded, a vote of thanks to the President for his valuable address, which was carried unanimously.

HARVEIAN SOCIETY.

JANUARY 19.

President, DR. LANGMORE.

Mr. J. Z. LAURENCE exhibited a case of

MOOREN'S OPERATION FOR THE EXTRACTION OF CATARACT.

It was that of an old woman seventy-nine years of age. Mr. Laurence had first performed iridectomy, and then extracted by the downward section. The patient with a proper glass read the most minute type (No. 1 of Jäger). The case forcibly illustrated the great value of Mooren's method, for it would have been difficult to have selected a more unfavourable case for any operation, and more especially for one in which reparative action has to take place in a non-vascular texture like the cornea. The patient's age was extreme ; she suffered from chronic bronchitis, and was very emaciated and feeble. During the progress of the case she had nearly succumbed from a violent attack of diarrhœa ; she had had iritis, which had left the iris adherent, at parts, to the anterior capsule ; the cornea was at one part opaque ; yet, in the face of this complication of untoward circumstances, the operation had been attended with the most brilliant result. Mr. Laurence stated he had now extracted about a dozen cataracts successively by Mooren's method without losing a single eye, and that notwithstanding many of the cases presented as unfavourable circumstances at did the one he had brought before the Society. He felt convinced that many of his cases would have gone wrong, had the flap-extraction not been preceded by an iridectomy. In answer to a question of one of the members, as to how long a time the iridectomy should precede the extraction, Mr. Laurence said he waited till all the irritation had gone off after the iridectomy, which was, on an average, in about a month.

Dr. STEWART then read a paper

ON EMBOLIA,

an abstract of which we have printed at page 81.

Dr. HARE thought we should always bear in mind definitions, when speaking of Medical questions. *Embolia* meant something thrown in from the heart into the arteries. He thought that none of Dr. Stewart's cases fulfilled this definition, and could not, therefore, be called embolism. All persons accustomed to constant post-mortem examinations were well aware how common it was to find plugs in the heart or great vessels.

Mr. J. Z. LAURENCE said that embolia of the arteries of the retina might sometimes be seen by the ophthalmoscope.

Dr. DRYSDALE said that Virchow had first spoken of thrombus and embolia, to account for the occurrence of pyæmia by means of plugs from the veins carried along the circulation and deposited in the liver, or carried from the heart and deposited in the small arteries of the brain. The author's cases were too extensive for such mechanism, but cases were related where plugs of the femoral artery had been found, with dry gangrene of the lower limb.

Mr. JAKINS mentioned two cases which he thought instances of embolia of the heart: one occurred in a soldier who died suddenly, and in whose heart a large plug of fibrin was found ; the second occurred in a soldier who had shut himself into his room, and was found dead with an empty laudanum-bottle near him ; in the last case a large clot of fibrin was found in the heart and extended far into the great vessels, and this, he thought, had caused death.

Dr. CLEVELAND thought the second case mentioned by Mr. Jakins was simply one of poisoning by laudanum in all probability, and the clot was of constant occurrence in such cases.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 26th ult. :—Edward William Adrien, Old Town, Co. Dublin ; Bushell Anningson, Hampstead ; Alfred Charlton, Tunbridge ; Edward Cheatle, Tamworth ; Edwin Child, Vernham, Andover ; Arundel Hill Cotter, Cork ; Charles Edwin Curtis, Yately, Hants ; Joseph Rymer Dowman, New Zealand ; Edward Drummond, M.D., Blyth, Northumberland ; John Grimes, Castle Thorpe, Bucks ; Frank Charles Plumptre Howes, Great Yarmouth ; John Thomas Jacques, Birstall, Leicestershire ; Richard Jeffreys, Chesterfield ; William John Morgan, Burwood place, Edgware road ; John Murray, Aberdeen ; Robert Orme, Instow, North Devon ; Richard Colville Parkinson, Guildford ; Ferdinand Albert Purcell, M.D., Cork ; James Shaw, Handsworth ; Arthur Taylor, Kennington.

The following were admitted on the 27th ult. :—John William Armistead, Leeds ; John Morgan Bryan, Northampton ; Charles Creasy Clayworth, Spilsby ; William Gosselin, Cavan, Ireland ; Mark Antony Kilroy, Virginia, Co. Cavan ; Charles Pitt Wetherell Neate, Fowey, Cornwall ; Thomas Hall Redwood, Rhymney, Monmouth ; Ebenezer Shedd, Montreal.

NAVAL SURGEONS.—At a meeting of the Court of Examiners of the Royal College of Surgeons on the 24th ult., the following gentlemen passed their examinations for Naval Surgeons :—George Bellamy, M.R.C.S. Eng. (Aug. 31st, 1859), Haslar Hospital, Gosport ; Henry Normand MacLaurin, M.D. and L.R.C.S. Edin. (1857), Greenwich Hospital ; Charles Henry Slaughter, M.R.C.S. Eng. (June 20th, 1856), H.M.S. "Royal Adelaide."

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 26th ult. :—Charles Broom, City road, E.C. ; John Hedley, Newcastle-on-Tyne ; William Matthew Renton, Newcastle-on-Tyne ; George Henry Watson, Jersey ; John George Frederick Wilford, Brompton, Yorkshire.

The following gentleman also on the same day passed his first examination :—Ebenezer Shedd, Manchester.

PRELIMINARY EXAMINATIONS IN ARTS.—The following gentlemen passed this examination on the 27th and 28th ult., and received certificates of proficiency in General Education :—A. H. Aldridge, Poole, Dorset ; Edw. F. Atkinson, Alma square, St. John's wood ; W. A. Attwater, Lawn place, Shepherd's bush ; Sydney O. Bishop, Sandhurst, Berks ; W. A. S. Blue, St. Bartholomew's Hospital ; E. J. H. Booth, Queen street, Huddersfield ; J. C. Chester, Redruth, Cornwall ; G. C. Coles, Blenheim crescent, Notting hill ; Frank Cufaude, Acle, Norfolk ; Arthur F. L. Dorin, Drayton grove, Brompton ; David H. Goodsall, Windmill street, Gravesend ; Joseph Hargrove, Wolverhampton ; Charles Irving, Duncan terrace ; H. E. Jackson, Highbury-grove Villas ; Nathaniel H. Jarvis, Kingsbridge ; W. H. Kesteven,

Manor road, Holloway; W. Moore King, Sussex County Hospital, Brighton; Alex. Longhurst, Farnham, Surrey; Norman Burford, Guy's Hospital; P. Pickering, Henley-on-Thames; Thomas Pink, Croom's hill, Greenwich; Frederick Prigg, Bury St. Edmunds; C. F. Rigg, Wigan, Lancashire; H. H. C. A. Rodberd, Preston, near Yeovil; T. Somerville Smith, Sittingbourne, Kent; John R. A. Taylor, Dorchester; Lewis Thorpe, Bradford street, Walsal.

TREATMENT OF ONYCHIA.—The disease of which M. de Moerloose, of Ghent, effects a cure in a few days by the application of nitrate of lead is not that which is popularly termed the "growth of the nail into the flesh," but the fungous, ichorous, unhealthy ulcer, occurring especially in children at the root of the nails, which fall away, leaving a sore with swelled, jagged edges, causing a deformation of the finger or toe, and occasionally requiring amputation. "Parents," says M. de Moerloose, "frequently convey their children to the hospital requesting me to cut off the diseased finger. This I have never consented to do, and I may add that I have always succeeded in effecting a rapid cure. A week or ten days in general, or at the farthest three or four weeks, have always been sufficient for the purpose even under the most unfavourable circumstances. The remedy I resort to is the application, after the excision of any irregular horny excrescences, of powdered nitrate of lead. The wound should be dressed once a day only; the pain promptly subsides, the swelling soon decreases, the secretion resumes a healthy character, and, in the course of five or six days, the sore is often thoroughly cleansed. M. Wardrop, who refers the disease to syphilis, recommends mercury to be employed so as to affect the gums, in about a fortnight; but although the affection may occasionally in the adult be traced to this cause, it is frequently met with in hospitals for infancy, where it appears more obviously connected with a scrofulous condition of the system, and much more rapidly yields to the very simple treatment above described than to any other medication.—'Journal of Practical Medicine and Surgery.'

ENTOZOA.—Mr. S. S. White read a paper upon this interesting subject at the last meeting of the Charing-cross Medical Society, in which he dwelt particularly upon the tape-worm, and entered very minutely into the propagation and migration of this troublesome parasite. He proved by many illustrations that its growth often commences in the alimentary canal in consequence of the sufferer having eaten of unclean vegetable and uncooked animal food. The larvæ have been frequently found floating in ponds and on stagnant water; and a whole village has been known to be infested after partaking of water containing the larvæ of this worm. Mr. White showed that the disease thus engendered is more prevaient in Germany than in this country, and also (from statistics) that it is more frequently found in females than in males. Trichina spiralis next came under notice; and particular attention was directed to the necessity for more effective measures for the detection of diseased pork, especially that in a measly state.

THE SMALL-POX AND VACCINATION HOSPITAL.—The annual meeting of the governors of this hospital was held on Friday last in the institution, which is situate on High-gate-hill. Mr. S. Turner occupied the chair. From the report, it appeared that 836 patients had been admitted during the year— 498 males and 338 females, of which number 728 had been discharged cured, and 108 cases had ended fatally. During the same period 268 out-patients had been vaccinated, and 648 charges of vaccine-lymph had been supplied to Medical practitioners. Dr. J. F. Marson, the resident surgeon, reported that of the number of in-patients 17 were not cases of small-pox, and of the 819 cases of that disease 130 occurred to unvaccinated persons. The remaining 685 had been previously vaccinated, and the curious fact was shown that whereas there were 60 deaths among the 685 vaccinated patients, the vastly increased percentage of 47 deaths occurred to the 130 unvaccinated. It was stated that a sum of 187*l.* 10s. had been received from the Lords Commissioners of Her Majesty's Treasury, being a portion of the bequest of Mrs. De Lilley to Her Majesty, and Cardinal Wiseman, Captain Phillimore, and Messrs. W. Tomlin, J. Whittaker, and H. Herbert were elected life governors.

PRYCE *v.* BOWEN.—Dr. Bowen's solicitor relates the following conclusion of the case of Pryce *v.* Bowen, in the pages of a contemporary:—"Sir,—As I had the honour of being professionally concerned for the defendant in this case, I take the liberty of informing you, that the plaintiff on the very day that judgment was signed against him in the above action made himself a bankrupt, scheduling Dr. Bowen as a creditor for the costs of his defence, and also scheduling his own solicitors, Messrs. Evans, Son, and Sandys, Liverpool, as creditors for 50*l.*, or thereabouts, balance of their bill against him for the prosecution of the action. The bankrupt states that his furniture was sold to meet the guarantee given to his solicitors in the action, and he declares that the assets available to his creditors amount to 2*l.*, or thereabouts, and no more!"

ABSINTHISM.—According to Dr. Emile Decaisne, the consumption of absinth has of late years increased to an enormous extent in France. It is made by infusing in alcohol ends of wormwood, both major and minor (*sommités d'absinthe*, from which the liquor takes its name), angelina root, *ealamus aromaticus*, aniseed, dittany seeds, and common marjoram. Some distillers, however, vary the recipe, and use fennel mint, and balm. The concentration of the degree of the alcohol is generally very high. Indigo, tincture of turmeric, juice of hyssop, and nettles. are called to aid to improve the colour and appearance of the pernicious draught. The effect of absinth is to produce a superabundant activity of the brain, a cerebral excitement which at first is agreeable. The intoxication "comes on rapidly; and head swims; and the effect produced is nearly the same as that of poisoning by a narcotic, which certainly does not occur with an equal dose of brandy. With the absinth-drinker, as with the brandy-drinker, the excitement the liquor produces diminishes daily in intensity. Each day he is obliged to augment the dose, in order to screw himself up to the right pitch." The diseases brought on by drinking brandy are produeed much more rapidly by the use of absinth. One of the greatest dangers of absinth, says Dr. Decaisne, consists in its adulteration. Dr. Decaisne has observed more than 150 cases of chronic absinthism, and concludes that absinth ought to be prohibited. He had convinced himself that absinth, even of good qualtty and in moderate doses, sooner or later invariably produoes disorders in the human economy, He considers that the extent to which it is now consumed in France demands the intervention of Government. He declares that the pale green demon has invaded all classes of society, the idler and the workman, the soldier and his officer; all professions, those who work with the brain, and those who work with the hand, swallow it with frenzied eagerness.

THE PURIFICATION OF THE PRESS.—Besides the numerous Journals which, we are happy to say, have discontinued the insertion of the obscene advertisements of the quacks, it ought to be mentioned that a weekly Journal of very large circulation, namely, the 'News of the World,' has never contaminated its pages with those announcements. The conductors of that paper have consistently refused to admit these advertisements, very properly considering that as they desire it to be received into the houses of respectable families, such indecencies would sully its columns, and make them repulsive to all well-regulated minds.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, FEB. 8.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Surgeons, 4 p.m.—Prof. Huxley, "On the Mammalia;" Hunterian Society, 7 p.m.—Annual General Meeting—8 p.m., Annual Oration by Mr. Hutchinson;" Medical Society of London, 8½ p.m.—Lettsomian Lectures: Mr. Henry Smith, "On Some Points connected with Fistula in Ano."

THURSDAY, FEB. 9.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2

p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Tyndall, "On Electricity."

FRIDAY, FEB. 10.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Mammalia;" Hunterian Society, 6 p.m.—Annual Dinner at the London Tavern; Royal Institution, 8 p.m.—Mr. W. G. Palgrave, "On Arabia."

SATURDAY, FEB. 11.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Marshall, "On the Nervous System."

MONDAY, FEB. 13.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, FEB. 14.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE ROYAL INSTITUTION.—The notice has been received.

MR. ALBERT NAPPER.—The letter and report have been received.

A POOR-LAW SURGEON.—The letter is inserted.

MR. HENRY TRIGG, F.A.S.L., *Bury St. Edmunds.*—No harm can result to the teeth or gums from the use of "Condy's Ozonised Water," or from the diluted tincture of perchloride of iron. The latter sometimes causes a black deposit, owing to the formation of the black sulphuret of iron, but this may be easily washed off.

THE OBSTETRICAL SOCIETY.—The report has been received.

OUR correspondent at L—— may rely on the prudence of "Vigilans" when he comes to treat of the practice in question, and "Vigilans" will be glad to hear from him again when such departures from professional etiquette are perpetrated Send the Journal.

THE HARVEIAN SOCIETY.—The notice has been received.

Dr. GIBB.—We are assured by the writer of the letter signed "Vigilans," that the remarks made in reference to Dr. Gibb were merely meant as harmless *badinage*, and that no intention whatever existed of throwing any imputation upon Dr. Gibb's professional character. Dr. Gibb will himself, probably, see the matter in this light when he reads the passages again. We would ourselves add that we should deeply regret to inflict any pain upon Dr. Gibb, to whom the Profession is under many obligations as an accomplished physician, and as a successful explorer in a speciality which has thrown an unexpected light upon many diseases hitherto obscure, and consequently inefficiently treated, but which are now as well understood as those of any other part of the human frame.

D. J. M.—If the writer will forward his address, he will receive a private note; and in the meantime he will do well to peruse carefully the remarks made upon the subject in our present number.

DR. M.—We do not exactly see the hardship of the case to which our correspondent alludes. The degree is a highly respectable one, but does not confer a qualification to practise Surgery in the present state of the law.

Dr. J. A. BOLTON'S communication is inserted, and he is thanked for his kind offer, which is acknowledged and accepted.

INDIGNANS.—We learn, on very good authority, that the game of the obscene quacks has almost received its death-blow since the exposures in the "Henery" case and the revelations contained in our columns. Many of the quacks are now, under legal pressure, disgorging such enormous sums as must materially affect their present pecuniary position, at the same time rendering their future gains very problematical. But we shall not relinquish the subject until the victory is complete.

SEVEN MONTHS UNDER THE CARE OF A QUACK had better write to say where a private note would reach him, or send name and address to this office.

THE HARVEIAN SOCIETY.—The report has been received, and Dr. Drysdale's request shall be attended to.

THE ORIGINAL CHLORODYNE.

The Right Honourable **EARL RUSSELL** has graciously transmitted to Mr. R. FREEMAN, the Inventor and Manufacturer of CHLORODYNE, the following extract of a despatch from Acting Consul WEBB, dated Manilla, September 17, 1864:—

"The remedy most efficacious in its effects (in Epidemic Cholera) has been found to be CHLORODYNE, and with a small quantity given to me by Dr. Burke I have saved several lives."

☞ On reference to *The Lancet* of Dec. 31st, 1864, it will be seen that EARL RUSSELL had communicated to the Royal College of Physicians of London that he had received a despatch from Her Majesty's Acting Consul at Manilla, stating that Cholera was fearfully raging in the Philippine Islands, and that CHLORODYNE was the only remedy of any service.

FREEMAN'S ORIGINAL CHLORODYNE is largely employed by the Profession as a Sedative, an Antispasmodic, an Astringent, and a Diaphoretic.—In Phthisis, Asthma, Chronic Bronchitis, Pertussis—as a Sedative, and Calmative in Cancer—as an Astringent in Dysentery and Diarrhœa. In each of these affections its use is attended with the most striking results.

FREEMAN'S ORIGINAL CHLORODYNE is not a mere admixture of certain potent drugs, the virtues of which have been long known and valued by Medical Practitioners, but a new therapeutic agent, and has effects peculiar to itself, and which are essentially different to these resulting from the many preparations bearing the name of Chlorodyne.

In the Chancery Suit, Browne *v.* Freeman, before Vice-Chancellor Sir W. Page Wood—by whom a decree was made dismissing the Bill, July 12th, 1864,—many eminent London Physicians and Surgeons of long standing in the Profession, and who hold public appointments, made affidavits to the effect that they had extensively prescribed "Freeman's Chlorodyne;" "had used it in comparison with Dr. J. Collis Browne's Chlorodyne; had carefully noted the effects of each, and preferred Freeman's, as being more certain and reliable preparation, stating in particular that they had not found it to produce headache." It is offered to the Profession and the Trade as the best preparation, and at a price which allows the poorest sufferer to enjoy its beneficial effects, and to deserve the name of a "wonderful though cheap medicine." Full and explicit directions for use, and a sheet of Medical Testimonials, with each bottle.

N.B.—The Chancery Court printed copies of the above affidavits may be seen at R. F.'s address.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

AN ANALYSIS OF EIGHTEEN CONSECUTIVE CASES OF CEREBRAL DISEASE.

By GEORGE CORFE, M.D., M.R.C.P.L.,
Physician to the Western General Dispensary; formerly Resident Medical Officer of the Middlesex Hospital, &c.

(Continued from page 34.)

CASE I.—*Sex:* Male. *Age:* Sixty-six. *Occupation:* Labourer. *Nature and duration of attack, &c.:* Ten days, after a momentary loss of consciousness. *Palsy or anæsthesia of side:* Left, and loss of sensation. *Speech:* Could not articulate for three or four days after seizure, when speech was restored. *Remarks on pathology, treatment, &c:* For many years had suffered from pain over right parietal bone, as though a stream of cold water was always flowing over it. Three months ago had "a tingling and catching of left leg." Pulse stronger in right than left wrist; temperature of latter lower than right; on two occasions he spilt boiling soup over the palsied surfaces and knew it not until he saw the blisters raised by the hot fluid; a slough formed on one, which did *not* seem to be slow in healing, and never annoyed him. He left us perfectly hemiplegic.

CASE II.—*Sex:* Male. *Age:* Thirty-five. *Occupation:* Marble polisher. *Nature and duration of attack, &c.:* Fifteen hours; no loss of consciousness. *Palsy or anæsthesia of side, &c.:* Left; including face; sensation diminished. *Speech:* Thick in expression; intellect clear. *Remarks on pathology, treatment, &c.:* Denies having had syphilis; a copper-coloured scaly eruption over body; attack came on in bed "like a cramp in his side and arm, and found he could not articulate;" went to bed well, save slight giddiness; was not relieved of the hemiplegia after six weeks' treatment.

CASE III.—*Sex:* Female. *Age:* Sixteen. *Occupation:* A servant-of-all-work. *Nature and duration of attack, &c.:* Four days; though subject to intense headache some time. *Palsy or anæsthesia of side:* None apparent; lies wholly on right side. *Palsy or anæsthesia of eye:* Globes protruded; double vision; strabismus. *Speech:* Inability to express her feelings; a fatuous appearance; refuses all food; cannot swallow apparently. *Remarks on pathology and treatment &c.:* Continually moaning and crying out, drawing the clothes over her head when disturbed; died thirty hours after admission; arachnoid dry; veins turgid; ventricles filled with clear fluid; corpus striatum of left hemisphere, in its centre, was converted into a pulpy, vascular mass, looking exactly like a finely-injected thyroid gland, much softened; in the centre of this mass was a firmer portion, which proved to be a branch of the middle cerebral artery, thickened, but *not* internally diseased; there was acute arachnitis of the base; there was also pneumato-thorax, by means of an opening into the pleura from a tubercular cavity.

CASE IV.—*Sex:* Female. *Age:* Thirty-five. *Occupation:* A wet-nurse. *Nature and duration of attack, &c.:* Three days; almost unconscious on admission; sensation diminished. *Palsy or anæsthesia of the side:* Left, and face also. *Palsy or anæsthesia of the eye:* Left globe protruded, and ptosis of the lid. *Speech:* Articulation thick; can be scarcely roused to consciousness when addressed. *Remarks on pathology, treatment, &c.:* Fatal twelfth day; thorax conoid; excess of fat on heart, with unequivocal conversion of muscle, especially right ventricle, into the same; on outer surface of right corpus striatum, and about the centre of the middle lobe of the same hemisphere, was a cavity, in size and shape as a walnut, containing a firm, loose coagulum; it had no connexion, nor had it encroached on the corpus striatum on the one side, or on the grey matter on the exterior of the brain, but was imbedded in the white structure; slight softening was observed around the mass, which exhibited a rusty colour.

CASE V.—*Sex:* Male. *Age:* Thirty-seven. *Occupation:* None. *Nature and duration of attack, &c.:* Suffering five days before admission from intense headache, not specially in one spot, though the left eye drooped when first seen as out-patient; death on seventh day. *Palsy or anæsthesia of side:* Left; sensation unaltered. *Palsy and anæsthesia of eye:* Left lid, and this pupil was dilated. *Speech:* Mumbles inarticulately and unintelligibly; spoke distinctly when seen five days before admission. *Remarks on pathology, treatment, &c.:* Coagulum over whole left hemisphere to base as far as occipital ridge and centre of sphenoid bone; the structure not vascular; no disease of cerebral arteries; no softening, though extensive atheroma of aortic arch and its branches; corpora striata and thalami optici not unusually vascular.—*Vide* Abercrombie's 'Diseases of Brain,' p. 242, case 109.

CASE VI.—*Sex:* Female. *Age:* Thirty-five; single. *Nature and duration of attack, &c.:* Fit, five years ago, of insensibility after rheumatic fever; two years suffering from dyspnœa. *Palsy or anæsthesia of side:* Left; sensation diminished. *Speech:* Deglutition impaired; articulation thick, confused; replies only in a "No," "Yes." *Remarks on pathology, treatment, &c.:* Mitral bruit heard; embolism; warty pendulous growths on under surface of mitral and aortic valves; two old cicatrices on right hemispheric surface: one on the outside of middle lobe, the other on edge of posterior lobe. Recent one on posterior part of right cerebellum, contiguous to medulla oblongata, and where eighth and ninth nerves pass across. General ramollisement of organ.

CASE VII.—*Sex:* Female. *Age:* Twenty-two. *Nature and duration of attack, &c.:* Twelve hours; no fit; no loss of consciousness; great headache for fourteen nights; worse on right side. *Palsy or anæsthesia of side:* Right, including face; sensation diminished. *Palsy or anæsthesia of eye:* Indistinct vision in right; ptosis of lid. *Speech:* Thick, and expressions confused. *Remarks on pathology, treatment, &c.:* Transferred from syphilitic ward; leg slightly improved, though three months afterwards arm quite useless, and foot dragged uselessly after her also.

CASE VIII.—*Sex:* Female. *Age:* Twenty-two. *Occupation:* Servant. *Nature and duration of attack, &c.:* Fifteen hours; fit of insensibility after great pain in right side of head. *Palsy or anæsthesia of side:* Left, including face; loss of sensation also. *Palsy or anæsthesia of eye:* Both irides act; pupil natural. *Speech:* Replies to questions rationally and with clearness of articulation. *Remarks on pathology, treatment, &c.:* So far improved in three months as to walk about the garden of hospital alone, and could give "a tolerably hearty squeeze" with the hand, and raise the limb.

CASE IX.—*Sex:* Male. *Age:* Fifty. *Occupation:* A cab-waterman. *Nature and duration of attack, &c.:* Quarter of an hour; fit of insensibility, yet owns to pain in right half of head when roused. *Palsy or anæsthesia of side:* Left, including face; sensation not apparently altered. *Palsy or anæsthesia of eye:* No difference in size of pupils; natural in action. *Speech:* Not at all disposed to talk; expression of words not altered. *Remarks on pathology, treatment, &c.:* So far improved that in four months presented himself walking with a stick, but made so little use of it that the former hemiplegia was recognised with difficulty.

CASE X.—*Sex:* Male. *Age:* Forty-seven. *Occupation:* Butler. *Nature and duration of attack. &c.:* Heaviness on right half of head twelve hours after being "too fresh from liquor." *Palsy or anæsthesia of side:* Left; sensation and temperature diminished. *Speech:* No affection. *Remarks on pathology, treatment, &c.:* In six weeks side was weak, but no marked difference in his gait; no stick or crutch required.

CASE XI.—*Sex:* Female. *Age:* Eighteen. *Occupation:* Sempstress. *Nature and duration of attack, &c.:* Twenty-four hours; similar attack and perfect recovery twelve months ago, after twenty-eight weeks palsy of same side.

Palsy or anæsthesia of side: Left; sudden, and without loss of consciousness; but loss of sensation in arm and partial also in leg; no facial contortion. *Speech*: No affection. *Remarks on pathology, treatment, &c.*: Hobbled about eight weeks after attack with a crutch; never felt the sparks from a powerful electro-galvanic battery, applied three times weekly.

CASE XII.—*Sex:* Male. *Age:* Fifty-seven. *Occupation:* Tailor. *Nature and duration of attack, &c.:* Ten days; no fit or loss of consciousness; only deafness in right ear. *Palsy and anæsthesia of side:* Left; including face; arm always in a state of semi-flexion. *Speech:* Not altered. *Remarks on pathology, treatment, &c.:* Fatal in fourteen days; valvular disease of heart; a tumour occupying a large portion of right hemisphere; centrally it had a spongy cellular structure; the anterior hard, homogeneous, and pearly in appearance; the posterior part was of a red colour, soft in texture; it measured three inches in length and two in breadth; it was found to contain a clot the size of a hazelnut, apparently the result of the plugging and destruction of a cerebral artery running through the mass.

CASE XIII.—*Sex:* Female. *Age:* Sixty-five. *Nature and duration of attack, &c.:* Three days; attacked with loss of consciousness. *Palsy and anæsthesia of side:* Right, with numbness of the same. *Palsy and anæsthesia of eye:* Iris of left more dilated than right. *Speech*: Expresses herself clearly as to sufferings: deglutition impaired. *Remarks on pathology, treatment, &c.:* Eight days after admission was suddenly attacked with convulsions, coma, and stertor, with utter inability to swallow; fatal on following day; extravasation of blood beneath arachnoid over both hemispheres, especially right; extreme softening of both lower portions of cerebellum, so that they broke away on raising them, "raspberry and cream" in appearance; hydatiform condition of plexus choroides; there was recent rupture of the aorta, and escape of blood in pericardium.

CASE XIV.—*Sex:* Female. *Age:* Forty-five. *Nature and duration of attack, &c.:* One hour; insensible on admission; tongue protruded and swollen; mouth open. *Palsy or anæsthesia of side:* None apparent; sensation good. *Palsy or anæsthesia of eye:* Contracted to a pin's head in size. *Speech:* Gone. *Remarks on pathology, treatment, &c.:* Third and fourth ventricles filled with blood; pulpy walls; a small spot of blood in one thalamus opticus; corpus striatum healthy; heart enlarged; blood fluid; hypertrophy of left ventricle; a few lardaceous spots above its valves.

CASE XV.—*Sex:* Male. *Age:* Thirty. *Occupation:* Bricklayer. *Nature and duration of attack, &c.:* Four days; insensible on admission. *Palsy or anæsthesia of side:* None. *Palsy or anæsthesia of eye:* Both irides dilated slightly. *Speech*: Good for a day or two only. *Remarks on pathology, treatment, &c.:* Soon became raving, and required restraint; vomiting; fatal sixth day; a coagulum as large as a nut, contained in a (pseudo membranous) sac, in left corpus striatum.

CASE XVI.—*Sex:* Male. *Age:* Forty-five. *Occupation:* Sailor. *Nature and duration of attack, &c.:* Two hours; insensible on admission. *Palsy or anæsthesia of side:* None apparent. *Palsy or anæsthesia of eye:* Dilated pupil and fixed. *Speech:* Gone. *Remarks on pathology, treatment, &c.:* Fatal in thirteen hours; a clot beneath optic commissure; left ventricle full of coagula, passing down to inferior second and to second, third, and fourth ventricles. Had been trephined some years before over left temple.

CASE XVII.—*Sex:* Male. *Age:* Sixty. *Occupation:* Clergyman. *Nature and duration of attack, &c.:* Half an hour; insensible on admission. *Palsy or anæsthesia of side*: Right; including face. *Palsy and anæsthesia of eye:* Contracted pupils, to size of a pin-hole. *Speech:* Protrudes tongue on being roused; is straight; only answers "yes" and "no;" deglutition perfect. *Remarks on Pathology, treatment, &c.:* Left radial stronger than right; been subject to severe headaches after dinner; and once, two years ago, fell senseless for a few minutes; fatal on third day; no post-mortem examination allowed.

CASE XVIII.—*Sex:* Male. *Age:* Fifty. *Occupation:* Groom. *Nature and duration of attack, &c.:* Ten days, with numbness of foot, gradually extending to whole left side, up to face. *Palsy or anæsthesia of side:* Left, including face; sensation perfect. *Remarks on pathology, treatment, &c.:* Discharged without any relief; giddiness; headache, especially in occipital and temporal regions, and active hemiplegia remaining; always relieved by small cuppings.

In reviewing the above cases, the reader will be at once struck with the excess of sinister over dexter hemiplegia. Amongst the eighteen in number, there were thirteen well-marked instances of palsy; and of these two only were on the right side, whilst eleven instances of loss of power occurred on the left half of the body.

There are also some striking exceptions to the recently promulgated doctrine of M. Broca, viz., that the faculty of speech resides in the left cerebral hemisphere.

Still more contradictory is the fact that dexter hemiplegia may exist with loss or defect of speech, as may be observed in Cases VI. and XVII. This circumstance is at direct variance with a statement lately made by Dr. H. Jackson, (*a*) that, in seventy cases of loss or defect in articulation with hemiplegia, only one in the whole number was on the right side, indicating thereby that disease of the left side of the brain would involve a loss of power in the faculty of speech. It is impossible to think over this subject and weigh it thoroughly with facts of daily occurrence in our metropolitan hospitals and in private practice, without being struck with the contradictory results met with in the study of the pathology of the nervous tissues, but more especially of the brain.

It is an undeniable fact that defects of speech with sinister hemiplegia are frequently met with, and we need only point now to Case VI., æt. thirty-five. She was the subject of severe sinister hemicrania for five years, after a fit of insensibility. On her admission into hospital, there was partial anæsthesia, deficient sensation, and slight hemiplegia on the left side. The deglutition was difficult, but the speech was reported thus: "Articulation thick and confused, being unable to give utterance to any words in succession; only a monosyllabic answer. Pulse hard in the right, small and feeble in the left, wrist." At the autopsy, the surface of the right hemisphere presented two old cicatrices or sulci, the *débris* of former apoplectic cells; they were situated, the one on the outside of the middle lobe, the other on the edge of the posterior lobe. They were both lined with a firm, citrine-coloured, non-vascular membrane. On raising the cerebrum, a larger and similar sulcus—a cavity it could scarcely be called, from the thickness of its lining membrane—was found on the posterior portion of the right half of the cerebellum, where the tissue is contiguous to the medulla oblongata. The surrounding cerebral mass was soft and pulpy, but not so the depressed portion, which derived a firmness from the thickened state of the membrane, and which was intimately connected with the pia mater and grey matter. The above description will at once convey to the mind of a pathologist the fact that the disease within the skull was of a chronic nature; and it should be therefore observed that death did not result from any active cerebral disturbance, but from sudden and intense orthopnœa, cough, and other fatal symptoms, which gave us unequivocal evidence of cardiac valvular distress, especially on the left side. The endocardium in this cavity was opaque, and beneath the mitral as it adjoins the semilunar valves, was a crop of warty irregular, pendulous excrescences, and in one or two instances they were continuous with a series of smaller growths upon the aortic valves themselves. There was pulmonary apoplexy in the lower lobes. No disease observed on the aortic tract.

This patient's hemiplegia, loss of speech, and defective deglutition arose, undoubtedly, from disease on the right side of the cerebral mass, which had been induced, very probably, in the first instance, by embolism; and thus it offers a very fair example of an exception to the view of M. Broca and others, that the faculty of language is connected with a healthy state of the left cerebral hemisphere only.

(*a*) Clinical Remarks &c., 'Lancet,' Nov. 26, 1864.

The other exception amongst the instances now brought forward was to be met with in Case XV., æt. thirty, a bricklayer.

In the lecture already referred to, Dr. Jackson remarks that "there can be no question that at present the evidence points most strongly to the conclusion that the faculty of expression resides in the left, and not in the right hemisphere." Now, the last quoted case will be observed to be a marked exception to this view, and then follows the assertion that "a great amount of negative evidence tends to show that damage of the brain in the neighbourhood of the right corpus striatum does not produce loss of speech in any sense of the word" (*a*).

The left corpus striatum, in Case XV., contained a sacculated coagulum as large as a nut. The man fell senseless from a ladder six days before death, and recovered consciousness, talked rationally, and though when he spoke it was with some degree of quaintness and on the most trivial subjects, yet, although his symptoms of cerebral distress increased, and he became so noisy and even furious at intervals, he never evinced any loss of power in articulation.

Much more could be adduced in proof of the difficulty of assenting to the views of the authors now quoted. The whole subject demands further investigation, especially as this field of inquiry, so far as the intimate structure of the spinal cord and brain is concerned, has been explored anew with wonderful success by J. L. Clarke, Esq., in his medico-pathological researches, for which the Royal Medal was awarded to him; and in the pursuit this eminent physiologist has opened up new paths for research and has shown himself a most able pioneer to the painstaking student in neurology. The knowledge, however, now acquired of the minute structure of the nervous centres cannot yet afford any immediate insight into their functions. Pathological verities can only be established on sound physiological facts, and it would be well for us to become diligent searchers after a knowledge of the true functions and minute structure of brain tissue ere we set up a train of physiological reasoning based upon a foundation of erroneous doctrine, or, to say the least, of a doubtful nature. If a record of cases of brain diseases is to be made profitable at all, it can only become so by our obtaining a familiar acquaintance with the minutest deviations from healthy structure, and, *pari passû*, with a perfect knowledge of the function and structure of every department of that wonderful and mysterious assemblage of nerve-fibres and nerve-granules grouped under the title of grey and white matter of the brain and spinal cord.

9 Nottingham terrace, Regent's park,
January, 1865.

(*a*) The posterior third of the third *left* convolution, adjoining the corpus striatum, is the spot fixed on by M. Broca as the seat of the power of articulate language.

SCIENTIFIC ARTICLES.

ON THE ACTION OF THE BROMIDE OF POTASSIUM.

In an article in the 'Union Médicale,' the therapeutical properties of the bromide of potassium are described at considerable length, and the results obtained both in England and France are recorded.

Considered at first as a medicine acting specifically in diphtheria and photophobia, and as an anaphrodisiac and narcotic, it has now become recognised as a powerful general and local sedative of the nervous system. M. Gubler, after successfully employing it, from its elective action on the mucous membrane of the fauces, in the granular or glandular sore-throat of phthisical patients, has extended its use to all the painful affections of this region, independent of tuberculosis. For instance, dysphagia and herpes of the throat have been relieved by its use, as well as the spasmodic cough of hysteria, phthisis, &c. It would probably also be efficacious in hooping-cough, like bromide of ammonium. It might, perhaps, be used as a gargle in these cases, if its contact were prolonged. This local action has been made available also in moderating the irritability and excitement of this region in cases of laryngoscopic examination, and in operations on the sensitive organs of speech. A solution of the salt, in the dose of 10 grammes (about 2½ drachms) to 150 of distilled water, a table-spoonful night and morning, was employed by M. Gubler in a case of relapsing chorea, and produced a well-marked improvement in two days; and in another case of the same disease the effect was equally beneficial. The same physician has also employed the remedy with success in affections characterised either by congestion of the brain or the excito-motory power of the spinal cord, in which the usual remedies, as arsenic, belladonna, or atropine, had failed. One patient had attacks of congestion in the head, vertigo, and palpitations, connected with prolonged intellectual fatigue; in a second case, these symptoms coincided with a general excitement and priapism; in a third, the patient was affected with general nervousness and diabetes; and all three were relieved in a remarkable manner. A case of spinal paralysis, with tetanic contractions, was also improved.

The writer in the 'Union Médicale' does not admit that the bromide of potassium is a true hypnotic, but considers that it causes sleep by the deep sedative effect it produces upon the whole of the nervous system, and secondarily on the circulation. Phthisical patients, tormented by coughing and sweating, notwithstanding the use of opium, have obtained sleep by the means alluded to; and in two cases of organic disease of the heart, with rapidity and intermission of the pulse, precordial anxiety and dyspnœa, M. Gubler was able, by means of the bromide, to reduce the pulse from 108 to 76, and to relieve the dyspnœa.

The properties of this salt may be summed up by stating that it is a simple moderator of nervous excitement, and that its elective action is specially exerted on the internal integument, the mucous membrane of the isthmus of the throat, that of the pharynx, and that of the genital passages. M. Vigoroux considers it the remedy *par excellence* for the nervous complaints which are so common in large cities, and the cause of which appears to him to be the excess of vascularity of a part of the nervous centres. The bromide, by diminishing the vascularity, becomes the antidote to this condition. Its presence in certain mineral springs explains their sedative action, and these springs may be usefully employed now that the cause of their action is known. Its operation appears to be antagonistic to that of iodine, with which it ought not, therefore, to be therapeutically associated, unless it is intended to counteract the effects of the latter.—Dr. SEMPLE'S Report, "On Materia Medica and Therapeutics," in the 'Brit. and For. Med.-Chir. Rev.'

OBSERVATIONS ON THE EFFECTS OF OZONE ON THE MUCOUS MEMBRANE OF THE THROAT AND AIR-PASSAGES.

By JOHN DAY, M.D., Geelong.

My observations were commenced on the 1st of July, and have been pursued up to the present time with as much attention as I have found it possible to bestow upon them. At nine a.m. and nine p.m. daily, I have recorded the amount of ozone indicated by the test-papers; I have also noted the direction of the wind, and find that a south wind generally gives the largest amount of ozone, and I think a north wind gives the smallest indication of its presence. During the month of July, I registered 233 degrees of ozone; in August, 237 degrees; in September, 306 degrees. The prevalent diseases have been—in July, influenza, bronchitis, diphtheria, and eczematous and pustular eruptions; in August, diphtheria and eczematous and pustular eruptions; and in September, diphtheria, scarlet fever, and eczematous and pustular eruptions.

During nearly the whole period referred to, diphtheria has prevailed in a mild epidemic form; and it has been almost entirely confined to dry elevated localities; while in the lower parts of the town, where the drainage is bad,

and there are large accumulations of decaying organic matter, the cases have been comparatively few. It is worthy of remark that, out of forty-three cases which have come under my observation, thirty-nine have occurred in streets and rows of houses running east and west. May not this peculiar distribution of the disease have been due to the influence of magnetic currents, or perhaps to currents of ozonified air induced by magnetic agency? The latter view is rather supported by some recent experiments made by Dr. Moffat, who has traced a connection between terrestrial magnetism and ozone. The most interesting part of my investigations is connected with the month of August; and I cannot help thinking that it has afforded me a clue to the exciting cause of diphtheria. During the first half of the month my register showed only eighty-five degrees of ozone; during the latter half it rose to 152 degrees, giving an excess of sixty-seven degrees for the latter half of the month. Diphtheria, which had been prevalent in June and July, disappeared completely in the early part of August, and I cannot learn that even a solitary case occurred until the reappearance of an increased quantity of ozone in the atmosphere, which was accompanied almost simultaneously by the return of the epidemic. The great prevalence of eczema, impetigo, and other skin diseases, may also be due to the irritating action of ozone, favoured, perhaps, by the moisture of the atmosphere.

I should have remarked, that I have invariably found a larger amount of ozone in districts infected with diphtheria, than in uninfected districts. Of the correctness of my observations on this point I am perfectly satisfied.

It seems to be generally believed that albumen is not present in normal mucus, but appears whenever the mucous membrane assumes an inflammatory state. Now, ozone is a powerful oxidizing agent, so much so that it oxidises iron, copper, and silver, when they are slightly moistened; and it is, I think, reasonable to infer that, when there is a much larger amount of ozone in the atmosphere than there is decaying organic matter for it to destroy, it will excite the delicate mucous membrane of the throat and air-passages, and induce inflammatory action. This action, once established, it is not difficult, hypothetically, to account for the rapid formation of false membrane in diphtheria, and also for its equally rapid decomposition. The few specimens of false membrane which I have examined under the microscope have given me the impression that they consisted chiefly of pus, epithelium, and albumen. They all became hard, and of a pearly white, when boiled in water. Ozone is said to have the power of rapidly destroying albuminous substances, the first evidence of its action on them being coagulation, which is soon followed by rapid decomposition. The presence of fibrin in false membranes may possibly be caused by the prolonged action of ozone on the albuminous deposit, the only recognised difference between albumen and fibrin being a slight excess of oxygen in the latter.—'Australian Medical Journal.'

HOSPITAL REPORTS.

(By DR. G. DE GORREQUER GRIFFITH.)

CHARING-CROSS HOSPITAL.

Cases under the care of Dr. WILLSHIRE.

CASE I.—*Hypertrophic Acne.*—In our number for Jan. 18th of this year, we alluded to this case, and shall quote it in these pages, as we wish to revert to some facts in connection with it. The patient was "a young and strong-looking woman, and had been for some time labouring under hypertrophic acne." By Dr. Willshire "she had been placed under arsenic, administered internally, and at the same time that there were applied to the face an ointment of the iodide of sulphur and relays of rice poultices."

In continuation of the above report, we mentioned that "the character of the affection was not, at the time of making our report, by any means so distinctly marked as it had been before the treatment was commenced," although "it was still sufficiently evident for the diagnosis of the affection."

Upon the occasion of our present visit we again saw the patient, but in such an improved condition was she, that we should not have recognised her. The face had lost a good deal of the redness, or rather lividity, which had before attended the eruption, and characterised it; the tuberculated or livid weal-like appearance had in a great measure disappeared, and left the integument more natural in its complexion and in its softness and smoothness, the weals, or tubercles, having quite disappeared from the right cheek, and scarcely any trace of them being left upon the other side of the face; the nose had almost altogether resumed its normal healthy condition and aspect; and the entire condition of the patient had become so much improved, that she herself was now sanguine of a perfect restoration to her original state of health.

There had been an alteration made in the treatment since we last saw the patient. Each acnous spot or tuberculated elevation was being regularly and freely touched with the solid nitrate of silver, in order to promote the more rapid maturation of the former and the more speedy dissipation of the latter. Its good effect in accomplishing the desired objects was most marked.

Dr. Willshire applied the rice poultices with the view to procure beneficial results from their emollient influence. He does not approve of linseed poultices in such cases, because he has been unable to see any change for the better wrought by them in cases similar to the present, though he has carefully looked for such results, and though they have been spoken of by other dermatologists. He disapproves of the linseed, either with or without the oil, and considers the oil linseed positively injurious, because of its irritating properties.

When the patient suffering from acne is about to leave the warmth of the house and to go out into the colder air, or even passes from a warm to a colder room, it is advisable that he should protect the face, by smearing it over with either almond or olive oil, the former of which is the preferable, because it is thinner, and perhaps more soothing in its effects.

When chilblains are upon the hands, the besmearing with some oil the parts affected tends very much to alleviate pain, to promote the return of the skin to its healthy condition, and consequently to prevent the lesion returning.

In the treatment of lupus, Dr. Willshire gives the preference to sedatives as local applications, and wholly disapproves of caustic or other irritating substances being used for the purpose of eroding the mass of disease, inasmuch as he considers their effects deleterious rather than otherwise.

CASES II., III., IV., V., VI.—*Patients (Children) suffering from Chorea.*—In connection with these cases, Dr. Willshire remarked that the first requisition to be fulfilled in the treatment is the giving to the entire body the most absolute rest which can be obtained for it, and to those limbs which are affected the same condition of repose, since nothing so much tends to a speedy convalescence. For this purpose he compels each patient, on his or her admission, to keep in bed for a week or ten days, and in some instances, where the choreac condition of a limb or of the limbs is very bad, he uses a splint, in order to obtain the wished-for rest for the constantly-excited nerves and the as constantly jerked muscles.

There was one little patient in whom the nervous disturbance had arisen from a fright given her by some of her playmates, who pretended to be ghosts. The fright had been given at night just as the girl was going to bed; but its injurious effect did not manifest itself till the following morning, when the chorea set in with symptoms which were unmistakable.

This patient's history may be adduced to controvert the theory advanced by the late Dr. Todd, that chorea is the result of a poison pervading the blood, and should be regarded as a blood disease; unless, indeed, it be taken for granted that the poison be generated in the blood, and not taken in from without of the system, by the change

which the nervous influences or force are subjected, in consequence of disturbed and deranged action, whatever may be its nature.

Here was a case in which chorea was induced merely by fright, and in which no external poison could be traced, or even be supposed to have found its way into the blood.

The treatment pursued after the opening of the bowels, and from the commencement, even while the patient is confined to bed, consists in the administration of arsenic or of the three sulphates, namely, the quinine, iron, and zinc, in appropriate doses, according to the age, strength, and other conditions of the patient.

The affection, it is to be remarked, is much more difficult of treatment in boys than it is in girls, and is always the more difficult in proportion to the excitability or emotional condition of the sufferer, those of a dull, phlegmatic temperament being more amenable to treatment than those who are poetical, bright, quick, intellectual, and imaginative. The difficulty of treatment is in exact ratio with the intellectuality or mental development of the person under our care; the greater the natural refinement of mind, the greater the obstinacy of the malady.

CASE VII.—*Eczema Impetiginoides.*—The patient was a little girl of about five or six years of age, stout, fat, well-developed, showing that there was no want of nourishment, at least as far as appearance was concerned.

The face was the part implicated; it was of a somewhat faded, bright red colour, and was also swollen, showing that there was some inflammatory action taking place.

The treatment prescribed, and from which very much benefit had accrued, was alterative doses of mercury combined with soda; while, at the same time, watercresses and such-like green articles of food were freely allowed. Recovery to the normal healthy condition was rapidly occurring.

CASE VIII.—*Scrofulous Pneumonia.*—The patient was a red-haired, delicate-featured, small-built lad, of about seventeen or eighteen years of age.

Some little time since he had a cold on his chest, which, upon Medical examination, proved to be double pneumonia.

Dr. Willshire pointed out that this affection was originally described by Dr. Addison, by whom the name, scrofulous pneumonia, had been applied to it.

The remarkable fact in connection with it is, that the exudation resulting from the inflammation, instead of being absorbed, is broken up or disintegrated, and that in the process of dissolution the lung tissue itself is also involved, and is expectorated in the sputum.

CASE IX.—*Acute Pericarditis.*—This occurred in a young woman of somewhat full habit, and the course of acute rheumatic fever for which she had been admitted into the house.

The primary complaint, namely, the rheumatic fever, had been treated from the commencement upon the simple alkaline plan of treatment; and, whilst being so treated, had given rise to the heart affection above mentioned. The latter had been met and overcome by means of leeching to the precordial region and the internal administration of calomel and opium, and, moreover, had been overcome so rapidly, that no trace of it was remaining on the ninth day after its onset.

The case is brought forward to illustrate the value of the medicines employed in arrresting and entirely removing the heart complaint, and is the more especially worthy of notice at the time when mercury would be altogether set aside from our therapeutic agents, and when all medicines are looked upon in a contemptuous manner by gentlemen of a certain modern school.

Dr. Willshire strongly advocates the importance of drugs in the combating with disease, and considers that if medicines were rightly prescribed, their properties better understood, and their effects more carefully watched by those who affect towards them contempt, their importance would in a measure be rightly estimated, and there would be few disbelievers in their efficacy; but that men are in the habit of condemning either what there is no valid reason for calling faulty, or what, when used, does not answer their anticipations, without at all weighing in their mind the causes of failure.

CASE X.—*Diabetes.*—The patient, a young, delicate-looking, and slightly-built man, when admitted in the month of November last, had been passing seventeen pints of water a day, the specific gravity of which was 1·040; after a time, and under treatment, the quantity evacuated in the day was reduced to ten pints and a half, and to a specific gravity of 1·032.

The first treatment under which he had been placed was that called the alkaline, opium being at the same time given. There was no good result.

The second kind of treatment adopted was that by means of quinine, creasote, and opium; next, was tried a combination of quinine, strychnia, and opium. From this last some benefit was derived. At present the treatment consisted in giving the patient the muriated tincture of iron, internally, and in allowing him for food such articles of diet and of drink as were not convertible into sugar, or were not otherwise prejudicial.

Brandy was permitted, but in such a regulated quantity that it could not possibly act as an irritant upon the kidneys; not because any injury was apprehended to these organs, but in order to prevent any diuretic action by which more urine than was being daily expelled should be eliminated.

Greens, fresh meat, fish, brown or bran bread, and such like articles, were given to the patient each day, and since his admission he seemed to have improved.

GENERAL CORRESPONDENCE.

REVELATIONS OF QUACKERY.

LETTER VII.

To the Editor of the Medical Circular.

SIR,—In my last, I gave some instances in which the quacks had obtained large sums of money from credulous patients, and I also related other instances in which their attempts at extortion had proved unsuccessful. Amongst these was one in which an endeavour had been made to obtain no less a sum than *One thousand pounds* from a patient. In the following case it will be seen that the most astounding frauds were successfully practised on a too credulous youth. The history of this case affords as complete a "Revelation" of the nefarious system of terrorism and extortion pursued by the quacks as it is possible to give. In its first phase, it shows how they work on the fears and ignorance of simple youths, in regard to the occurrence of nocturnal emissions; in its second, it presents us with a life-picture of the manner in which they terrify and plunder the real or the imaginary victims of syphilis; whilst the whole forms as unique an illustration or "Revelation" of the course of proceedings adopted by the quacks, in their treatment of the miserable dupes who seek their dangerous aid, as can well be imagined. This case, if it stood *per se*, instead of being, as it is, only a truthful representation of the daily course of practice amongst the whole gang of quacks, should be warning sufficient to prevent in the future any real or imaginary sufferers from ever entertaining the remotest idea of seeking the advice of these "dangerous classes," much less of doing so. I would premise that the defendant in the lawsuit from which I take this history is the same person who endeavoured to obtain one thousand pounds from the patient as related in my last letter.

The patient who figures as plaintiff in the following history, long after he had been duped and plundered in the manner hereafter shown, but whilst he was still in the toils of the defendant, and paying him an annual tribute of one hundred pounds, came up to London to consult me, not only in regard to his health, but also in respect to the unfortunate position in which he was placed by the conduc- of the defendant. On hearing from the patient the particulars I shall directly relate, I advised him not only to discontinue the annual payments he was making to the defendant, but also to adopt immediate steps to obtain restitution of the enormous sums of money and the bills

which had been so nefariously obtained from him. The patient having expressed his determination to be guided by me in the matter, I at once, as a preliminary step in the adoption of the proceedings I contemplated, wrote the following opinion on the case and its attendant circumstances :—

"Having examined —— ——, Esq., I beg to state that, in my opinion, when he first applied to a person of the name of —— —— —— in the year 1851, he was not labouring under any disease requiring Medical treatment, although suffering from an inconvenience to which young unmarried men are more or less liable, and which derangement often occasions nervous persons groundless alarm as to their physical powers.

"With regard to the condition of Mr. —— —— when he applied to the same person, under the impression that he was labouring under syphilis; even if he were so, no treatment which he might have required could by possibility justify the demand of such a sum as 500*l.*; and there is no doubt in my mind that the said —— —— ——, seeing the nervous condition of the patient's mind from first to last, took advantage of it, and has practised the grossest frauds on him."

I then desired the patient at once to accompany me to the residence of the late Sir B. Brodie, and on our arrival there, although it was late in the evening, and after Sir Benjamin's hours of seeing patients, on my telling the nature of the case, he at once kindly consented to see the patient. With what result, the following certificate, which he then and there gave, will show :—

"Having heard Mr. —— ——'s account of his case, and carefully inquired into all the circumstances of it, I entirely agree in the opinion expressed by Mr. ——.

"B. C. BRODIE."

Furnished with my opinion, and this confirmation of it by Sir B. Brodie, the next morning the patient accompanied me to my solicitor's, and gave directions that the necessary legal proceedings should be adopted to recover from the defendant the moneys and the bills he had obtained from the patient. I would mention that, on my leaving Sir Benjamin the previous night, he had begged of me in the most earnest manner to exert myself to the utmost on behalf of the patient, and most kindly assured me that he would aid me by every means in his power. I would also state that, at a subsequent period, Mr. Thomas Wakley saw the patient with me, and gave an opinion in accord with the above. This opinion I cannot find, but it is immaterial, as I shall by-and-by give the affidavits which both Sir Benjamin and Mr. Wakley subsequently made, and which embodied their opinions. This gentleman also evinced the greatest kindness on behalf of the patient. With these explanatory remarks, I shall now give the details as related in the bill of Chancery filed by the patient against the defendant.

The bill states that the plaintiff, at the age of nineteen, imagined that he was suffering from some serious organic disease, and that his health was greatly and injuriously affected; and in consequence of such imagination, and by reason of his youth and inexperience, and being of an exceedingly nervous temperament, he became alarmed and disturbed in his mind about his physical condition. Whilst in this condition his attention was attracted by an advertisement in one of the public newspapers of a work purporting to be written by —— —— ——, 'On the Philosophy of Marriage, &c.' In consequence of such advertisement the plaintiff purchased and perused the said work, the essential object of which, in the language of the work, is "to point out the fearful consequences resulting from the irregularities and excesses of youth, which have produced more misery in youth, degradation in manhood, and premature decay in all stages of life, than perhaps any other class of disease known to modern pathologists." From the perusal of this book the plaintiff became still more alarmed about himself, and ultimately came up to London and consulted the defendant. The defendant then represented to the plaintiff that he was labouring under a serious disease, resulting from habits practised by the plaintiff, and that it had produced impotency, and that the most distressing consequences would ensue from the disease if he was not at once properly treated and cured; and he made such fearful representations of the consequences of the (supposed) disease, that he greatly increased the plaintiff's alarm, distress of mind, and terrified him. The defendant then stated that he could cure the plaintiff, and that there were two methods of cure, the one of which was much more safe, speedy, and effective than the other, but very expensive. The plaintiff inquired what would be the expense of the last-mentioned treatment, and in reply the defendant said it would cost *three hundred pounds*. The plaintiff objected to pay so large a sum, but after a long conversation as to the pecuniary ability of the plaintiff, he (the plaintiff) was so much worked upon and distressed by the dreadful representations made by the defendant, of the consequences of the (supposed) disease, and became so excited, nervous, and terrified, that he at length agreed to the defendant's terms. The defendant then at once sat down and drew up a paper, in which the plaintiff was made to acknowledge that he had committed irregularities, and that he was then impotent, and agreed, in consideration of the defendant's undertaking the treatment of his case, and to cure him, to pay the defendant the sum of three hundred pounds within a period of three years and the defendant required the plaintiff to sign the said paper, and the plaintiff, under the influence of the distress and terror which the defendant's representations had created, signed the said paper; and he further paid the defendant then and there 15*l.* on account. The defendant then gave the plaintiff some medicines, and continued to do so from this period, from time to time for twelve months, but the plaintiff derived no benefit therefrom. The plaintiff was subsequently in London, and apprehensive that he was suffering from a syphilitic complaint, and being still under the belief that the defendant was a duly-qualified physician, he called upon him, and again consulted him. The defendant examined him, and assured him he was labouring under syphilis of an aggravated character, and that he was in a frightful state of disease, and ultimately he stated to the plaintiff that his (defendant's) brother was a most experienced Medical man in the treatment of such cases, and was in the house, and he wished that he (the brother) should see the plaintiff. This request increased the patient's anxiety which the defendant's statement of the nature of the plaintiff's (supposed) disease had raised, and the plaintiff consented to see the brother, and he was accordingly introduced to and left with the plaintiff. The brother then examined the plaintiff, and made to him the same exaggerated representations as to his (supposed) illness which the defendant had previously made; and the person represented as the brother then proceeded to speak of a cure by mercury and salivation, and then enlarged upon the ill consequence to the plaintiff, and of the exposure of him to his family, which must result from the adoption of that treatment; and he then stated the dangerous results from the use of mercury, and the treatment commonly adopted, whilst all chance of exposure would be avoided by the adoption of another mode which he proposed. The defendant then returned, and joined the plaintiff and the brother. The plaintiff was agitated and distressed by these statements. The defendant then said he would undertake the cure of the plaintiff by the superior and his said peculiar mode for the sum of FIVE HUNDRED POUNDS, and under the circumstances aforesaid; and being influenced by the fact that the defendant held the securities before mentioned, and might expose the plaintiff the plaintiff was induced by the defendant to sign an acceptance for five hundred pounds, payable at six months the defendant having taken out of his drawer the necessary stamp for five hundred pounds, (*a*) and drawn the bill. At this interview the plaintiff paid the defendant 140*l.*, on account, and in part payment of the sum of 300*l.*, which he had previously agreed to pay. On this occasion the plaintiff required the defendant to give him credit i

(*a*) The quacks all thus keep stamps for different amoun ready to get their dupes to sign before they have time to recov from the terrifying system herein disclosed.

accordance with his (defendant's) promise for the 15*l.* he had paid at his first visit; but this the defendant refused to do, and the plaintiff soon afterwards remitted the balance, 160*l.*, to the defendant. A few days before the said bill for 500*l.* became due, the defendant wrote to the plaintiff to say that it would be presented through his (defendant's) bankers for payment. The plaintiff was unable to meet the bill, and wrote to the defendant, asking for a renewal, to which the defendant agreed; and the said bill was afterwards from time to time renewed, and the plaintiff more than once remitted the defendant, on his demand, the sum of 50*l.* for such renewals, and in this manner he has paid the said defendant 150*l.* Subsequently to this, from a fear that the defendant would insist on the payment of the 500*l.*, the plaintiff was induced to give a further bill for 250*l.* at three years' date.

Ultimately the plaintiff found that he could not pay the said renewed bill for 500*l.* He was, as hereinbefore appears, completely in the defendant's power, and he very greatly dreaded exposure if the defendant should not be paid; and thereupon, and under the circumstances aforesaid, and in the month of January, 1856, the plaintiff was induced by the defendant to agree by letter with the defendant, to pay him the sum of 1,250*l.* by instalments, such instalments for the first five years to be half-yearly instalments of 50*l.* (making altogether 100*l.* per annum), and for the last five years to be half-yearly instalments of 75*l.* (making together 150*l.* per annum); and the defendant agreed, in consideration thereof, to release the plaintiff from all liability in respect of the said bills for 500*l.* and 250*l.* These instalments of 50*l.* each were payable in July and January in every year, and they have been duly paid up to the present time. The sums so paid as last aforesaid amount to 300*l.* in the whole.

In the month of September, 1858, and being so, as aforesaid, in the power of the defendant and under his influence, the plaintiff still believing that the defendant was a duly-qualified physician, again by letter consulted the defendant as to the state of his health; and, in consequence of the defendant's representation then made, the plaintiff was induced again to take some of the defendant's medicines, and, as his remuneration, the defendant insisted on the plaintiff's paying him the sum of 50*l.* down and 200*l.* more within two years from the month of September, 1858; and, in consequence of the plaintiff's being so, as aforesaid, under the power and influence of the defendant, the plaintiff did, on the 1st day of October, 1858, remit him the sum of 50*l.*, in pursuance of his said demand, and also agreed by letter to pay him the further sum of 200*l.* at the expiration of two years.

In fact and truth, the plaintiff, when he so consulted the defendant as last aforesaid, was not really ill; and, at all events, the defendant's aforesaid demand of 50*l.* down and 200*l.* more in two years was an exorbitant and fraudulent demand, and the defendant induced the plaintiff to yield to it by the abuse of the influence which he had obtained over the plaintiff as aforesaid, and when the plaintiff assented thereto he was not a free agent.

Afterwards, and in the month of December, 1858, the plaintiff did contract a complaint, and, being still under the belief that the defendant was a duly-qualified physician, he again consulted the defendant on the subject, and had prescriptions and medicines from him. The said prescriptions and medicines were, however, altogether useless, and, in consequence thereof, the plaintiff was obliged to consult, and did consult, a Medical man in his own neighbourhood.

The plaintiff has lately become convinced, and the facts are, that he has been imposed upon by the defendant in the several matters aforesaid.

The plaintiff has since then consulted two eminent surgeons practising in London, and he has been advised by them; and the fact is, that at the time when plaintiff so applied to the defendant in the year 1851 as aforesaid, he was not labouring under any disease requiring Medical treatment, although suffering from an inconvenience to which young unmarried men are more or less liable; and that, with reference to the plaintiff's application to the defendant, in the year 1854 as aforesaid, that, even supposing that the plaintiff was then labouring under syphilis, no treatment which he could have required would, by any possibility, have justified the demand of such a sum as 500*l.* in payment.

In fact and truth, the defendant has, throughout his aforesaid intercourse with the plaintiff, greatly imposed upon the plaintiff; and the aforesaid paper so signed and given to the defendant by the plaintiff in 1851 as aforesaid, and the said sum of 15*l.*, and the said sums of 140*l.* and 160*l.*, making together the said sum of 300*l.*, and all the said bills or notes and the said sum of 150*l.* or thereabouts, and the said several instalments amounting to 300*l.*, the said sum of 50*l.*, and the said letter, agreeing to pay the said sum of 200*l.* as aforesaid, were obtained from the plaintiff by the defendant by undue practices and fraud, and no consideration whatever was given to the plaintiff by the defendant for the said papers, moneys, bills, notes, and agreements, or any of them, nor has the plaintiff at any time become in any manner indebted to the defendant in any sum of money whatever, except such sum as the defendant may be entitled to receive as the value of medicines supplied by him to the plaintiff.

I find this letter has already greatly exceeded the limits you can allot me in your valuable Journal, I must therefore postpone to my next the publication of Sir Benjamin Brodie's and Mr. Wakley's affidavits, with the result of the legal proceedings, and such observations as the nature of this extraordinary instance of credulity on one side and fraud on the other suggests. DETECTOR.

DR. G. DE GORREQUER GRIFFITH'S "UTERINE COMPRESSOR."

To the Editor of the Medical Circular.

SIR,—In your number for November 30th, 1864, under the head of "Treatment of Post-Partum Hæmorrhage," the following occurs:—"The 'Gazette Médical de l'Algérie' relates an interesting case in which pressure over the uterus was resorted to with perfect success, for the purpose of arresting post-partum hæmorrhage, by Mdlle. Puéjac, Professor of Obstetrics at Algiers. She was summoned to the assistance of a lady, aged thirty-two, who was on the point of giving birth to her third child. Labour progressed naturally, the uterus contracted, and delivery was effected without difficulty. Mdlle. Puéjac, after having placed a band around the abdomen, attended to the child. In the course of a few minutes she addressed a remark to the mother, and receiving no reply approached her bed and found her deadly pale and with an almost imperceptible pulse. On examination of the patient there was found a very small amount of flooding; the womb, felt through the abdominal walls, was found to be soft and slightly distended; a few coagula were removed from the vagina, and consciousness restored by vinegar-and-water lotions over the forehead and hypogastric region, and by the admission of a strong draught of fresh air through the open doors and windows. Uterine action set in, the discharge decreased, the pulse returned, and the symptoms of syncope were entirely dispelled. After an interval of half an hour the same symptoms recurred, but with much greater severity. The countenance was livid; the respiration short, feeble, and interrupted; and the pulse was utterly imperceptible. Resort was made to the same measures as were at first employed, but without avail; and as the weakness was rapidly increasing, an attempt was made, as a last resource, to compress the aorta. The uterus was all but inert, and contracted feebly when the hand was introduced into its cavity. Advantage was taken of one of the contractions to seek for the aorta, but the abdominal walls being so depressible as to permit of the seizure of almost the whole of the uterine structure, the original intention was abandoned and powerful pressure was exercised on the womb. After a quarter of an hour of uninterrupted and fatiguing efforts," says Mdlle. Puéjac, "I was replaced in this office by the patient's husband, and, after thirty-five or forty minutes' pressure of the uterus, the patient recovered

(Continued at page 105.)

THE MEDICAL CIRCULAR.

WEDNESDAY, FEBRUARY 15, 1865.

THE TREATMENT OF THE SICK POOR IN WORKHOUSES.

It will probably be thought that the Profession, as well as the public, has heard enough of the case of Timothy Daley, and we have no inclination to advert further to the treatment received by that patient, or to the monstrously unjust outcry raised against the Surgeon to the Holborn Union Workhouse, for his supposed negligences—a charge which now turns out to be unfounded. But the whole subject of the treatment of sick persons in our workhouses is too important not to require the most anxious attention on the part of the humane public; and now that some of the existing abuses have been brought into prominent notice, it is to be hoped that the Legislature will be induced to inquire more carefully than they have hitherto done into the condition of a class of the community who are as deserving as any other of sympathy and regard.

We have already disclaimed any intention of discussing generally the principle of the Poor-laws or the operation of the present Poor-law system, but we raise our voice in behalf of the sick poor, because we believe that they are at present shamefully ill-treated in our workhouses, and because the Poor-law Medical officers, who are, or ought to be their friends, are on that very account made objects of dislike and suspicion to the Guardians.

It must be recollected, in the first place, that the question of the treatment of the sick poor has only a collateral relation to the question of pauperism generally, although it is usual to mix up the two questions together, and to avoid any inquiry into the ill-treatment and neglect of sick paupers, on the ground that they are *only* paupers, that term being used to designate a class somewhat inferior in point of social importance to that of criminals. The fact is, that in the class of which we now especially write, the poor man too often becomes a pauper *because* he is sick, and not from any fault of his own, and therefore he is entitled to as much kindness and attention at the hands of the community as the daughters or sons of a well-to-do man would receive at the hands of their parents. The existence of sickness is in itself a claim to compassion, and the claim is quite irrespective of the mere legal definition of pauperism.

Those who speak or think upon the sick inmates of our parochial infirmaries or union houses as "only paupers" would do well to reflect that many of these unfortunate persons have been reduced to their present condition solely in consequence of the afflictions sent by Providence. In such receptacles are to be found those who once, as gentlemen or ladies, or as respectable tradesmen, have perhaps occupied positions in society as good as or better than our own, but on whom the hand of misfortune or disease has fallen heavily, and without the accompanying alleviation which the kindness of relatives or friends sometimes affords to mitigate sufferings; and it is for this afflicted and friendless class that we now appeal.

What, we ask, is the treatment received by the sick poor at even the best of our parochial or union infirmaries? Why, on the principle that the patients are "only" paupers, they are ground down to the lowest minimum in every respect, whether of skilled Medical treatment, of regulated and appropriate diet, of efficient medicines, of careful nursing, or of other appliances suited to invalids. The diet ordered is supplied with a grudging hand, the nursing is performed by paupers, themselves in all probability sick and infirm, and without the inducement of remuneration to stimulate or encourage them in their wretched and languidly-executed task. It is, of course, a rule to exclude all able-bodied persons as much as possible from the shelter of the workhouse, and to this principle we make no objection, but, in that case, how can the patients receive efficient nursing? It is like the blind being appointed to lead the blind, or the dead burying the dead. That the wretched system of employing pauper nurses in the infirmaries of workhouses has been repeatedly denounced by the Medical officers, we well know; that any reform in this respect has almost always been refused, we likewise know; and it is not likely that any improvement in this and other respects will be effected until public opinion is thoroughly brought to bear upon those who administer the Poor-laws, and until, we may add, the Poor-law Medical officers are placed in a more independent position than they at present occupy.

As matters stand at present, as is well known, the Poor-law Medical officers are completely at the mercy of the Guardians, and these latter are too often composed of a knot of petty parochial agitators, who are playing their own game in the disbursement of the public money, and who are generally leagued against the Medical officers, whom they lose no opportunity of annoying and persecuting. If the Union Surgeon is thought to be negligent, he is made the scapegoat for the faults of his employers; if he is too compassionate to the sick poor, he is dismissed from his situation, and a more convenient person is elected in his stead. Appeal to the Poor-law Board is quite useless, for this Board invariably takes the part of the Guardians, and winks at abuses, provided they are cloaked by the mantle of local authority. Hence the only friend to whom the sick poor can look for assistance has his mouth closed, under fear of losing his place and his salary; and there are not many who like to brave this ordeal.

SUMMARY OF THE WEEK.

AN ACTION FOR FEES.

We have some reason for congratulating the Profession on the result of a trial, Tamplin *v.* Cosens and another, tried last week in the Court of Queen's Bench, and reported in our present number at p. 112. The result was that, for 218 visits, 218 guineas were accorded to the plaintiff for attendance on a case of distortion of the spine, the judge

the jury, and the counsel on both sides being all inspired with a remarkable degree of unanimity on the occasion. Nevertheless, our satisfaction at the termination of the case is not unmixed with regret that the action was ever brought, as the facts of the case do not place in a very favourable light the conduct of some members of our Profession in reference to fees. We entirely admit that the sum of a guinea a visit is that which is usually paid to consulting physicians and surgeons, and we also admit that the payment is a fair and reasonable one; but we are not prepared to admit so fully that a long attendance, spreading over several years, should necessarily be charged at that rate, unless indeed an agreement to that effect were made by the parties concerned. In the case to which we now particularly refer, the attendance was for spinal curvature, and Mr. Tamplin has stated that he thinks it necessary, for the success of his treatment, to see the patient very frequently and to adjust an instrument almost daily. Such being Mr. Tamplin's usual course of proceeding, we have of course nothing to say against it, and our only comment upon the matter is that persons who apply to surgeons for treatment in similar cases should ascertain beforehand what the expenses are likely to amount to.

CORONERS' INQUESTS AT THE EAST OF LONDON.

Very great dissatisfaction has lately been expressed at the method in which the Medical evidence at coroners' inquests is got up in some of the eastern suburbs of the metropolis, the practice, it appears, being that some two or three gentlemen (and the names of Mr. Gay, Mr. Gant, and Dr. James Edmunds are mentioned) are appointed to make the post-mortem examinations, and subsequently to give evidence. Now, as far as the improvement of pathological knowledge is concerned, it may be, and probably is, advantageous to employ gentlemen unconnected with the cases during life to make the autopsy of the bodies and to describe the appearances observed; but when the Medical evidence is further extended to pronounce opinions and to deliver judgment upon the treatment adopted by the Medical attendants of the deceased persons, it is evident that the coroner's court may become an institution of the most oppressive kind to the Medical Profession, because no practitioner knows on which of his deceased patients an inquest may be held, or why a post-mortem examination may be thought necessary. We learn that, in many of the cases to which we refer, the practitioners in attendance have been wholly unaware that any inquest was to be held, or that any post-mortem examination was to be performed, and that they have sometimes suddenly found themselves compelled to meet a charge against them, of the nature of which they were quite ignorant until it was preferred in the coroner's court. In a recent instance, it seems that Mr. Swyer, a most respectable surgeon practising in the Mile-end road, had performed an operation for craniotomy with success, but, for some reason which does not appear, an inquest was held on the body of the infant, which was, of course, mutilated by the surgical measures adopted, and this mutilation was very nearly being made the ground of a charge of unskilfulness against Mr. Swyer! What makes the matter somewhat worse is, that Mr. Gant, who made the post-mortem examination, is reported to have made some remarks (though not in evidence) to the effect we have alluded to; and when the matter was explained to him and the necessity of craniotomy proved, he wrote to Mr. Swyer declining to give any opinion respecting the propriety of the operation, "the question being," as he said, "altogether foreign to his practice!" A meeting has been held within the last week, on the whole subject of Medical evidence at coroners' inquests, at the Beaumont Institution, Mile-end, when Mr. Swyer's case and several others were fully discussed, and several resolutions were passed condemnatory of the practices to which we have adverted, and suggestive of a cordial co-operation for the purpose of self-defence among the members of the Medical Profession.

GENERAL CORRESPONDENCE.

(Continued from page 103.)

her consciousness. Mdlle. Puéjac," it is continued in the columns of your Journal, "remarks that the abdominal walls will not always be so depressible as in the present instance; but that in women who have borne several children, and whose abdomen has been much distended during gestation, it will always be practicable to resort to a method which in this case proved so rapidly successful."

The above I have quoted *verbatim*, because it is of importance in reference to the uterine compressor which I have devised, and which has been described in p. 291 of your number for May 4th, 1864.

In the description of the instrument the following words are used, and it will be seen how close a resemblance they bear to the language of Mdlle. Puéjac:—"I was in attendance upon the lady for frequent and profuse uterine hæmorrhages, to which she had become obnoxious since her miscarriage. When I first saw her, she was suffering from the loss of blood; there were dizziness of the head, headache, attended with singing noises, and throbbing in the head and ears, dilatation of the pupils, glassy eyes, around the lids of which were dark circles, pinched, anxious features, large flabby tongue; which, as well as the gums and lips, was pale and blanched; pulse quick, frequent, feeble, and thready; surface of the body cold, and bedewed with clammy moisture.

Placing my hand upon the abdomen, I found the uterus relaxed and flabby, and filling the abdomen as high as the umbilicus, or very nearly so; grasping the tumour, I felt it slightly and sluggishly contract, but so slightly, and so slowly, that my left hand grew weary of the continued pressure necessary to maintain even the slight contraction obtained. I therefore used both hands; and getting their inner edges, that is, the edges continuous with the ulna and little finger, immediately above the flabby womb, I made pressure directly, and somewhat forcibly, downwards and backwards, in the same manner as one expels the placenta. Each time that I suddenly increased the pressure, a gush of blood supervened and the uterus renewed its sluggish contractions. I make use of the word "renewed" because the contractions were not continuous, soon ceased, and the organ returned to its torpidity, flaccidity, and uncontracted condition.

"Under steady, continuous pressure, the womb, however, very much diminished its bulk, and with the employment of ergot the contraction became permanent."

In the subsequent part of the article from which the above case is extracted, the instrument for checking the hæmorrhage is fully described, and to that article I would direct the attention of your readers.

I have quoted the case cited by Mdlle. Puéjac, and also the remarks made upon it by that lady, because both are appropriate to the objects had in view in writing this paper —namely, to show, first, the value of external compression of the uterus as a means of checking uterine hæmorrhage; and, secondly, the necessity which may at any time happen for the use of "The Uterine Compressor."

I am, &c.,

G. DE GORREQUER GRIFFITH,
Physician to the Wives and Families of the Officers of Milbank Prison.

9 Lupus street,
St. George's square, S.W.

MEDICAL GOSSIP.—No. VII.

To the Editor of the Medical Circular.

"Tangled" would be a very good *prefix* to the title of my contributions, "Medical Gossip," for nothing like method or sequence can ever distinguish them. I thought I had disposed of the 'British Spurious' for a while, when the following letter reached me. The suggestion it offers may be worth something or nothing. It is for you editors of Journals to determine this question :—

"To VIGILANS,

"SIR,—Talking with friends on your criticisms of the so-called 'British Medical Journal,' I am surprised to find how much your sentiments are shared with others on the uselessness of such a periodical, and on the waste of money it necessitates, which could be so much more advantageously expended. Two thousand members receive it every week, not a tenth part of whom, it is believed, take the trouble to open it, so that really good papers which are sometimes sent for insertion are virtually lost to the Profession. This is much to be regretted; and it may be asked, Is there no remedy but the stoppage of the 'Journal'? Yes; I can suggest one which would be most effectual. Only let it be known among authors that contributors must keep to it, and that their lucubrations ever afterwards will be excluded from the regular Journals, and my belief is that what you call the 'spurious' print would be for the future restricted to its legitimate vocation, namely, a mere record of the proceedings at the annual meeting and of the branches, with the convivialities which follow.

"Of such a record the regulars would have no reason to complain, whereas it is evident, at present, that the 'Lancet,' the 'Medical Times,' and you of the MEDICAL CIRCULAR regard the 'British' somewhat in the same light as the qualified practitioner does the quack. As we are all under great obligations to the Medical Journals, I would have my brethren for the future hesitate before they send any contributions to the obnoxious print, unless it be on matters affecting the business and objects of the Association. Convinced that this is the right view of the question, apart from all financial considerations as affecting the Association, I shall keep my eye on its pages and send you the names of authors who may be regarded as traitors to the cause of legitimate Medical journalism. Only let it be even *whispered* in Medical circles that contributors to the 'British' will be excluded from the regulars, and henceforth the editor will never be able to foment another quarrel among his readers. Controversies (*a*), disputations, and quarrels have marked the course of the 'Journal' ever since the present editor entered upon office, and nobody will question his cleverness in originating them; indeed, it is these quarrels and personalities which have brought the Journal into notice, and not, as the editor would have his readers believe, his own wonderful talent.

Yours, &c.,

JUSTUS."

The 'Medical Times and Gazette' of this week contains an excellent article by Mr. Spencer Wells "On the Surgical Treatment of Cancer" which is worth reading on more accounts than one. It is a good specimen of graphic Medical writing, worthy of imitation. Some cavillers would say it was too much in the style of the great Robert Hunter. I don't mean the Robert (or the John either) who has departed, but the Robert who is among us, and who has lately come over from the States to teach us how to cure consumption. He is constantly teaching us how to write intelligibly, and I wish some of our Medical writers would explain their meaning half as well as he does. Mr. Spencer Wells has succeeded in doing so, and his arguments are so convincing, that the very next lady friend I meet with, the subject of an indurated gland, however innocent it may appear, shall be sent to him for its extirpation. Such tumours may give no pain, but they cause much anxiety; and as, by the aid of chloroform, they can be removed without pain, why should there be any hesitation about it? The mental disquietude, a fearful obstacle to health, departs with the tumour. My conviction is that thousands of lives will be saved by acting on the advice of Mr. Wells. Down, then, with the *cancer-curers*, and a cheer for the *cancer-clippers*, or rather, in conformity with the theory of Virchow, the cancer-quashers or eradicators.

The only bit worth reading in the 'Medical Times' of this week beyond the *bid* of Mr. Spencer Wells for the surgical treatment of cancer, is an anecdote told by Mr. G. A. Sala, in his 'Diary in America':—

"A doctor went to settle in a village out West, and, the first night of his arrival, was sent for to attend a sick child. He looked at the little sufferer very attentively, and then delivered this oracular opinion: 'This hyar babe's got the small-pox, and I ain't posted up on pustules. We must approach this case by circular treatment. You give the little cuss this draught; that'll send him into fits; then send for me, I'm a stunner on fits.'"

The quarrel which drove Dr. Robert Barnes from the editorial staff of the 'Lancet' seems to be adjusted, for, if not returned to it, he at least leads off the present number with an excellent lecture "On the Prevalence and Causes of Puerperal Fever," which, of course, you will notice in your analysis. There is a very good article, by the editor on the reprehensible practice of Medical men writing to the non-Medical Journals on professional subjects :—

"If they have matters of professional import to communicate, such are for their brethren, and not for the public and there are more suitable sources of communication open to them than those they have chosen. If they have something really important that the public itself should at once be made acquainted with, then let the information be given without the name, &c., being appended. In nine cases out of ten however, there can be no doubt that it will be found that the voluntary Medical correspondents of the morning newspapers are not of the *crême de la crême* of Medical society."

State-Medicine may be excepted; and Dr. Anstie, in an article in 'Macmillan's Magazine' for this month, "has most successfully exposed, and has helped to make known to a far larger and more requisite circle of readers than could have been found in the purely professional pale, such a pressing call for a particular line of action as to lead to regard the endeavours of the writer as one of the most satisfactory examples which we have for some time met with of the tuition of the public on Medical matters through the medium of a purely literary Journal."

In an article on the recent trial, Tamplin *v.* Cosens, I have a hard hit at the spinal doctors :—

"The Profession are pretty well acquainted with the secrets of spinal mechanisms. There is no mystery about them. Any instructed practitioner is capable of selecting and applying the various forms of instrument, and effecting cures. The system of *keeping the key of the instrument* and *daily* adjusting and applying it at a fee of a guinea, is one which also explains itself. There are hundreds of surgeons who treat curvatures of the spine with the most perfect success, and they do so without resorting to a proceeding so exorbitantly costly to the patient.

(*a*) The controversy at present on the *tapis* is between Dr. Barclay and Dr. George Johnson, on the question of "Castor-oil as a Cure for Cholera."

protest against the doctrine that spinal curvatures are not to be treated under three hundred guineas per annum."

The New Sydenham Society would appear to be rapidly going to the dogs. The subscriptions are diminishing, and no wonder the works selected for publication by the Council are valued only by the few; to the many they are useless. Some member has been writing to the 'Lancet' commenting with great severity upon the shortcomings of the late announcement made by the Society of the works to be issued for the present year:—

"He admits that the volume on 'Diseases of Accommodation of the Eye' is valuable to the dozen or twenty practitioners who make ophthalmology a special study, but he ventures to say 'that it has not been read by half a dozen practitioners out of London.' He admits that the 'Year-Book,' though 'infinitely improved when compared with that of the last two years, is untrustworthy for reference by those who are writing upon a special subject, whilst those who read it for mere ordinary information have already had the major part in the weekly Medical periodicals.' He criticises with great severity the works of MM. Neubauer and Vogel as 'valuable to the smallest section of the subscribers;' and he denounces the work of Casper as being of 'a most outrageously indecent character.'"

I ought to have noticed in my last that in last week's 'Lancet' was a reply to "several correspondents" condemnatory of certain persons who exact exorbitant fees from the patients who consult them. Now, I do think that, in such cases, the parties who thus depart from time-honoured custom should be named, so that persons innocent of such *robberies* should not by possibility be thought guilty. I happen to know who is meant, and being an old offender he ought not to escape professional execration. I have a letter from a patient on the subject, which will probably appear in my next. VIGILANS.

INJUDICIOUS ADVERTISING.

To the Editor of the Medical Circular.

SIR,—Your correspondent, "Detector," is making a withering exposure of the advertising quacks. All honour and success to him! The thanks of every friend of humanity is due both to him and to you for the fearless manner in which you have placed your columns at his disposal. As one of the public, I offer mine to you and to him. And now I would suggest to your notice another class of men who stand in much need of a little wholesome castigation —viz., the advertising dentists. It is true, their frauds are neither so extensive nor so gross as those practised by the advertising quacks; nevertheless, they are very serious, and an *exposé* of them would not fail greatly to benefit the public. Pray think of this.

Yours, &c., INCISOR.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

DR. BARNES commences a course of lectures "On Puerperal Fever," the present lecture being on the prevalence and causes of that disease. After a few general remarks upon the relative mortality of puerperal fever at different lying-in institutions, Dr. Barnes proceeds to examine the causes of the disease, some of them being dependent on the condition of the individual patients, but most of them being traceable to hospital contagion.——Mr. JAMES R. LANE makes some observations "On Lithotomy," advocating the use of the straight staff instead of a curved one. The staff introduced by Mr. Aston Key forms the model of that recommended by Mr. Lane, but it is modified by the latter surgeon, being abruptly curved at its extremity, and having the groove terminating abruptly before the curve begins. In reference to the median operation for lithotomy, which has been much advocated of late years, Mr. Lane does not yet feel inclined to adopt it.——Dr. PEACOCK makes some remarks "On Some of the Forms of Epidemic Disease recently Prevalent," the complaints being chiefly influenza, typhoid, and typhus. In all the cases of epidemic disease, depression was a leading character, and depleting measures were therefore contra-indicated and stimulation was necessary.——Dr. JOHN CHAPMAN relates a "Case of Cerebral Anæmia, or Fainting Fits, cured chiefly by Means of Ice." The patient was a married lady, and the ice was applied by means of the spine-bags devised by Dr. Chapman.——Dr. A. T. H. WATERS continues his "Contributions to the Pathology and Treatment of Certain Diseases of the Heart and Lungs," his present subject being the auscultatory signs which precede crepitation in pneumonia. The principal phenomenon is said by Dr. Waters to be an intense degree of puerile respiration in the affected part.

THE 'MEDICAL TIMES AND GAZETTE.'

Mr. SPENCER WELLS contributes a lecture "On the Results of the Surgical Treatment of Cancer." With Virchow, Mr. Wells considers cancer to be at first a local disease, and that only as it advances in its stages does it become general and constitutional. The rule of practice in dealing with these tumours is, therefore, obviously to remove tumours as soon as their malignant character is ascertained for certain, since sufferings are lessened, life prolonged, and there is a possibility of the disease not returning. The average mortality after operations is from five to ten per cent. Removal by means of the knife is preferred to that by caustic, inasmuch as the cancer mass is more likely to be removed entirely. Some cases are wholly unfit for the application of caustic treatment. Burning by means of a jet of gas has proved successful in the hands of Mr. Wells.——Dr. STEVENSON BUSHNAN has an original communication "On Rationalism and Empiricism in Medicine." Neither the one nor the other should be practised exclusively, but both should be adopted in the treatment of our patients. ——Dr. THOROWGOOD records "A Case of Apparent Attack of Tuberculosis in the Lung, with Speedy Recovery."—— Mr. ZACHARIAH LAURENCE publishes an account of "An Apparatus for Fixing the Head in Operations on the Eye." ——Mr. MACDONALD puts on record "A Case of Puerperal Peritonitis, following Craniotomy and Hæmorrhage, successfully treated by Large Doses of Opium after Mercury had failed."——Mr. SPENCER WATSON narrates "A Case of Aneurism of the Profunda Femoris" occurring in an unmarried lady, thirty-nine years of age, and who for some time had been liable to menorrhagia. The tumour occurred in Scarpa's angle of the left side and was the size of about two fists. The patient died of acute tuberculosis, and on a post-mortem examination being made, fibrous tumours of various sizes were found in the walls of the uterus, and the condition of the profunda corresponded with the opinion pronounced upon it during the patient's lifetime.

REVIEW OF BOOKS.

The Use of the Laryngoscope in Diseases of the Throat; with an Appendix on Rhinoscopy. By Morell Mackenzie, M.D. Lond., M.R.C.P., Physician to the Dispensary for Diseases of the Throat. Pp. 154. London: Hardwicke. 1865.

The Laryngoscope: Directions for its Use, and Practical Illustrations of its Value in the Diagnosis and Treatment of Diseases of the Throat and Nose. Two Lectures delivered at the Royal College of Physicians. By George Johnson, M.D., F.R.C.P., Professor of Medicine in King's College, &c. Pp. 64. London: Hardwicke. 1864.

Dr. Morell Mackenzie, in the first of the above books, gives a brief but very lucid description of the invention of the laryngoscope, the construction of the instrument itself, with its subsidiary apparatus, and the diseases which are amenable to treatment by its aid. Like many other useful inventions, that of the laryngoscope depends on the application of such simple scientific principles, that the wonder is why the instrument was not discovered before; and yet it has required more than a century to develope the first crude ideas as to its probable utility into a valuable and, indeed, indispensable reality in the detection and removal of disease. Dr. Mackenzie, who has thoroughly investigated the somewhat limited literature of the subject, shows how the first traces of the invention are to be found in the writings of a M. Levret, a French accoucheur, who, among other instruments, devised some for enabling operators to tie polypoid growths in the throat, nostrils, and other parts, and who employed a *speculum* for the purpose. Then he shows how a Dr. Bozzini, a German physician with an Italian name, made a great sensation throughout Germany by an invention for illuminating the various canals of the body, the throat included, and which he called the "Lichtleiter," or light-conductor, but which seemed only to excite ridicule among the Profession of his time and country, and subjected the inventor himself to animosity. The modern construction of the laryngoscope may be fairly said to have originated with British practitioners, inasmuch as to the present Dr. Babington and to the late Mr. Avery is undoubtedly due the merit of not only conceiving the idea of the instrument, but of introducing it into practice. Still, it was not extensively, or, indeed, generally employed, even by its inventors, owing to practical defects in its construction, or the difficulty attending its use; and, as is well known, it was reserved for M. Garcia, a distinguished musical professor, to simplify the plan for examining the physiological phenomena of the larynx, in connexion with the art of vocalisation, and, for Professor Czermak, of Pesth, to apply it to therapeutical purposes in Medicine and Surgery. Dr. Mackenzie visited Czermak in the year 1859, and became acquainted with laryngoscopy in the earliest dawn of the art; and he is, therefore, after several years' devotion to its practical study, well qualified to write upon the subject. We have only to add that the practical details of construction are very clearly explained by Dr. Mackenzie, and also that the various delicate forms of apparatus used for applying remedial agents to the larynx, or for removing excrescences (several of the instruments being invented by himself), are described with great scientific skill, combined with practical ingenuity, and that the book is exceedingly well got up, and the illustrations are very well executed.

The second book mentioned at the head of this review consists of two lectures delivered at the College of Physicians during the spring of the year 1864, published in the pages of a contemporary, and duly noticed by ourselves at the time of their appearance; and we have only now to remark that they embody in a short compass the history of the invention of the laryngoscope, and the practical application of the instrument in the diagnosis and treatment of disease.

IRELAND.—Disease is very prevalent in Ireland at present. There is scarcely a town where fever is not raging.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 24.

Dr. BASHAM, V.P., in the Chair.

(Continued from page 93.)

Dr. ALTHAUS read a paper on

SEA-SICKNESS AS A FORM OF HYPERÆSTHESIA.

Most writers on sea-sickness consider this affection to be due to hyperæmia of the brain and spinal cord, or to a morbid condition of the gastric nerves. The object of this paper is to show that sea-sickness is, in reality, caused by anæmia of the brain and the cervical portion of the spinal cord, arising from insufficient power of the heart, and whereby a general increase of reflex excitability throughout the system is brought about. The first and most constant symptom of the disorder is not retching or vomiting, but vertigo, which is most severe in the standing posture, and at once relieved by a strictly horizontal position, and which is thus proved to arise from a deficient amount of blood in the nervous centres. The increase of reflex excitability is also shown by greater sensitiveness of the patient to light, sound, touch, &c.; and in some cases there are even reflected spasms in the lower extremities. It is, however, greatest in the stomach, as evidenced by retching and vomiting, the degree of which is dependent on the posture of the patient, but not upon the full or empty condition of the stomach, or its greater or less vital power. This increase of excitability is, after a time, generally followed by a considerable diminution of it, there being great torpor and profound indifference. The organ primarily disturbed, therefore, appears to be the heart, which, in consequence of the ship's motions, becomes unable to propel the blood with sufficient power into the nervous centres. The blood is accumulated in the chest and the abdomen, where it produces a feeling of pressure and heat. Persons with a strong heart and a slow pulse generally suffer little from sea-sickness; while irritable people, with a quick pulse and a tendency to palpitations, are more liable to be affected. This explains to a certain extent the different liability to sea-sickness of the different nations; for, as a rule, the French and Italians, being of a more irritable temper, suffer most, the Germans less, and the English least, of the disorder. The treatment of sea-sickness flows directly from the pathology just enunciated. Our task should be to facilitate the afflux of blood to the nervous centres, and to strengthen the heart's action. For this purpose a horizontal position should be enjoined, and a few table-spooonfuls of well-seasoned beef-tea, and small doses of brandy, should occasionally be given.

Dr. BASHAM said that most persons had some experience of sea-sickness, and inquired if any explanation of its cause had suggested itself to any of the fellows present.

Dr. ALTHAUS said that since he had written the paper just read to the Society he had seen an essay 'On Sea-sickness' from the pen of Dr. Chapman, who considered that sea-sickness depended on the presence of an undue quantity of blood in the middle and lower portions of the spinal cord, and suggested the use of ice to the part as a remedy. He (Dr. Althaus) did not believe that the local congestion was the cause of the sickness, though it might possibly exist. If it were the cause, then change of position would relieve the sickness; but change of posture from the back to the stomach did no good, whilst, as was known, it often relieved spasm immediately. He had not tried the use of ice, and therefore could offer no opinion respecting its use. Cold was a powerful agent, and he should be glad if it were found generally successful. He knew of no remedy so effectual as the recumbent position. The administration of very small doses of morphia endermically had been recommended, but he had not tried it.

Dr. BARCLAY's experience differed from that of the author. He had found liquids, and particularly alcohol, aggravate the sickness.

Dr. BASHAM remarked that we must not shut our eyes to the fact that, with very few exceptions, most persons at sea soon became tolerant of the cause of sickness, whatever it might be. He had never met with anyone who, after being at sea a day or two, could not join the dinner-table. The exceptions were from idiosyncrasy. He thought there had been too much speculation as to the cause of sea-sickness. Many other conditions, such, for instance, as being in a "roundabout," produced the same effect. The true pathology of sea-sickness, whatever it might be, had not yet been ascertained.

HARVEIAN SOCIETY.

THURSDAY, FEBRUARY 2.

President, DR. LANGMORE.

Mr. J. Z. LAURENCE exhibited a machine devised by himself, for fixing the head of patients in operations on the head and face. When the head was once secure in this instsument, it was quite impossible for the patient to move.

Dr. MORTON showed an

APPENDIX VERMIFORMIS WHICH WAS THE SEAT OF PERFORATION.

The patient, a child of six years old, had died with all the symptoms of acute peritonitis, and, on post-mortem examination, perforation of the appendix vermiformis was discovered.

Dr. FULLER observed that he had seen some six cases of this accident, and it was a curious fact, and one worthy of note, that they had all occurred in young persons under the age of twenty-five. As to the nature of the disease, he thought that it was as yet not well made out.

Dr. LANGMORE mentioned a case brought before the Pathological Society, where the bristle of an old tooth-brush had lodged in the appendix vermiformis and caused death.

INTERMITTENT HÆMATURIA.

Dr. FULLER mentioned the case of a patient now at St. George's Hospital with the above disease. His urine at times was the colour of blood, and coagulable. No blood-globules, however, were to be seen in it. As to treatment, anything or nothing would cure the patient. Cold weather brought on an attack and warm dispelled it. It ware a rare disease, and its causation was quite unknown.

Dr. MORTON mentioned that Dr. George Johnson had at the present time a case precisely similar to that mentioned by Dr. Fuller. There was no albumen in the urine, except when the hæmaturia occurred.

Dr. COCK had in the person of one of his male relations, an example of this disease. In this case intermittent hæmaturia had existed during a period of sixteen years.

Mr. SEDGWICK mentioned a case exhibited at the Pathological Society; he believed the cases were rare, but certainly not so rare as Dr. Harley believed.

Dr. CHARLES DRYSDALE read a paper

ON THE ANTECEDENTS AND TREATMENT OF PHTHISIS.

The author observed that he thought all attempts to treat consumption ought to be based on a recognition of the antecedents of this formidable disease. In former days scurvy destroyed whole fleets, just as consumption now destroys so many of the operatives of the urban population of this country. The cause of scurvy was removed, and it ceased. The causes of consumption were, he believed, now tolerably well made out, and if the subject was frequently discussed, he thought the ravages of the disease might be enormously lessened. As to the antecedents of the disease, they were either parental or personal. *Hereditary transmission*: Lugol, Ruysch, Walshe, Edward Smith, and others had shown that about one-third of phthisical patients had parents so affected. This, then, might be taken as about the average. *Scrofula* in the parents, according to Lugol, Hardy, &c., was a frequent antecedent. *Intemperance*: The children of drunkards and even of gouty persons were frequently phthisical. *Excessive tobacco-smoking* in the parents tended, the author thought, to produce ricketty and tubercular offsprings. *Excessive sexual intercourse* and *masturbation*, or weakened sexual functions in the parents, tended very strongly, according to Lugol, Copland, &c., to produce tubercular children. *Aged parents*: There can be little doubt that the children of aged parents are liable more than others to tubercular diseases, and it is said that the children of too young parents share this liability. *Personal antecedents—Employment*: The author observed that many authors had shown, conclusively, that certain trades are far more liable than others to produce consumption. Tardieu, Villermé, Edward Smith, and Greenhow were cited. Dr. Greenhow had compared the mortality of the most favoured spots in England with regard to diseases of the respiratory organs with others, and had made the remark that 45,000 superfluous deaths annually occurred from them. Grinders, potters, and flax-hacklers, with pearl button-makers, were particularly liable to these diseases. Dr. Christison's was the most valuable contribution yet made, the author thought, to the subject of the antecedents of consumption. This gentleman had shown that in Scotland, where the annual mortality is 1 in 48, there die annually 237 persons in 100,000 of consumption; but in the towns there are 333 deaths from the disease, against 186 in the country districts. "Looking more narrowly we find," he says, "that in Glasgow 385 persons die annually of consumption in 100,000, whilst in Edinburgh 283 is the number; in the Highlands, 179; in the Lothians, a fine agricultural country, only 125 die annually of consumption; and in Berwickshire, where there are no towns with over 3,500 inhabitants, there are only 104 deaths from consumption in 100.000." Lastly, Dr. Christison remarked that the natives of the western islands of Scotland, where there are no towns, are quite free from the disease. Dr. Christison's inference was, that towns and their occupations were the true cause of the immense mortality from this scourge of the race, since the phenomenon varied directly with the rurality of the place. The author showed a table of the mortality from consumption in England, Sweden, and the counties of England, all bearing out Dr. Christison's theory of the causation of the disease. Thus, in Sweden, the general mortality was very low, 1 in 51, and the deaths from phthisis were only 100 in 100,000. In England, whose mortality, though low, was higher than that of Scotland, being 1 in 45, the greatest variety was perceptible in the deaths from consumption in different localities. Thus, in Liverpool, the annual mortality from phthisis was 363 in 100,000; in Manchester, 331; in London, 273; whilst in Herefordshire it was 179 in 100,000, and in the North Riding 198. In Merthyr Tydfil it was 402. The author referred to the report of Dr. Edward Smith to the Privy Council, and to Mr. Godwin's 'Blood for Life,' and also to Dr. Lankester for details as to the way in which town employments caused this disease. He considered that the present era of industrialism was debilitating the inhabitants of this country, by the enormous size of the modern towns. The country population remained stationary, and the towns, or hot-beds of this terrible disease, had enormously increased in the last ten years. *Sexual excesses* were, no doubt, a frequent personal cause of tubercular consumption; and Copland and others had laid great stress on masturbation, especially in the male, as an antecedent. Dr. Edward Smith's statistics pointed also to debility of the generative organs, however caused, leading towards consumption. Too much brain-work, and especially sad emotions, were a frequent cause of phthisis. As to *climate*, all places where men lived in towns and were civilized, seemed to contain the disease—*e.g.*, India and the continent of Europe. But Livingstone had shown that the tribes of South Africa are free from either consumption or cancer, a fact corroborating Christison's views, since there life is free from town employments. *Poverty*: The author observed that the writings of Villermé, Lebert, Lombard, and Copland, clearly showed how much more common consumption was among the poor than the rich. He thought enough stress had not been laid on this cause of the disease by Medical authorities. The way in which poverty acted was as follows:—Among the nations of South Africa, starvation did not produce tubercles; but, among civilized nations like our own, low wages and bad food were among the commonest

antecedents of the disease. He quoted several cases of death from starvation in London corroborative of this assertion; also the report to the Privy Council, when Dr. Edward Smith found the wages of many needlewomen to be only 3s. 11¼d. a week, and Spitalfield weavers to live upon 2s. 2½d. a week for food per adult. The author had stated in his report, that the average quantity of food used by the silkworkers, the needlewoman, the kidglovers, the shoemakers, and the stocking-weavers was "*too little for health and strength.*" Great towns, then, caused consumption and deterioration of the health, from the unwholesome occupations with which they abounded. Nor were these unwholesome occupations well remunerated; the fact of their being unwholesome kept all persons who could afford a choice out of their ranks; but the destitute offspring of a country labourer from Wilts or Hampshire, with a large family, had no choice. He was penniless and uneducated, was obliged to crowd into the towns, and thus kept up the deaths from consumption. Mr. Henry Fawcett, speaking of the country labourers, had said lately, "Their wages are so small, that they are insufficient to provide them with the necessaries of life." In Scotland and in Norway the agricultural wages were higher than in England; hence there was, *cæteris paribus*, less consumption. Thus, the amount of pulmonary consumption was directly attributable to the low wages of the country labourer, forcing his children into towns, and there acting as a "positive check" to the increase of population in this old country. Mr. Malthus, followed by Mr. Mill and recently by Darwin, Huxley, and Lyell, had shown what a constant struggle for existence was always going on among all species of animals and vegetables from the tendency that they all had to reproduce too rapidly in proportion to the power of obtaining food. This law held good for the human race, and was well exemplified in our own day, in the very rapid rate of doubling of the inhabitants of the United States and Australia, who, independently of the contingent furnished by immigration and by their own fecundity, had been proved to have doubled their numbers in less than twenty-five years. England, France, &c., could not possibly do this; but, in attempting unknowingly to do so, there were vast numbers cut off by consumption and other wasting diseases, which had now taken the place of the plagues of former days. "Nature," says Mr. Malthus, "cannot be defeated in her purposes; the necessary mortality must come in some form or other, and the extirpation of one disease will only be the sequel for the birth of another more fatal." The poor, the author said, were the least provident in the matter of offspring, and were continually bringing beings into society, destined to die early of rickets, or more tardily of tubercular diseases. Unfortunately, the better-educated classes often mislead the poor on this subject, as was forcibly remarked by Mr. J. S. Mill in his 'Principles of Political Economy':—"Whilst a man who is intemperate in drink is discountenanced and despised by all who profess to be moral people, it is one of the chief grounds made use of in appeals to the benevolent that the applicant has a large family and is unable to maintain them." "Little advance can be expected in morality," he adds, "until the producing large families is regarded with the same feelings as drunkenness or any other physical excess; but whilst the aristocracy and clergy are foremost to set the example of incontinence, what can we expect from the poor?" The author believed, finally, that large families are the cause of overcrowding into large towns in great measure. A remarkable confirmation of this was given by Dr. Edward Smith, from a number of queries put by him to 1,000 hospital patients at Brompton. He found that the parents of his patients had had on an average 7·5 children. It was easy to imagine, the author added, the privation to which these poor patients must have been exposed (and which had probably in most instances produced the disease), from the reckless improvidence of the parents. Before leaving the subject of causation, he would allude to the *pathological causes* of phthisis. There were measles and typhus fever, and also small-pox and scarlatina; diarrhœa and dysentery were also sometimes the causes of tuberculisation. In fine, all diseases which tended to weaken either the parent of the patient or himself tended towards consumption among the civilized races of mankind. *Treatment:* Although the ancients, Hippocrates and Celsus, were not so well acquainted with the diagnosis of this disease, their treatment, which consisted of open-air exercise and nourishing food, was rational. It was Paracelsus, in the sixteenth century, a most unscientific alchymist and astrologer, who introduced the various metals, such as mercury, antimony, &c., into the treatment of the disease. The author considered that that man had done more than any to confuse the whole method of therapeutics. Laennec had a great belief in the vicinity of the sea being free from phthisis, and believed this to be owing to the marine vegetation. Dr. Hughes Bennett's work 'On Fatty Diet' was an era in the modern treatment of the disease. This gentleman, the author thought, had done more than any to wrest the treatment of this disease out of the hands of the iatro-chemists. Nevertheless, we found even eminent men, like Professor Beau, of Paris, attempting to cure phthisis by means of carbonate of lead pills, because he had made an "inductio per enumerationem simplicem, ubi non reperitur instantia contradictoria," or rather no induction; that he had never seen a person affected with phthisis and lead at the same time. This, according to Lord Bacon, was "mera palpatio." M. Piorry, too, had promised a cure of tubercle in the first stage by means of inhalations of iodine vapour; and, though this practice had not crossed the English Channel, the Atlantic had brought us an enthusiastic advocate of inhalation as a cure for consumption. Dr. Churchill said of his hypophosphites, that they were as curative as quinine, and as preventative as vaccination; but, the author observed, he believed they were utterly valueless in the treatment of consumption; and he was surprised at the favourable review which had been given to the second edition of Dr. Churchill's work in the 'Lancet.' The author praised very highly the instrument of Dr. Sales Giron for the pulverisation of liquids. He believed it would be found most valuable as a palliative in the treatment of tubercular ulcers in the larynx or trachea. With regard to the experiments recently made by Dr. Catlin at the Consumption Hospital, by using a number of medicinal substances, such as phosphorus, liquor potassæ, hydrochloric acid, iodide of iron, iodide of potassium, chlorate of potash, &c., he considered such experiments as worse than waste of time, and as indicating that the method of therapeutics was still in its infancy. Besides the drug the patient was taking, time elapsed, the patient's circumstances in such a chronic disease were altered, and a host of circumstances always occurred which inevitably vitiated such experiments. No scientific chemist would think of making experiments like those made daily by many eminent physicians, to the great detriment of the therapeutic science. The true method was, the author said, to find out the physiological effects of a remedy, and then use it, when required, deductively. All the most eminent writers on phthisis discountenanced the empiric treatment of the disease. Dr. Williams recommended cod-oil and change of clime; Dr. Walshe the same; Dr. Hughes Bennett, the introducer of the oil, objected strongly to the "nimia diligentia medici," as exhibited so often in the cough mixtures, the sulphuric acid drops, the acetate of lead or gallic acid for hæmoptysis, and the host of drugs which disturbed the patient's digestion. His treatment consisted almost entirely in open-air exercises and diet, with cod-oil and, perhaps, a little aromatic mixture to check diarrhœa. Dr. Parkes, whose authority on this subject was very great, had shown, in his 'Hygiene,' London, 1864, that the greatest means of cure for phthisis in our power is the taking of abundant open-air exercise, conjoined with plenty of food. No drugs were even mentioned by him. Most physicians treated their own cases thus. *As to climate*, the author said that, for those who could afford it, the climate of Upper Egypt in mid-winter, with that of Malaga and Mentone in spring, were all that could be desired. For the immense majority, who must labour in order to live, the best advice, he thought, was,

that they should emigrate to South Africa or Australia, and take up rural occupations, which they could do there, although it would be impossible in this over-peopled country to change their occupation; others, without tendency to bronchitis, would do as well in England as elsewhere, if they would take much open-air exercise and live well. He concluded by relating the history of several cases of cure of consumption which had come under his notice. Many of these had occurred in members of the Medical Profession, who were, of course, most likely to recover from the disease, as they were best aware of the necessity of taking the necessary exercise and good food, and also of abstaining from all debilitating habits, such as alcohol or tobacco in excess.

Mr. SEDGWICK observed that consumption had frequently been spoken of as an English disease; but he believed it was now well known to be as common in continental countries as here—*e.g.*, in Marseilles the mortality from it was greater than in London. He believed that elevation above the sea had a great deal to do with the causation of the disease, since it was found to be more prevalent in low-lying districts and less frequent in high lands. He could not agree with the author in considering poverty to be so frequent a cause of the disease, since the disease was commoner in the towns than in the country parts, and the food was generally more nutritious in the towns. *Dr. Baly* had shown how common it was among convicts confined in penitentiaries. As to treatment, whilst agreeing in the main with the author, he had found benefit to arise from doses of ipecacuanha in cases of the disease accompanied with cavities of the lung.

Dr. FULLER said the author had given a most interesting account of many of the causes of phthisis; these, he said, all resolved themselves into producing mal-assimilation. As to the strictures passed by the author on the experimental and specific treatment of diseases, to which he evidently was a very determined foe, he thought that experiments were chiefly erroneous when the same drug was given so often to different patients, but many remedies were useful in selected cases; for example, a patient in St. George's Hospital had phthisis, and was getting persistently worse; it was perceived that his urine was turbid, and his secretions out of order. A saline draught was ordered, and his symptoms began to amend. A young lady with phthisis was doing ill, notwithstanding cod-oil and quinine. He administered a few doses of calomel, and afterwards, the treatment being resumed did her much good. No one could more than he disbelieve in specifics, yet he thought that the hypophosphite of soda was often a valuable remedy in phthisis, accompanied with cod-oil and quinine. He had seen many cases do well when taking the remedy.

Mr. J. Z. LAURENCE proposed that debate be adjourned until the next meeting of the Society, Thursday, Feb. 16th; Dr. BALLARD seconded. This was carried.

The debate is to be continued on Feb. 16th, at eight p.m.

EXAMINATION AT THE CLOSE OF THE NINTH SESSION OF THE ARMY MEDICAL SCHOOL, ROYAL VICTORIA HOSPITAL, NETLEY, BETWEEN JANUARY 30TH AND FEBRUARY 4TH, 1865.

α. WRITTEN QUESTIONS.

I.—*Military Hygiene* (*Professor E. A. Parkes, M.D., F.R.S.*).

1. If you were called upon to give your opinion as to the desirability of a certain water supply, which it is proposed to use for a garrison of 5,000 men, what points would lead you to an opinion—firstly, as to the sufficiency of the supply; secondly, as to the purity of the water?

2. If an outbreak of diarrhœa affected suddenly a number of persons in a limited area, what would be the most probable causes, and how would you ascertain the existence of those causes?

3. What are the principal causes which produce movement of air in rooms, and at what rate does movement become perceptible? What are the regulations as regards cubic space per head at home and abroad, and what are the recommendations of the barrack commissioners in respect of the quantity of air which should be given per head per hour in barracks?

4. What are the chief diseases which at present cause mortality in the West Indies and the Mauritius, and what are the chief rules of prevention?

II.—*Military Medicine* (*Professor W. C. Maclean, M.D., Deputy Inspector-General*).

1. Give as complete an account as you can of the causes which produce (*a*) typhus, (*b*) dysentery, and (*c*) phthisis in armies.

2. Describe the general and special indications of the treatment in the typhus of armies.

3. Give the causes, symptoms, diagnosis, consequences, and treatment of enlarged spleen.

III.—*Military Surgery* (*Professor T. Longmore, Deputy Inspector-General*).

1. Describe the treatment you would adopt on being called to a recent case of gunshot wound of the abdomen, under each of the following six conditions:—

1. One opening, without direct evidence whether the projectile has or has not penetrated the cavity of the abdomen;
2. One opening, the cavity being evidently opened, but no complication being visible;
3. Wound penetrating the cavity, complicated with hæmorrhage externally;
4. Wound with protrusion of the intestine, the intestine itself being unopened;
5. The same, but with intestine opened; and,
6. Two penetrating wounds, without visible complications.

2. Explain the way in which the eye is enabled to see objects at different distances, and the method by which the range between the nearest and the most distant points of distinct vision may be determined and expressed. Show, also, how, when presbyopia exists, its degree and the means of correcting it can be ascertained.

3. Give an outline of the surgical duties and of the general arrangements for the care of the sick and wounded under the ordinary circumstances of troops on the march in time of war.

IV.—*Pathology* (*Professor W. Aitken, M.D.*).

1. Define what is understood by syphilis. Describe the characters, probable periods of incubation, duration, and consequences of the various primary venereal sores; and state what kinds of eruptions or sores on the organs of generation may be confounded with venereal sores.

2. Define what is understood by pyæmia and hospital gangrene. Describe the circumstances which tend to induce and propagate the morbid states which these terms comprehend.

3. Describe and interpret the prominent lesions seen in the post-mortem examination of ———, who died, æt. twenty-three, of chronic dysentery, and was dissected on Jan. 6th, 1865. The points to be attended to in your accounts are as follows:

1. What were the anatomical signs in the small intestine which pointed to the nature of the comm. cont. fever, which he was said to have had in Hong Kong? State the name of the c.c.f. it is probable he had.
2. What were the conditions of the colon and rectum? (3), of the liver; and (4), of the lungs?

β. PRACTICAL EXAMINATION.

I. and II.

Examination, historical account, statement of diagnosis, prognosis, effects of proposed treatment, &c., of one *surgical* and one *medical* case.

III.—*Hygiene.*

Examination of various specimens of water for chlor. sod., for organic matter, and for total hardness.

Examination and analysis of specimens of milk and of beer.

Microscopic examination of samples of coffee and flour.

IV.—*Pathology.*

Demonstration of the urinary tubuli and cortical portion of a microscopic preparation of a kidney.

Description of various preparations of morbid anatomy.

Examination of secretions.

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH.—MONDAY, FEBRUARY 6.

TAMPLIN *v.* COSENS AND ANOTHER.

This was an action by Mr. Tamplin, a Fellow of the Royal College of Surgeons, and senior Surgeon of the Royal Orthopædic Hospital, against the executors of a gentleman of the bar to recover the amount remaining due for fees in respect of attendance upon his daughter. The young lady had laboured under the disease of "double lateral curvature of the spine," and in November, 1861, her father took her to the plaintiff (who is known to have peculiar skill and experience in that species of disease), and placed her under his care in the hope of his effecting a cure. Mr. Cosens paid him the usual fee of a guinea, and nothing was then or at any time said as to fees. The plaintiff, however, intimated that his process of cure would probably take a considerable time—at least six months, if not longer. This was in November, 1861, and he continued to attend the lady untill July, 1863, when her father died, and the claim in the present action, of course, could not extend beyond that date, though, in point of fact, the plaintiff continued to attend her, and in the result succeeded in effecting a cure, so that she had perfectly recovered, and, indeed, had since married. The peculiar feature of the plaintiff's process consisted chiefly in the application of a species of mechanical pressure, by means of a machine which required almost daily nice and skilful adjustment. Hence he saw her daily, inspected the spine, and adjusted the instrument. The total number of visits came to 218, for which he charged at the rate of one guinea for each visit. And thus the amount of his claim up to the father's death came to the sum of 228*l.* 14s. The executors, however, conceived that the deceased gentlemen, whose income, it appeared, was limited, could not have intended to pay so much, and they, therefore, only acknowledged the claim to the amount of 129*l.* 13s. The principle upon which this particular sum was calculated did not appear. The plaintiff, however, declined to be satisfied with it, and prosecuted his action for the residue—about 100*l.*

Mr. Lush, Q.C., and Mr. Needham appeared for the plaintiff; the Solicitor-General and Mr. H. T. Cole were for the defendants, the executors.

Several surgeons, such as Mr. Travers, Mr. Holden, &c., were called for the plaintiff, and stated that one guinea a visit was the usual rate of charge for a Surgeon of the plaintiff's eminence, and especially of his peculiar skill in this kind of practice; and he himself positively stated that he never charged less, although in cases of poverty he would sometimes, out of charity, remit his fees and charge only for alternate visits. Although he was pressed as to whether it was usual to let the fees run on so long, he stated that it was not usual to ask for the fees so long as the case continued.

In the result, the Solicitor-General said he did not think that after this evidence it would be becoming in him to keep the case up longer, and he, therefore, yielded to a verdict for the sum claimed.

The Lord Chief Justice said he quite concurred in that course, which was such as might have been expected from the Solicitor-General. The case started with the payment of a guinea, and nothing had been said as to a reduction or abatement. In such a case, the Medical attendant being a gentleman of high eminence, it could not be doubted that the charge was as stated, and if there were any reason, on account of the length of the case and the circumstances of the patient, to ask some abatement, it was for the patient or the relatives to request it, and throw themselves upon the liberality of the Medical man.

A verdict was then taken for the plaintiff for 99*l.*

MIDLAND COUNTIES NURSING ASSOCIATION.—A meeting has been held at Derby to promote the formation of a nursing association on a general and comprehensive basis under the above designation.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.— The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 8th inst., viz.:—Messrs. William Domett Stone, M.D., St. Andrews, and L.S.A., Lincoln's-inn-fields, diploma of membership dated April 10, 1861; George Clements, L.S.A., Brixham, Devon, January 24, 1865, and Charles Edward Heron Rogers, Westmeon, Petersfield, July 27, 1864, students of the Middlesex Hospital; George Cox Douglas, Ware, Herts, May 24, 1864; John Coryton Roberts, Peckham, July 26, 1864, and Henry James Dwelly, Wandsworth, July 26, 1864, Guy's; Patrick William Dillon, M.D., St. Andrews, and L.S.A. Dub., Ennis, county Clare, July 11, 1851, and Hutchins Williams, L.R.C.P., Ed., Southampton, May 27, 1853, of the Dublin School; Edward Hyde, Witney, Oxon, July 30, 1863, of the Charing-cross; Walter Smith, Bognor, Sussex, May 11, 1864, of University College; Edward Roberts Smith, Dudley, Worcestershire, May 24, 1864, of St. Bartholomew's; Henry Reginald Hatherly, Derby, November 16, 1864, of Westminster; William Owen Jones, L.S.A., Bala, North Wales, August 1, 1861, of Manchester, and Ferdinand Albert Purcell, M.D., Queen's University, Cork, January 26, 1865, of the Cork School.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 2nd inst.:—Tudor Hora, 27 Bloomfield street; Arthur John Mahony, Glencarre, Co. Kerry, Ireland; James Francis Hamilton Richardson, Downe, near Bromley, Kent; Moreton Stevenson Wightman Wilson, Mowsley, Rugby.

The following gentlemen also on the same day passed their first examination:—George Crowe, University College; Robert Wilmott, Sydenham College, Birmingham.

MEDICAL RISKS.—Typhus fever is raging at Liverpool with increased virulence. In the splendid and commodious New Fever Hospital at Brownlow-hill every bed is occupied. The demolition of the old one, which had commenced, has been suspended, to afford accommodation. The incessant toil of the three resident Medical officers has been beyond mental and physical power, and each has been struck down by the disease. Mr. Beckett and Mr. Blick recovered, but Mr. Brown, as *locum tenens* for Mr. Blick, succumbed, and Mr. Cook, the third, is now lying in a most precarious state. In consequence, the committee, we are pleased to learn, have appointed three assistants to aid the usual staff.

THE LATE DR. GIRDWOOD, OF FALKIRK.—On Saturday, the 4th inst., were committed to the grave the mortal remains of one whose unlooked-for and premature death has come home with all the bitterness of a personal loss to the hearts, not only of the community of Falkirk, but of all who had the privilege of knowing him. In the list of noble and self-denying men who have done honour to the Profession of which they were members, no name stood more deservedly high than that of Dr. Girdwood. The estimation in which he was held was made fully evident by the attendance at his funeral; hundreds of all classes, high and low, uniting to pay the last mark of respect to one whose memory will be long cherished by them as that of one of the kindest and least self-seeking of men.

GEOLOGISTS' ASSOCIATION.—A *conversazione* was held on Tuesday week at 32A, George street, Hanover square, which was very numerously attended by the members and their friends. Mr. Highley, F.G.S., exhibited, by the aid of his oxyhydrogen demonstrating lantern, a fine series of microscopic objects enlarged by microphotography. Mr. Highley claimed for his invention that it supersedes the old system, all objects presented being faithful copies of nature, rendered with an accuracy impossible to be attained by hand-painting. Mr. T. Boverton Redwood explained to the visitors the nature and properties of the metal magnesium, and showed the beautiful light it produces when burned. A number of interesting objects were displayed by the members, amongst which may be mentioned a splendid series of Crystals from Germany, by Mr. G. I

Roberts, F.G.S.; cases of Cloanites in Silex, beautifully prepared by Mr. Charlesworth, F.G.S.; American Silurian Fossils, by Mr. Pickering, Vice-President of the Association. Microscopes were lent and exhibited by Mr. Heslop, Mr. Leighton, and Mr. Ramsey. Fossils from various formations were exhibited by Messrs. Bott, Evans, Leighton, and others. Great satisfaction was expressed by the visitors, and many additional names were entered for election as members of the Association. Coffee was served at ten o'clock, and the evening terminated at eleven o'clock. Ladies and gentlemen taking an interest in Geology and wishing to join the Association should apply to the Honorary Secretary (Mr. John Cumming, 7 Montague place, W.C.).

RADCLIFFE INFIRMARY, OXFORD.—From a report of the Building Committee of the Radcliffe Infirmary, which is now completed, it appears that the total cost has been 6,628*l.*, while the receipts have amounted to 7,113*l.*

PRESENTATION TO DR. ANDERSON AND MR. BRACY.—Dr. Anderson having resigned his situation as Resident Medical officer of the General Hospital, Birmingham, and Mr. C. J. Bracy, who has filled the situation of House-Surgeon at the same institution for the last few years, having also vacated his office, the students of the Sydenham College and the General Hospital availed themselves of the opportunity of expressing their obligations to those gentlemen by presenting them with farewell testimonials. The testimonials consisted of handsome timepieces, and were presented at a social meeting of the students, held at Nock's Hotel. Mr. Hickenbotham, a late student of the College and Hospital, occupied the chair.

DR. BROWN-SEQUARD IN DUBLIN.—During the last week much interest has been excited in Dublin by the visit of Dr. Brown-Séquard to our city, and the performance of a very formidable operation under the advice of that gentleman, the result of which is looked forward to with much interest. The operation to which we allude was the excision of a portion of one of the vertebræ in a case of partial dislocation of the spine from injury, and was performed by Dr. Robert Macdonnell in Jervis-street Hospital. The very formidable nature of the operation made its performance a matter for the most mature consultation and deliberation. After examination of the case by Dr. Brown-Séquard, and in view of the absolute certainty of death as the only remaining alternative, it was determined to endeavour to relieve the symptoms of paralysis by operation. The vertebra, which was low down in the dorsal region, was, we believe, found to be twisted and compressing the chord, and portions of the laminæ were removed. Up to the present time we understand that a slight improvement in motive power or in the incontinence of urine and fæces has resulted. On Friday evening a lecture "On the Pathology and Diagnosis of Disease of the Nervous Centres" was delivered by Dr. Brown-Séquard, before the King and Queen's College of Physicians, at which a large number of the Profession were present. We hope to publish the address *in extenso* in our next.—'Medical Press.'

APPOINTMENT.—Mr. Herbert Scott has been appointed Assistant-Surgeon to St. Peter's Hospital for the Cure of Stone in the Bladder and Urinary Diseases.

BIRTH.

MARSHALL.—On Feb. 1, Eliza S. Marshall, wife of T. Harrison Marshall, Surgeon, Chard, Somerset, of a daughter.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, FEB. 15.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Surgeons, 4 p.m.—Prof. Huxley, "On the Mammalia;" Medical Society of London, 8½ p.m.—Lettsomian Lectures, Mr. Henry Smith, "On Stricture, Cancer, and Polypus of the Rectum."

THURSDAY, FEB. 16.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Tyndall, "On Electricity;" Chemical Society, 8 p.m.—Mr. J. Broughton, "New Reaction for Preparing Anhydrides and Ethers."—Dr. Fraser, "Chemistry of Calabar Bean."—Mr. C. Calvert, "Action of Silicate and Carbonate of Soda on Cotton Fibre."—Mr. Highley, "New Electric Lamp Regulator, &c."—Mr. J. Spiller, "Oxidation of India-rubber;" Harveian Society of London, 8 p.m.—Mr. J. Z. Laurence, "On certain Functional Diseases of the Retina," and Discussion resumed on Dr. Drysdale's paper "On Phthisis."

FRIDAY, FEB. 17.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Mammalia;" Royal Institution, 8 p.m.—Mr. W. Huggins, "On the Physical and Chemical Constitution of the Fixed Stars and Nebulæ."

SATURDAY, FEB. 18.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Marshall, "On the Nervous System;" Metropolitan Association of Medical Officers of Health, 7½ p.m.

MONDAY, FEB. 20.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, FEB. 21.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Report of the Main Drainage Committee on the Evidence given before a Committee of the House of Commons on the Sewage of the Metropolis.

Dr. Guy's Contributions to Sanitary Science. No. 1: The Case of the Journeymen Bakers. London: H. Renshaw, 356 Strand.

The Dublin Quarterly Journal, No. LXXVII.

Social Science Review, New Series, No. XIV.

Report of the Metropolitan Board of Works.

A Manual of the Practice of Surgery. By W. F. Clark, M.A., F.R.C.S. London: H. Renshaw, 356 Strand, W.C.

Handbook of Skin Diseases for Students and Practitioners. By Thomas Hillier, M.D. Lond. London: Walton and Maberly, Upper Gower street.

Photographs of the Diseases of the Skin, No. VI. By A. B. Squire, M.B. Lond. London: John Churchill and Sons, New Burlington street.

Canada Medical Journal, No. VII.

Pharmaceutical Journal, Vol. VI., No. VIII.

Fifth Annual Report of the Cranley Village Hospital.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

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THE ROYAL INSTITUTION.—The notice has been received.

MR. PURDON.—The cases have been received, and will appear shortly.

THE ARMY MEDICAL SCHOOL, *Netley.*—The examination papers have been received.

AN OLD UNIVERSITY COLLEGE MAN points out to us that in some remarks made upon the last days of Dr. Jones Quain in the 'Medical Times and Gazette,' it is mentioned that he lived in the house of Dr. Marris Wilson, who had been his *prosecutor!* The writer probably meant *prosector*, but if so, he is still wrong, for it was not Dr. Marris Wilson, but Mr. Erasmus Wilson, who was Dr. Jones Quain's prosector, as we stated in our obituary notice of the deceased anatomist last week.

THE HARVEIAN SOCIETY.—The notice has been received.

EMBOLIA.—We are really unable to answer the questions put by our correspondent.

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VI. Neuralgia of the Rectum.
VII. Inflammation of the Rectum.
VIII. Ulceration of the Rectum.
IX. Hæmorrhoidal Affections.
Ch. X. Enlargement of Hæmorrhoidal Veins.
XI. Prolapsus of the Rectum.
XII. Abscess near the Rectum.
XIII. Fistula in Ano.
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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON SOME CASES OF LUPUS NON EXEDENS TREATED AT ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

By J. L. MILTON, Surgeon to the Hospital.

Lupus must be admitted to rank among the most formidable diseases of the skin, yet, strange to say, the ravages occasioned by this intractable malady are often viewed by the sufferer with far more indifference than complaints greatly less destructive and obstinate. While patients afflicted with acne or ringworm frequently present themselves for inspection with the most edifying regularity, Mr. Milton only too often finds it impossible to secure the punctual attendance of a single patient suffering under any form of lupus. Though well aware of the results their neglect must occasion, they seem steeped in the apathy often displayed by those suffering under the Eastern leprosy, who, objects of horror to all around them, seem to regard nothing but the most sensual enjoyments and amassing money; or the victims of slow, indurated phagedæna, so familiar as out-patients in our hospitals, who never seem to awake to a full consciousness of the state they are reducing themselves to by their neglect till it is to late to apply a remedy. Many patients suffering under lupus never once seek for assistance till irremediable mischief is done. A few months ago, a girl, who but for her disease would have been good-looking, applied at St. John's Hospital with lupus non exedens, which had invaded the greater part of the skin of the face, thus marking her for life. She had suffered under the disease for two years, yet *she had never applied anywhere for relief!* She was told that her only chance of cure lay in immediately placing herself under Medical treatment, but she never came again.

Another difficulty to struggle with in the treatment of lupus, in out-patients, is the wretched poverty of many of the sufferers themselves. They cannot leave their homes and become in-patients, because their children and their work demand their daily care; they cannot get meat every day, have proper dressing, or protect themselves in raw inclement weather. The wolf is always at the door, and they must toil on or see it enter the devoted house; so let the disease go as it will, they must keep to their task. Even the weekly visit to the hospital is a loss of time, to be dearly atoned for by over-work, when the wearied frame should be recruited by rest.

Apart from these circumstances, there is not so much to dread in lupus. Except in some very bad constitutions, it is not such an intractable complaint. The labours of Neligan, Hunt, Hebra, and other writers have contributed to furnish us with means of assailing successfully cases which, a quarter of a century ago, were given up in despair. At the same time it is quite to be understood that, for these means to be effectual, they must be effectually wielded. Diet, neglect, starvation, and intemperance will render nugatory the best-intended efforts.

Lupus non exedens.—Cure.—E. H——, a married woman, aged twenty-four, applied on April 26, 1864, as out-patient, with lupus non exidens of the face. From the lower eyelids down nearly to the lower edge of the upper lip, and across nearly the whole breadth of each cheek, and almost the whole chin, is invaded by red angry-looking tubercles not much elevated. The progress of the case dates from her earliest years; her mother, indeed, always told her that it began when she was quite a baby. She had always had good food and beer, and had long attended as out-patient at a hospital and a dispensary.

She was immediately ordered five minims of liquor arsenicalis three times a day, and was directed always to wash with water as hot as she could bear it, and to protect the surface carefully from the air. She attended with the greatest regularity, only absenting herself once during more than five months. The result was, that early in October the tubercles had entirely faded away, and with the exception of the skin looking rather blanched and puckered, there were no signs that she had suffered from the disease at all. Between this period and the 30th of December, there was one slight relapse; it took place when the cold weather first set in, and showed itself in the form of three or four small papules of the same colour as the skin. The use of the arsenic, which had been restricted for some time past to one dose daily, was now at once resumed in the original doses and speedily subdued the complaint.

She was seen for the last time on the 20th of January. There had been no return of the complaint; and except the wasted look of the skin there was nothing to tell that it was once the seat of lupus. She has continued the arsenic up to the present time, but in the diminished dose of five minims daily.

Lupus non exedens.—Apparent Cure.—T. G——, a tall, strong, healthy-looking man, æt. thirty-eight, applied October 4, 1864, to be treated for lupus, from which he had been suffering more than twenty-six years. According to his account he was, when only eleven years old, thrown from horseback and received a severe cut across the forehead, the scar of which is distinctly seen now. The wound got filled with dirt forced in by the violence of the fall, and did not heal kindly, being long before it finally closed. Within a year from this, the skin in the vicinity began to get red and somewhat swelled. He applied to a country surgeon occasionally, but does not appear to have ever given much attention to the case. At the age of thirty he came under the care of Sir Philip Crampton, who seems to have at once recognised the serious nature of the disease, as he applied some caustic to it which gave great pain, but certainly for a time checked the growth of the malady.

At the present time (Oct. 4) there is a large, red, angry patch occupying the greater part of the forehead from the eyebrows upwards. The chief seat of the disease is just over the left eyebrow. There is also a patch over the left zygomatic arch; on this there are seated two or three small, very tenacious crusts, and on the outskirts of the larger patch there were some small tubercles.

Arsenic, in five-minim doses of Fowler's solution, was given three times a day, and this he took with great regularity. It was, however, not till the end of the second week in December that he could attend regularly for the purpose of having the nitrate of silver applied. At this time there was already a very marked improvement. Mr. Milton now applied the solid nitrate very freely once or twice a week up to 10th of January, which was the last time he was seen. The tubercles were then gone; on two or three isolated spot there was still a very slight thickening of the skin; the redness had, to a great extent, faded away, and the site of the lupus looked more like a bad bruise than anything else.

Lupus non exedens.—Apparent Cure.—S. W——, a married woman, aged forty-three, applied. Came under care Dec. 5, 1864, with lupus under which she had been suffering rather more than two years. The disease extended from the right half of the lower lip to the chin in an irregular square, from which shot out a tongue-like process towards the ear. There were three thin, firmly adherent, dark scales, about the size of a sixpence, two on the larger patch and one on the smaller one. She had been taking a variety of medicine, among these iodide of potassium, but the disease had steadily, though very slowly, got worse.

Arsenic, given as in the former cases, was immediately begun with, and the nitrate of silver rubbed over the patch.

She was ordered a little rum and milk every morning, meat twice a day, a pint of stout and the juice of a lemon daily. By the 9th of January the disease seemed entirely quelled, except a scale about the bigness of a coriander seed, and a slight thickening, not broader than a split pea; on the spot under the chin there was nothing but a vivid redness to show a disease. Even this was very much paler than before and in some places it had become pale. The patient now considered herself so far cured that Mr. Milton could only procure her further attendance with the greatest difficulty. She came again, however, on the 20th January, when still further improvement was visible. For two or three weeks past she had only taken the arsenic once a day.

(To be continued.)

CASE OF SCROFULOUS OTORRHŒA.

By HENRY S. PURDON, L.R.C.S.I.

J. Leebody, aged nine years, had, before her admittance into the Belfast Charitable Institution, an attack of scarlatina. She also had been badly fed and clothed. On her admittance she exhibited all the characteristic appearances of a scrofulous diathesis, but the principal affection under which she laboured was a very offensive and sero-purulent discharge from the external auditory meatus, combined with partial deafness; but this last symptom no doubt arose from a chronic inflammatory condition of the Eustachian tube, as the membrana tympani was entire.

For the affection of the ear I tried various disinfecting and astringent agents; but they were of no avail. I at last found in Dr. Bateman's 'Synopsis of Diseases of the Skin' the following formula, and of which he speaks very highly:—

℞ Balsami Peruviani, ℥ij.;
Fellis bovinæ, ℥j.

This acted like a charm, stopping the discharge and destroying the offensive smell.

After the discharge from the ear was checked, a mucous diarrhœa took place, but it readily yielded to cod-liver oil and one of the following pills taken twice in the day:—

℞ Pulveris capsici,
Camphoræ, ana gr. vi.;
Pulveris opii, gr. iii.;
Pilulæ hydrargyri, gr. xii.;
Extracti hæmatoxyli, gr. xxxvi.
Divide in pilulas xii.

Belfast.

SCIENTIFIC ARTICLES.

THE ODOUR OF FLOWERS, AND THE ENFLEURAGE PROCESS.

The odours of flowers do not, as a general rule, exist in them as a store or in a gland, but they are developed as an exhalation. While the flower breathes it yields fragrance, but kill the flower, and fragrance ceases. It has not been ascertained when the discovery was made of condensing, as it were, the breath of the flower during life; what we know now is, that if a living flower be placed near to butter-grease, animal fat, or oil, these bodies absorb the odour given off by the blossom, and in turn themselves become fragrant. If we spread fresh unsalted butter upon the inside of two dessert-plates, and then fill one of the plates with gathered fragrant blossoms of clematis, covering them over with the second greased plate, we shall find that after twenty-four hours the grease has become fragrant. The blossoms, though separated from the parent stem, do not die for some time, but live and exhale odour, which is absorbed by the fat. To remove the odour from the fat, the fat must be scraped off the plates and put into alcohol; the odour then leaves the grease and enters into the spirit, which thus becomes "scent," and the grease again becomes odourless. The flower farmers of the Var follow precisely this method on a very large scale, with but little practical variation, with the following flowers rose, orange, acacia, violet, jasmine, tube rose, and jonquil. The process is termed, as said before, *enfleurage*, or inflowering. In the valley of the Var there are acres of jasmine, of tuberose, of violets, and the other flowers named. In due season the air is laden with fragrance—the flower harvest is at hand. Women and children gather the blossoms, which they place in little panniers like fishermen's baskets hung over the shoulders. They are then carried to the laboratory of flowers and weighed. In the laboratory the harvest of flowers has been anticipated. During the previous winter great quantities of grease, lard, and beef-suet have been collected, melted, washed, and clarified. The great success of this process depends on the absolute purity of the grease employed, and no pains are spared to this end. In each laboratory there are several thousand *chassis* (sashes), or framed glasses, upon which the grease to be scented is spread, and upon this grease the blossoms are sprinkled or laid. The *chasse en verre* is, in fact, a frame with a glass in it as near as possible like a window-sash, only that the frame is two inches thicker, so that when one chasse is placed on another, there is a space of four inches between every two glasses, thus allowing room for blossoms. Every chasse, or sash, is about two feet long by eighteen inches broad. The flower-blossoms are changed every day, or every other day as is convenient to the general work of the laboratory or flowering of the plants. The same grease, however, remains in the chasse so long as the particular plant being used yields blossoms. Each time the flowers are put on, the grease is "worked"—that is, serrated with a knife—so as to offer a fresh surface of grease to absorb odour. The grease being inflowered in this way for three weeks or more—in fact, so long as the plants produce blossoms—is at last scraped off the chasse, melted, strained, and poured into tin canisters.—Dr. Piesse's Lecture.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. BARNES continues his lectures "On Puerperal Fever," his present subject being the prevalence and causes of that disease. He enters into a number of statistics derived from continental hospitals, to show that the hospital system generates puerperal fever, and that the home attendance in lying-in cases is attended with a comparatively small mortality. Dr. Barnes therefore proposes to abolish such hospitals altogether, and if lying-in institutions are adopted at all, they should be provided on the "cottage" principle of Mr. Napper, of Cranley, and no more than one puerperal woman should be placed in one room.——Dr. HASSALL contributes a paper "On the Determination of Chlorine and Urea in the Urine by Liebig's Method, with Protonitrate of Mercury." A number of experiments are recorded by Dr. Hassall, the results of which are at variance with those which might be expected from the perusal of works treating on volumetric and urinary analysis, but they are too technical to admit of an abstract.——Mr. T. HOLMES continues his "Contributions to the Practical Surgery of Diseases of Childhood," his present subject being the treatment of caries of single bones of the tarsus and metatarsus by excision of the entire bone. In this paper Mr. Holmes discusses and refutes the objections made to the proposal of removing the tarsal bones entire instead of piecemeal, and he shows that the operation is neither so difficult nor so dangerous as is sometimes represented, while the deformity is less than in amputation at the ankle.——Mr. T. J. ASHTON contributes a paper "On the Effectual Surgical Treatment of Hæmorrhoidal Disease, and its Freedom from

Danger." The communication is written to show the efficacy and safety of the ligature in the cure of hæmorrhoidal tumours, and is illustrated by the particulars of two cases in which this plan was adopted with success. Mr. Ashton states that, of the many patients who have been under his care, he has not lost one from pyæmia, tetanus, or other cause, and none of them have been under treatment more than a fortnight.

THE 'MEDICAL TIMES AND GAZETTE.'

DR. BENCE JONES continues his "Lectures on Chemical and Mechanical Diseases, and their Relationship." In this, the second lecture, "Diseases of Suboxidation" are still further considered, "acidity, or the acid diathesis," being brought under consideration. As acid and sugar are intimately related, so are diabetes and the acid diathesis; the former does not, however, entail upon the patient secondary mechanical affections, while the latter does so—gout and gravel being examples. Excess of acid in the system arises from either an over-production or an insufficient evacuation. The manner in which the hydrochloric acid of the gastric juice is formed is described, and it is explained by a diagram how, as the gastric juice is acid, the urine is alkaline; and that, when all the gastric juice is absorbed, then the acidity of the urine is at its highest—that is, the inverse ratio of acidity and alkalinity is greatest. In the next part of the lecture, the subject of the removal of acid from the body is brought under consideration, and subsequently the means of detecting acidity.——DR. PARSONS describes "Skinner's" chloroform bottle and apparatus, and also certain inconveniences and dangers attendant upon the administration of chloroform in ovariotomy.——DR. BEDDOE contributes an article "On the Various Modes of Estimating the Nutritive Value of Foods." These are—first, by the quantity of carbon and of nitrogen contained in them; secondly, by considering the weight of the articles of food; thirdly, by reckoning the uncombined hydrogen as carbon, and adding to it the rest of the carbon; fourthly, by computing the calorific value of any substance, according to the amount of oxygen with which that substance will combine.——DR. WEBER has "Holiday Notes on Continental Spas," some of the principal Pyrenean spas being brought under notice. The mineral springs are in number very great; most of them are sulphurous, or sulphuretted, and, with few exceptions, are thermal. Some of the springs belong to the classes called the muriated, or the sulphated saline, the mixed saline, the carbonated alkaline, or the chalybeate waters. The sulphurous springs are, however, the commonest.

GENERAL CORRESPONDENCE.

MEDICAL GOSSIP.—No. VIII.

To the Editor of the Medical Circular.

DISTINGUISHED APPOINTMENT!—THE "BATH WATERS"—PROFESSOR SYME'S "TONGUE CASE"—QUACKERY AT MAIDSTONE—THE HUNTERIAN ORATION: WHAT IT WAS AND WHAT IT SHOULD HAVE BEEN—GEORGE VICTOR TOWNLEY AND PSYCHOLOGICAL SUBTLETIES—THE DAVENPORT BROTHERS DEFENDED.

SIR,—When I undertook to keep a *vigilant* eye on the contents of the Journals which do not strictly fall within the scope of your Analyses, I did not calculate on having to criticise or comment upon what may appear in your own Journal; if really and truly there is as much to notice in your pages of this week as in those of your contemporaries. Who on earth is Dr. G. de Gorrequer Griffith, that he should hold, before all others, the high and distinguished appointment of "Physician to the Wives and Families of the Officers of Milbank Prison"! I have looked through the pages of the 'Medical Directories' to find any distinction half so honourable, and when next year we have it recorded in the addenda to his name, what jealousy it will create in the minds of the Lococks and the Jenners *et id genus omne* who attend upon illustrious women!

And pray, Mr. Editor, how came the heading "Injudicious Advertising" to a very sensible letter by "Incisor," calling for your reprobation of the advertising quack dentists? I have puzzled my brains to think how you could have stumbled upon the epithet "Injudicious," and I can only suppose you had just finished the perusal of my own letter, and that the exclamation "Injudicious!" had fallen from your tongue upon your pen, and that thus it had got into a wrong position. For "Injudicious Advertising," I presume your readers must be asked to read "Advertising Dentists," a subject well worth the attention of another "Detector."

Dr. Benjamin Richardson, topographist for the 'Medical Times,' has rescued that Journal for this week from the Slough of Despond in which we usually find it, by relating a most pleasing "Legend History of the Bath Waters."

"We creatures of imagination," says Dr. Richardson, "love alway the wonderful beyond the actual, cling to it more closely in our heart of hearts, and build on it aspirations which cheer us when all else fails. Disbelieving, we are willing to believe; and laying down legend as unreliable, place it still within arm's length, and feel we would not like to lose it when the worst that may be said against it is said." True, Doctor; and your remark applies beyond the domain of legend. With what tenacity does the self-believing Medical discoverer cling to the offspring of his imaginative brain; others may discredit his legend, but he has proved its truthfulness by a shower of golden guineas, and he too feels he would not like to lose it when the worst that may be said against it is said.

I should have been surprised indeed, if Syme's "Tongue Case" had not got into the public Journals. And, sure enough, here it is in the 'Times' of this morning (Friday), copied from the 'Scotsman'; and now it is destined to go the round of the newspapers. *Le voici:*—

"EXCISION OF THE TONGUE.—Newspaper readers will not fail to remember that two distressing cases of excision of the tongue have occurred within the last two or three years; and as these cases terminated fatally, it seems only fair to record the fact that a successful case of excision of the tongue has recently taken place. The patient was a Manchester man, the operation was performed in Edinburgh by Professor Syme without the aid of chloroform, and the unhappy sufferer, who some time after the operation returned to his own home, has since written to Professor Syme, stating that he never felt better in his life than now."

"Thou canst not say I did it!" exclaims Macbeth's countryman, in great indignation, when accused of inserting the paragraph;—still, it is strange that anything done at all out of the common by this Northern light always shines out in the newspapers, whereas a London surgeon may skin a patient's liver and the outer world would never hear of it. Does it bear no internal evidence that it emanated from Syme? Some people would say that it did, otherwise how could it be known that the patient had written to the Professor, a privileged communication, to say he had never felt better in his life. It is an unpleasant question to speculate upon, and I will dismiss it, remarking only that Professor Syme seems to be an exception to the generally received maxim, "a man is never a prophet in his own country." It is there only that he is—he failed in London! He is a first-rate surgeon no doubt, but it is a pity to see him thus proclaimed in the market-place.

Now, here is a case to which my attention has been called, where the blame, I really believe, will be traced to some injudicious friend. It is incredible that an educated

surgeon could have disgraced his cloth by inditing such a puff:—

"'EYES RIGHT.'—We are happy to be able to state that the epidemic at the Ophthalmic Hospital has entirely abated, thanks to the prompt measures of Mr. Adams, the very able and courteous Surgeon. He has taken precautions to keep the out-patients affected with it entirely separate from those not affected, and by these means every trace of it has vanished. This admirable institution has relieved this year as many, or rather more patients than last year, and is very fortunate in having so valuable and attentive a Surgeon as Mr. Adams, who puts eyes right with the quickness of a drill sergeant."

Since my last, the biennial oration in honour of John Hunter has been delivered by Professor Partridge, of King's College. If I were asked for an opinion of its merits from an abstract given in the 'Medical Times,' I should say that it was the very worst of the forty-one which have preceded it; and yet the orator thought the difficulty he laboured under arose not so much from the scarcity of material, as in making a judicious selection from the abundance of matter. Surely, some 'Lancet' man has imposed upon the 'Medical Times' a most miserable abstract, for the name of Ernest Hart is associated with John Hunter! What a joke! Here is a quotation from the "abstract":—

"The Profession and the College of Surgeons sustained a great loss in the death of Mr. Green, and this was felt the more as it happened so soon after the death of Sir Benjamin Brodie. Green was a pupil of Cline, and became Surgeon to St. Thomas's Hospital on Cline's death. In 1834, Coleridge died, leaving to Green the charge of his literary remains. Green was twice President of the College, and twice delivered the Hunterian Oration."

There is a great deal more about Green. Now, what has all this to do with Hunter? In twelve months' time people will ask, "Who was Green?" and ask in vain; but John Hunter will live for ever.

If I were nominated for an oration on John Hunter, I would challenge the attention of my audience at once by tracing him from boyhood to manhood, from manhood to the day he fell lifeless into the arms of his friend Dr. Robertson at St. George's Hospital. Regardless, in the life-sketch of so great a man, of the maxim, "De mortuis nil nisi bonum," I would paint him as he was—an idle, if not debauched, young man, fond of low associates, relishing the society of coarse and vulgar minds, among whom his ambition prompted him to take the lead, and amongst whom he went by the familiar title of "Jack Hunter." He was employed by his brother William to cater for the dissecting-room, in the course of which employment he became a great favourite with the resurrection men; and one of the amusements in which he took especial pleasure was to mingle with the gods in the shilling gallery for the purpose of assisting to damn the productions of unhappy authors, an office in which he is said to have displayed peculiar tact and vigour.

A series of fortunate accidents combined to draw this boisterous, rude, and vulgar young man to the study of a science which he was destined to revolutionise. To William his brother, the Profession (I suppose I must say, the world) is indebted for the development of John and for the outbreak of a genius which will reflect honour on the Medical Profession to the end of time.

It is a singular fact that this conception of what "an oration on John Hunter" should be, namely, to trace him from the cradle to the grave, will be set up in type in, most probably, the very room, certainly under the very roof, in which John Hunter pursued his dissections and delivered his anatomical lectures. I call to mind the anecdote which is told of him, that at his introductory lecture, which nobody attended, he ordered his assistant to take down the suspended skeleton in the corner of the room, and place it by his side, so that he might truthfully address his audience as "Gentlemen."

I see a shilling pamphlet advertised, entitled "Beneficence in Disease," being a reprint of one of the Introductories. I remember reading the journalistic report of it and agreeing with the reporter that the orator had made a sad hash of his subject. Now, although, his brain may be a little muddled in philosophy it is well known he is very clever in putting two and two together; and I should, therefore, have been more pleased to see symptoms of amendment by a repentant address entitled "Beneficence in Fees."

Two events have occurred since my last, each worthy of note and of a passing remark—George Victor Townley and the Davenport Brothers have come to *small!* These actors on the stage of life have occupied of late a large share of public attention, and people have been much divided in opinion as to their deserts. Townley undoubtedly should have been hanged: he was sane when he committed the murder, he was sane when he became a suicide. This is the common sense view of the question, and when we depart from that view we get involved in all sorts of difficulties and errors. Law is founded on common sense, but if psychological subtleties are permitted to intervene, the law goes to the wall. There is not a single fact in the whole history of that man, from first to last, pointing to insanity. Sift every circumstance of the tragedy, and trace his subsequent conduct in the prison at Derby before his trial, and at Pentonville after his trial, and not an act or a word will be found inconsistent with sanity; but mad-doctors do not take common sense views of such matters, and therefore, as I have said, we are got into scrapes. The best solution of the difficulty, and the most humane, would be to hang all murderers, sane or insane.

The Davenport Brothers have come to grief, and I am sorry for it; for, putting aside the absurd idea of spiritual manifestations, which I really believe was ascribed to their performances by the public and not by themselves, at least in this country, it was the most entertaining, and, I may add, the most surprising, exhibition I ever witnessed. Moreover, it was conducted with perfect fairness, and the greatest courtesy was shown, even to hostile visitors. If Mr. or Dr. Fergusson were guilty of wounding the wrist to justify young Davenport's refusal to proceed with the performance (which I do not believe), then the violence of the mob might be excused, not otherwise. Under any circumstances, I should regret that so amusing an entertainment should cease. The 'Lancet' calls it a *fraud*, and the actors in it *impostors—Quot homines, tot sententiæ.* We do not look for much liberality of sentiment in the 'Lancet.'

VIGILANS.

REVELATIONS OF QUACKERY.

LETTER VIII.

To the Editor of the Medical Circular.

SIR,—I now resume my narrative of the extraordinary case, the history of which I commenced in my last letter.

The following is the affidavit of the late Sir B. Brodie, made in the course of the suit, and to which I have already referred:—

"I, Sir Benjamin Collins Brodie, of No. 14 Saville row, in the county of Middlesex, Baronet, a Member of the College of Surgeons, Doctor of Civil Law, and a Fellow of the Royal Society, make oath, and say as follows:

"I say that I have carefully perused the copy of the several letters written by the plaintiff to the defendant now produced and shown to me at the time of swearing this my affidavit, and marked with the letter 'A'; and that I did, on the 29th day of January, 1859, personally examine the plaintiff concerning his health, and inquire of him as to the nature of his symptoms, as well when he first applied to the above-named defendant for advice concerning the plaintiff's then state of health as afterwards and from the result of such perusal and examination I came to no other than the conclusions hereinafter stated.

"I am of opinion that when he first consulted the defendant the plaintiff was not labouring under any disease requiring Medical treatment, although he was trouble

during the night with occasional seminal emissions—an inconvenience to which young unmarried men are more or less liable, but not indicative of any actual disease.

"And, further, that the plaintiff was improperly and unnecessarily encouraged by the defendant in the apprehension that he was labouring under a disease which would lead to some very serious results if not treated with Medical skill; that he, in the meantime, promised the plaintiff relief and a cure if he would go through a course of medicine with which the defendant would supply him for that purpose.

"And also that the plaintiff was thus improperly and unnecessarily confirmed by the defendant in the unfounded apprehensions which he entertained, and that he was induced by the defendant to give him at various times large sums of money, and further securities for still larger sums to be paid thereafter.

"And, further, that even supposing that the plaintiff was labouring under maladies which required Medical aid, the sums of money and securities that were extorted from the plaintiff by the defendant were enormous as compared with those which would have been considered, and would, in fact, have been, a liberal compensation to a physician or surgeon in the largest practice under the same circumstances.

"And I, lastly, say that I have carefully perused the certificate now produced and shown to me marked with the letter 'B,' and I entirely agree in the opinion therein expressed."

The document B referred to in this affidavit is the written opinion I gave on first seeing the patient, and which, with Sir B. Brodie's opinion confirming it, formed the basis of the legal proceedings subsequently adopted. It is unnecessary to enter on a history of the course of the suit in Chancery which continued for some months. At first, the defendant loudly proclaimed his determination to defend the suit to the last; but ultimately, much against my wishes, the suit was compromised on the following terms—viz., the defendant returned 400*l.* of the money he had received, and gave up all bills, letters, and securities he held, and with them, of course, all claims on the plaintiff for the different amounts they represented. Thus, by following the advice I gave when I first saw him, he obtained restitution of 400*l.* in money, and was freed from liabilities amounting in the whole to 1,150*l.*!

As I have said, this compromise was made much against my wishes, as I felt assured that, had the suit been urged to the utmost, the defendant would voluntarily, or been compelled to, have given back, if not all, nearly every farthing of the money he had extorted from the plaintiff, besides having to pay the costs of the suit; but unfortunately there are few victims who have, in contending with this class of men, the moral courage displayed by Captain Clarke in his prosecution of Dr. Henery.

Now, I feel it impossible to leave this case without making some comments upon it. It is pregnant with matter for grave reflection, and this not only in reference to patients themselves, but also in regard to the reprehensible conduct of parents, who so recklessly admit into their family circle newspapers which insert the obscene advertisements of the quacks. As I have said before, these advertisements are traps for their sons, and an offence to the modesty of their daughters. Were it within the compass of my power, I would place the narrative of this case in the hands of every father, and then ask him how he can reconcile the admission of these greedy newspapers into his home with the care and duty he owes to his children? Well assured am I that many cases of unaccountable suicide in youths and young men, which cause so much surprise and misery in families, are due to these unfortunates having become the dupes of quacks. And here, although I am digressing from my immediate subject, I cannot refrain from referring to a melancholy instance of the misery entailed on weak-minded young men by the books and proceedings of these miscreants. I have recently had an interview with the father of the young man, residing at Gravesend, who destroyed himself, and an account of whose death was recently published in your Journal; (*a*) and this gentleman informed me that the police-officer who had been employed in getting evidence in that case told him of an instance in which a young man, under the fear inspired by some one of these men and his book, had attempted to hang himself, but, being discovered, he was cut down and saved. Subsequently, however, he became insane, and he is now an inmate of a lunatic asylum.

But to resume. The gentleman who was the plaintiff in this case told me that from the time of his first consulting the defendant up to the period of my seeing him he had been in a constant state of anxiety and alarm, and that no language could describe the misery he had for years endured. As to the defendant, from first to last his conduct, in my opinion, was most heartless and dastardly. His inducing a boy of nineteen to promise to pay such a sum as 300*l.* was highly improper; but to my mind, bad as this was, his requiring and obtaining from him a written confession of his past ill-practices was of a worse character still, perfectly unjustifiable, and a gross abuse of the confidence which the plaintiff had reposed in the defendant. See how the possession of such a confession duly signed by the plaintiff and held *in terrorem* over him by the defendant, placed him, bound hand and foot as it were in the power of the defendant, should he hereafter have attempted to dispute the payment of the 300*l.* he had agreed to pay. Again, mark the manner in which the promise to pay 500*l.* was obtained from the plaintiff. Not content with his own ill-practices on the ignorance and fear of the plaintiff, he introduces in a false character his brother, as he asserts, to work still more on the credulity and alarm of the patient; and, after the unfortunate dupe had been thoroughly frightened and humbugged by this man, the defendant joins them, and the precious pair between them extort from him a promise to pay the enormous amount of 500*l.* for the cure of a disease under which it is doubtful if he ever suffered! Now, who do you, Sir, suppose there is reason to believe was the asserted experienced Medical man who was thus introduced to the patient? Why, Sir, if it were the brother of the defendant, it would be none other than J. La'Mert, *alias* J. Curtis, of Albemarle street, and of 'Manhood' renown!—a man illegally practising under an assumed name, and without a shred of legal right to the Medical titles he assumes.

In respect to the further amounts which the poor dupe agreed to pay for an extension of the period of paying for the sums for which he had made himself liable, I am bound, in fairness to the defendant, to state that these proposals appeared in some instances to have emanated from the plaintiff himself. How far the defendant was justified in availing himself of this credulity and weakness of the patient is another question. With these imperfect remarks, I leave the history of this case to the careful study of both fathers and sons.

In my next I shall relate the history of another case, in which proceedings in Chancery were instituted against the notorious firm of Perry and Co., for the recovery of 600*l.* in money, and bills for 2,000*l.*, obtained by them from a credulous young man.

DETECTOR.

THE PRACTICE OF REVIEWING.

To the Editor of the Medical Circular.

SIR,—As the Editor of the 'Medical Times and Gazette' has neglected to publish the following letter, but, on the contrary, inserted a mysterious paragraph reiterating the mistakes of his reviewer, I have no alternative but that of begging you to publish it. I think it will be seen that some reform in the present system of reviewing is called for.

I am &c.,

E. D. MAPOTHER.

125 Stephen's green, Jan. 23, 1865.

THE PRACTICE OF REVIEWING—MAPOTHER'S PHYSIOLOGY.

"*To the Editor of the Medical Times and Gazette.*

"125 Stephen's green, Dublin, Jan. 14, 1865.

'SIR,—I have just seen a notice of my works in the num-

(*a*) MEDICAL CIRCULAR, January 25th, 1864.

ber of your Journal, for January 7th, which, after some too flattering remarks on my 'Lectures on Public Health,' censures severely my 'Manual of Physiology,' under the misconception that it was also intended for 'the whole educated public.' If the reviewer had cut a few of the leaves of that book he must have observed, by the introduction of such subjects as urinary pathology, the organs of generation, thrombosis, &c., that it was written exclusively for Medical readers. He further condemns it as 'an attempt at an *epitome* of physiology, physiological, and structural anatomy, and general pathology in a very small book of 550 pages—far too short for a good text-book for general use, either by Medical students or the public.'

"Now, on comparing it with the only similar works in circulation—namely, Dr. Carpenter's most successful Manual, and the abridgement of Müller by the late lamented Dr. Kirkes, I find that it falls short of the number of pages in the former by only forty-nine, in the latter by 207, in which however, there are thirty-eight less illustrations. My Manual, moreover, embraces a greater number of physiological subjects than either of those works, and upon each subject contains a greater number of facts.

"Believing the chief fault of Medical text-books to be verbosity, I carefully endeavoured to render the descriptions terse and the sentences short, leaving them, as I stated in the preface, 'to be amplified or freed from any obscurity by the reflection of the reader, or the expository powers of the lecturer.' Any of your readers who will turn to your Journal for October 18, 1862, will be struck with the inconsistency of reviews, and will, I think, agree with me, that an agent so powerful in influencing the success of a work should be only entrusted to a judicious, disinterested, and responsible corps, specially qualified in each branch of Medical science.

"My first edition is palpably inferior to the second, yet in a full review, among other commendatory expressions, you say, 'This is a short, well-arranged, and well-illustrated little Manual of Physiology—nothing of importance is omitted, and the student, who is seeking such a work, will find this an accurate and useful *epitome* of physiology with copious illustrations.' Sentences more at variance with your late opinion could scarcely be written.

"While thanking you for your former praise, which was instrumental in circulating a large edition in less than two years (extensively in the London Schools, among others), and begging you to allow me to explain away misconceptions so injurious,

"I am, faithfully yours,

"E. D. MAPOTHER."

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, FEBRUARY 7.

Dr. PEACOCK, President.

CONGENITAL SYPHILITIC DISEASE OF THE TESTES.

Dr. WILKS brought before the notice of the Society a case of a child, five months old, suffering from congenital syphilis, and in whom both testes were enlarged. The left was the larger, and very hard, and divided apparently into two parts, as the epididymis and body of testis were equally affected. The disease is not very common, but clearly shows that the affection of the testes is of that kind which occurs in the internal organs, being a chronic disease dependent on a constitutional taint, and in no way the result of a testitis associated with the primary affection.

Mr. HOLMES had seen several cases like that brought forward by Dr. Wilks. In one case it was found at the autopsy that all the hardness was due to deposit outside the testis. In another, under the care of Dr. Ingram, similar appearances were found. Mr. Holmes, however, had no doubt that disease of the testis itself did occur as a result of congenital syphilis.

REPORT ON MR. WINDSOR'S CASE OF BLACK CATARACT.

Mr. HULKE, in reply to the President, said that the lens fibres exhibited the usual senile changes, but he had not been able to determine the nature of the pigment to which they owed their black colour.

Mr. HENRY THOMPSON showed, for Dr. Keith, of Aberdeen, a specimen of

CALCULUS WHICH HAD BEEN ADHERENT TO THE WALLS OF THE BLADDER.

In showing this specimen, Mr. Thompson remarked that the evidence on which it was stated that calculus was sometimes adherent to the walls of the bladder was generally obtained during life at operations. There was so little post-mortem evidence, that some do not believe in its occurrence. In this specimen, taken from the bladder of a girl who died of typhus fever, there could be no question but that the calculus was actually adherent to the walls of the bladder. Of course, a real union was impossible, but the two were fixed together by processes entering the pores and fissures of the calculus.

Mr. HOLMES did not think from what had been stated that there was greater evidence in favour of Dr. Keith's opinion in his post-mortem than was to be obtained in the operation for stone during life. He remembered a case operated on by Mr. Mitchel Henry. In trying to get away the stone, it first came forward and was then pulled back.

Mr. HENRY THOMPSON thought that in Dr. Keith's case the evidence was much stronger, the bladder being widely exposed at the post-mortem. In the instance alluded to by Mr. Holmes, the retraction might have been due to sacculation.

Mr. HENRY THOMPSON then exhibited

A HAIR-PIN REMOVED FROM THE BLADDER OF A GIRL BY THE HIGH OPERATION.

It had been introduced fourteen days before she came under care. At first, there were scarcely any symptoms. After a few days' rest in the Hospital, a sound was passed, and the presence of the pin ascertained. It was easily got hold of, but from its position, and the force required to move it it was not possible to remove it by the urethra; it was therefore removed by the high operation. Mr. Henry Thompson said that an instrument had been invented in Paris especially for the removal of such foreign bodies; but he had not found this instrument to be strong enough to bend a similar hair-pin which he obtained for trial.

Dr. PLAYFAIR showed a specimen of

EXTRA-UTERINE FŒTATION.

It was removed from the body of a woman whom he had not seen during life. She had been admitted into King's College Hospital for vomiting, and her case had been diagnosed as gastric ulcer. She had not menstruated for four months. She died in collapse a week after admission into the Hospital. On examination there was found a tubular fœtation. The right Fallopian tube was ruptured, and a large quantity of blood had escaped into the peritoneal cavity.

Dr. JULIUS POLLOCK showed a specimen of

ANEURISM PRESSING ON THE PULMONARY ARTERY.

The interest in this case was from the difficulty of diagnosis during life. The aortic valves were found to be diseased and besides the aorta was pouched, and pressed on the pulmonary artery, nearly closing it.

Dr. MORRIS TONGE exhibited specimens from a case of

RIGHT HEMIPLEGIA, WITH LOSS OF SPEECH—EPILEPSY.

The great interest of this case was, that although the symptoms during life betokened disease of the brain, this part was found at the post-mortem examination to be quite healthy. Several parts of the cord were found to be in a condition resembling that termed by Mr. Lockhart Clarke "transparent granular degeneration." There were a few small fibrinous heads on the aortic valves.

Dr. GREENHOW exhibited the tonsils, larynx, stomach and ileum taken from the body of a boy, aged fifteen, who had died of

DIPHTHERIA,

in the Middlesex Hospital, under his care. About the eleventh day of the illness, when the patient had seemed

to be recovering, and the local disease appeared to have become limited to slight superficial ulceration of the tonsils, a change took place, the throat and soft palate again became deeply congested, a large amount of albumen was suddenly found in the urine, and vomiting of a glairy mucus tinged with blood supervened. The boy sank in a few days. At the autopsy the tonsils were found to be greatly enlarged and hard, presenting on section a brawny appearance, with sloughing in the centres. The under surface of the epiglottis was covered by a slightly adherent yellow-coloured false membrane; the trachea and bronchi were intensely injected, and there were several masses of pulmonary apoplexy in each lung, the intervening pulmonary tissue being congested, but crepitant. The stomach contained black altered blood, and its mucous membrane was coated with a layer of viscid mucus tinged with blood; this membrane was also injected in patches and of a dark red colour, with some small extravasations towards the lesser end. The mucous membrane throughout the small intestines was reddened, and towards the lower part of the ileum vividly injected, with here and there small ecchymoses in its substance. The solitary glands were somewhat prominent; Peyer's patches appeared to be normal. Dr. Greenhow remarked that the interest of the case lay entirely in the condition of the stomach and its association with vomiting—a not unfrequent symptom in the more asthenic form of diptheria, which comes on, for the most part, rather late in the illness, sometimes when the patient has previously appeared to be going on satisfactorily, and is always an alarming, and often a fatal, symptom. In several cases he had seen it had supervened, as in the present instance, during the course of the second week, coincidently with a highly albuminous condition of the urine; and most frequently the viscid glairy mucus, which forms a considerable portion of the vomit in such cases, has been streaked or tinged with blood.

Dr. GREENHOW also exhibited the

SUPRA-RENAL CAPSULES

taken from the body of a girl aged twelve, who had died under his care in the Middlesex Hospital of Addison's disease. The deceased had returned from a visit in the country last summer apparently sun-burnt. This slight duskiness of the face, neck, and hands continued to the end of life. Her father had observed her to be drooping, though without any definite symptoms of illness, for three or four weeks previous to her fatal attack. On Sunday, January 15, she was seized with vomiting, but continued to attend school until the following Wednesday, when the sickness returned. On that evening her mother gave her a strong cathartic powder, which purged her copiously and produced intense depression. When brought to the hospital on Friday, the 20th, she was scarcely able to move, had an extremely languid, listless, exhausted aspect, a pallid countenance, and a remarkably small feeble pulse. Her breathing was frequently interrupted by sighing and yawning, and she retched on the slightest attempt at exertion. Her eyes were large and prominent, and the conjunctivæ peculiarly white. Her skin was cool, tongue clean and moist, and there being no signs of any other serious disease the case was diagnosed as one of Addison's disease, notwithstanding the absence of sufficiently marked discolouration to confirm the diagnosis. She gradually sank, and died January 28, having retained her consciousness to the last. At the autopsy the discolouration was more apparent than during life from the contrast presented by the dusky hue of the face, neck, hands, and abdomen compared with that of the chest and legs, which had remained normal. The axillæ and the areola were also slightly dark. There were no definite patches of discolouration on the skin, and the general aspect was that of a person with a naturally dark complexion, but with a fair chest and legs. There was a moderate amount of fat beneath the skin of the thorax and abdomen, the muscles were firm and red, and the blood under the microscope showed neither a deficiency of red corpuscles nor an excess of white ones. There were some deposits of tubercle in the lungs, but no cavities. Peyer's glands were more prominent than usual, the mucous membrane of the ileum was congested, the solitary glands were somewhat enlarged, and here and there one was opaque and slightly yellow. The supra-renal capsules were both much enlarged, their fibrous envelopes much thickened and firmly adherent both to the capsules and to surrounding organs. No trace of normal stracture remained; it was replaced partly by a greyish semi-transparent tissue of tough consistence and partly by opaque yellow matter of a cheesy consistence. A report and sketch of the microscopical appearances by Dr. Sanderson was appended.

Dr. GIBB brought forward a

PATIENT WHO HAD RECOVERED FROM NECROSIS OF THE CRICOID CARTILAGE.

He was aged forty-nine, and had expelled portions of the cricoid cartilage that had undergone necrosis. The openings through which these had escaped were observed with the laryngoscope, and a sketch of them, with the patient's history, appeared in the fourteenth volume of the 'Transactions' of the Society. In August last there was much swelling of the false cords, with stridor, cough, and dyspnœa, which necessitated tracheotomy. As was anticipated, the rings were ossified, and the necessary precautions were taken to obviate this. His subsequent progress was most satisfactory, for all the laryngeal symptoms subsided, and the larynx became clear, with cicatricial contraction of those parts through which the necrosed fragments of cartilage had extruded. The voice was good, clear, and loud, as was made manifest to the Society. Dr. Gibb did not think it prudent to dispense with the silver canula at present, owing to the inclemency of the weather; but in bringing the case before the Society he stated that it was one of extreme interest from the fact of the progressive stages of the necrosis, the manner which Nature took to get rid of the detached portions of cartilage having been watched with the aid of the laryngoscope.

Dr. GIBB exhibited

PORTIONS OF OSSIFIED TRACHEAL RINGS,

expelled some months after tracheotomy, which had been resorted to for chronic disease of the larynx, with obstruction. The operation was one of the most complicated and difficult he had ever witnessed, from the extremely ossified condition of the rings of the trachea, resembling steel almost in its degree of hardness. The patient, an elderly gentleman, is doing very well, and expelled the fragments exhibited through the mouth of the tube some weeks back.

Mr. FRANCIS MASON showed a specimen of

SCIRRHOUS CANCER OF THE PROSTATE GLAND.

The subject of the specimen was a man, aged fifty-four, who had been a patient under Mr. Mason's care at King's College Hospital. Five years ago he fell from a ladder, and got severely bruised, although he received no direct injury to the pelvis or urinary organs. From that time he had had occasionally some difficulty in micturition; and three years after he noticed that a little blood came with the urine. At the date of his application in August last, he was suffering the most intense pain, and each attempt to pass urine was attended with the greatest agony. There was no family history of malignant disease. He remained under treatment for about three months, the remedies employed having little influence over the disease, and ultimately died exhausted. At the post-mortem examination, the body was found emaciated to the last degree. The prostate was extremely hard to the touch, and cut like, and had to the naked eye the appearance of, ordinary scirrhous disease. The pelvic and lumbar glands were infiltrated with cancerous deposit; and in each inguinal region several similar hard nodules were observed. Dr. George Johnson had kindly examined the specimen, and agreed with Mr. Mason as to the nature of the disease.

Report by Mr. TOYNBEE, Mr. THOMAS SMITH, and Mr. HINTON on Mr. Hinton's case of

SEBACEOUS TUMOUR IN THE TYMPANUM.

The tumours were found to consist of layers of flattened cells corresponding with those which constitute similar tumours on other parts of the body. The peculiarity of the case was, that besides a larger tumour which had apparently penetrated the membrana tympani from without, two smaller ones were developed entirely within the tympanum, partially embedded in a mass of effused blood and fibrine.

THE MEDICAL CIRCULAR.

WEDNESDAY, FEBRUARY 22, 1865.

THE SUICIDE OF GEORGE VICTOR TOWNLEY.

Without attaching any serious weight to the verdict of a coroner's jury, we cannot but admit that the decision arrived at on Thursday last, that the wretched convict, Townley, committed suicide "while in an unsound state of mind," was justified by the facts of the case. It appears that on Sunday week, Townley, who was undergoing his punishment at the Model Prison, at Pentonville, suddenly threw himself from a gallery in that building, and inflicted such injuries as to cause his death on the same day. On the following Thursday, an inquest was held upon the body, and the manner and cause of death being proved, the only question to be determined was the state of mind of the deceased at the time of the fatal occurrence. The inquiry seems to have been conducted with perfect fairness and without the slightest bias by the Coroner, and there were no lawyers or mad-doctors concerned in the investigation, but the jury came to the unanimous conclusion, after hearing the evidence, that the act was one of insanity.

The case of George Victor Townley, from the time when he first attracted the public notice by the murder of Miss Goodwin, was no doubt a very difficult one in a psychological point of view, and without the catastrophe which we now record, might still have furnished problems for the ingenuity of adverse disputants; but his last act, to our mind, completely fills up the missing link of evidence, and proves that the opinion expressed as to his mental condition by Dr. Forbes Winslow, at the trial at Derby, was substantially correct.

It is useless in the present day, and with our existing acquaintance with psychological literature and practice, to deny the possibility of a person having paroxysmal attacks of homicidal or suicidal insanity, because he may, in the intervals of such attacks, be apparently capable of transacting the ordinary business of life, and because he may usually betray no violence of gesture or speech, or because he may be cunning enough to conceal his homicidal propensities from the eyes of the world. The popular view of insanity is, of course, that the victim of mental disease should be either in a drivelling state of hopeless and helpless imbecility, or that he should be in a continual delirium of furious mania; and our newspaper writers and our jurymen evidently entertain this opinion in its primitive simplicity, when a difficult or doubtful case of alleged insanity is brought under their notice. On the other hand, coroners' juries, probably from humane motives in regard to the feelings of survivors, are too apt to bring in verdicts of temporary insanity in cases of suicide, without scrutinizing very closely the evidence as to the mental condition of the deceased before the perpetration of the act. But all Medical men who, in performing their duty to society, point out in the witness-box that the existence of homicidal insanity is not necessarily indicated either by furious delirium or by idiotic fatuity, but may be inferred by more subtle tests, are often made the victims of vulgar ridicule or obloquy, and are even broadly charged with dishonesty, ignorance, or malice.

Now, those who are acquainted with psychological literature, or who have studied practically the features of insanity as they present themselves in actual life, know that the popular view of the subject is entirely erroneous, and that persons undoubtedly insane are capable, in many cases, of reasoning correctly and of enjoying the pleasures or exercising the duties of life; and, perhaps, they exhibit nothing in their outward demeanour to betray their mental condition. Familiar as this truth is with respect to the ordinary inmates of lunatic asylums, it appears in a still more striking light in the case of criminal lunatics, who are known to have offended against the laws of the country, but who, on account of insanity, have been transferred from the walls of a prison to those of an asylum. In this class, as is well known, are to be found persons whose murderous deeds have struck horror into the public mind, who have imbrued their hands in the blood of their nearest and dearest relatives, or who, by threatening the lives of monarchs and of statesmen, have almost convulsed the frame of society and endangered the welfare of empires. Now, if any beings could inspire terror by their presence, it would surely be such persons as these; and yet what is their appearance as they present themselves to the spectator while under the care of the custodians of our criminal lunatic establishments? The man who murdered his wife is probably playing at billiards, the woman who killed her mother is singing at the wash-tub, the man who attempted to assassinate the monarch is cleaning windows, the elegantly-dressed lady who is driving through the lanes (of course attended by a keeper) has severed with a knife the throat of her helpless offspring. These are no imaginary cases but it seems difficult for sensation writers to realize them and there was something almost amusing in reading lately in the columns of the 'Times,' a graphic description of a visit to Broadmoor, wherein the writer, who very probably had been previously fulminating leaders about the absurdity of theories of "moral" and "paroxysmal" insanity adduced by Medical men, expresses with admirable *naïveté* his astonishment at sights such as those we have just indicated, though, at the same time, he does not venture to question the insanity of the cheerful and harmless-looking inmates of the asylum.

In the case of Townley, which has called forth our remarks, whatever doubts may have formerly existed as to his liability to paroxysms of homicidal mania, they must now be removed. It is idle to argue, as some newspaper writers, last week, have attempted to do, that Townley was sane when he murdered Miss Goodwin, and insane when he destroyed himself, unless it can be shown that special circumstances rendered him insane at the latter period. Of this view there is no proof whatever;

we are not aware that among the many hundred convicts at the Pentonville Prison (all of whom are felons of the worst kind) suicide is at all prevalent; in fact, the very reverse is the case, for suicide in that establishment is exceedingly rare, and no precautions are taken to prevent its occurrence. If an attempt is made to show that Townley, being guilty of wilful murder, was reduced to despair and insanity by remorse for his crime, such an assumption is directly negatived by the evidence adduced at the inquest, for it is proved that he showed no remorse at all, and, indeed, justified himself for the murder he had committed, whenever he alluded to the subject in his conversations with the chaplain. If it is urged that his superior education and former position in life rendered his existence so burdensome in prison as to conduce to despondency, there ought to have been some evidence of this feeling; but, on the contrary, his conduct and demeanour appear to have been remarkably tranquil, and even cheerful, and his letter to his mother, which is published in some of the papers, and which the 'Times' reporter considers to be quite consistent with soundness of mind, is written for the most part in a style of ordinary and even silly gossip, and certainly displays neither sorrow for his past career nor much care or anxiety about the future. If the letter is to be criticised at all, it is one which is quite inconsistent with the awful position of a man who has lately been narrowly saved from the gallows, and who was undergoing a lifelong period of penal servitude for a horrible murder; but it is quite consistent with the condition of a man of low mental power, who is the subject of moral insanity, and liable to paroxysms of homicidal mania.

We do not pretend to unravel the mysterious operations of the human mind, or accurately to determine in all cases the line where responsibility for crime terminates and irresponsibility begins, and we altogether reject the crude and ignorant idea that criminal lunacy is to be detected after death by physical lesions of the brain; but we do know, from reading and experience, that paroxysmal homicidal mania is a well-established form of insanity, and when its existence can be proved, responsibility to human tribunals is annihilated. Townley has proved, in a manner which has taken the public by surprise, that he was the subject of this form of insanity as was suggested at the Derby trial by Dr. Forbes Winslow; and his wretched death, while it has verified the predictions of psychological science, has perhaps gratified the wishes of those who were disappointed that his end was not brought about by the rope of the hangman.

SUMMARY OF THE WEEK.

A LATE INQUEST AT MILE-END.

We alluded last week to a meeting which was lately held at Mile-end on the subject of Medical evidence at Coroners' inquests, the cause of complaint being that certain gentlemen were appointed by the Coroner of that district to make post-mortem examinations, and that in some cases they failed to communicate to the Medical men who had been in attendance on the deceased, either the fact of the inquest itself or the time of the autopsy. The immediate cause of the meeting was an inquest held on the body of a still-born child, which had been extracted by craniotomy by Mr. Swyer. At this inquest, Mr. Gant was appointed to make the post-mortem examination, and is reported to have made (though not in evidence) some disparaging remarks in reference to Mr. Swyer; and he was also accused of not communicating to that gentleman the time of making the autopsy, and of declining (in a letter) to give any opinion on the propriety of the operation. The facts we understand to be the following:—Mr. Swyer, in the exercise of his professional discretion, had considered it proper to perform the operation of craniotomy in an obstetrical case, and the head of the child being consequently mutilated, was the object of so much horror to the parties, that they very unnecessarily demanded an inquest, and Mr. Gant was requested by the Coroner to make the post-mortem examination. It appears from a published letter of Mr. Gant that he, in fact, did apprise Mr. Swyer of the time of making the examination, but his message was in some way misunderstood. Before the inquest Mr. Gant was informed that craniotomy had been performed, and his evidence merely related to the appearances he had observed; but as he knew nothing of the treatment of the case, and did not practise obstetricy, he declined to give any opinion upon that part of the subject. The inquest was consequently adjourned for the attendance of an obstetric practitioner, and Dr. Barnes was summoned to give evidence, which satisfied the jury that the operation had been properly performed and that its performance was expedient under the circumstances. In this view of the case, which we believe to be the true one, the only parties to blame appear to be the friends of the parturient woman, who had really no ground of complaint against anyone, and who recovered completely from a dangerous confinement.

THE GENERAL PRESS ON THE TOWNLEY CASE.

The attitude assumed by the general press on the Townley case, now that the drama is finished, is rather humiliating. It is the fashion of the general newspapers to applaud nearly all the conclusions arrived at by juries, except, indeed, when the newspapers themselves are amerced in damages for libel, when the law itself is considered rather stringent, and the interpretation of it rather over-strained. But, in the Townley case, one jury found that the prisoner was sane and responsible, and another (the coroner's jury) that he was insane and irresponsible. Now, both these decisions cannot be right, and we accordingly find that the newspapers are completely puzzled as to the line to be at present pursued. The 'Times,' which, as everybody recollects, poured fourth the most elaborate arguments to prove that Townley was perfectly sane, does not notice his suicide except in the ordinary news column, and makes no editorial comments whatever. Perhaps the writer or writers of its sensation leaders have at last taken

the trouble to read a little on the subject of insanity, or have visited some criminal lunatic asylums, and have arrived at a conviction that a mere ordinary acquaintance with newspaper literature does not qualify a writer for determining the limits between crime and insanity. Most of the other newspapers follow the example of the 'Times,' and say nothing at all upon the subject; a few of them vainly attempt (in spite of the evidence) to show that both juries were right, and what was deliberate murder in one case was homicidal insanity at another. But the most ludicrous instance of all is the 'Daily Telegraph,' which, after pronouncing in the boldest terms that Townley was perfectly sane, and stigmatising all those who thought otherwise as dreamers or fools, now begins a feeble and incoherent article with the timid inquiry, "Was George Victor Townley mad?" and then proceeds to assert (we quote the exact words) that Townley was "altogether a *creature of ungovernable impulses*, a shallow-brained, conceited, and obstinate fellow, *with no moral perceptions*, and *no idea of moral responsibility!*' Why, the 'Daily Telegraph' has here unconsciously given one of the clearest definitions of insanity we ever read, for the man who is the creature of ungovernable impulses, with no moral perceptions, and no idea of moral responsibility, is insane. The writer concludes by expressing his curiosity "to know, at this date, the opinion of Sir George Grey and his advisers respecting the sanity *or insanity* of George Victor Townley?" Here is a writer, in a Journal boasting to have the largest circulation in the world, and professing to instruct the world *ex cathedrâ* upon all scientific subjects, beginning and winding up his article by professing his ignorance of the subject on which he is writing, and proving, by implication, that he and his colleagues in the sensation-leader line are guided merely by the weathercock of ephemeral opinion in the diatribes they indite, and that they are quite ready to pen any nonsense which may suit the whim or the caprices of the hour.

PARISIAN MEDICAL NEWS.

ANNUAL MEETING OF THE ACADEMY OF MEDICINE.

It is impossible to be present at the annual meetings of the Academy of Medicine without being struck by the zeal, earnestness, and talent with which the officers of that learned society discharge their various duties. These meetings are not mere state ceremonies, but valuable opportunities which the Academy takes advantage of prominently to display the important services it renders to the public; and we must acknowledge that this object is generally accomplished with consummate ability. We might perhaps expect, from the highly-cultivated intellects of the men who are called upon to speak for the corporation on these solemn occasions, a somewhat more expanded range of thought, and also that, in delivering prizes to merit of every class and awarding well-deserved honours to the illustrious dead, the Academy should in an authoritative manner point out more distinctly the road in which it is desirable Medicine should progress.

In this respect, the report of the perpetual secretary is open to criticism. Again relinquishing this year to M. Béclard, the annual secretary, the task of delivering the customary panegyric, M. Dubois undertook the duty of reporter of the Committee of Prizes. As we remarked above, this report presented no very striking features, and disappointed the expectations of the audience. M. Dubois was unfortunately compelled, by slight indisposition, to entrust the reading of his manuscript to M. Gibert, whose monotonous delivery deprived of their point the most spirited appreciations of the author. This laborious production is, nevertheless, interesting, and the following is a brief abstract of its most important passages:—

M. Dubois remarked that the Academy is obliged each succeeding year to express its regret that it cannot adequately meet the intentions of the founders of prizes, and is thus placed, with regard to meritorious memoirs, in a state of penury on the one hand, and of superabundant wealth on the other. This year, however, a large number of papers deserving of the highest recompenses have been presented.

We shall now invite attention to the memoirs which the judges of the competition have deemed more especially deserving of notice.

We may, in the first place, mention the valuable paper forwarded by Dr. V. Desguin, of Antwerp, on a subject proposed by the Academy—viz., a clinical inquiry into the complications which, in the course of rheumatic fever, may supervene in the nervous centres and their envelopes.

When the Academy is at liberty to suggest the questions for competition, it invites the studies of observers most generally to imperfectly-known and ill-defined diseases; this has again been done this year for the prize founded by Madame de Civrieux.

A considerable amount of attention has of late been bestowed on a disease sometimes slow, but occasionally rapid in its progress, the symptoms of which are singular and the issue almost invariably fatal; we allude to what has been termed *progressive locomotive ataxia*. The Academy intimated its desire that further inquiry be instituted on the pathology of this affection, and three valuable memoirs have been forwarded on the subject, each possessed of different merits. The first prize was adjudged to the contribution sent in by Dr. P. Topinard, of Paris. This gentleman's paper is an exhaustive monograph of locomotive ataxia, and the Academy, said M. Dubois, has much pleasure in declaring that the method of description adopted by the author is of truly scientific character. Two hundred and nine cases are adduced by him in support of his views, forty-one being unpublished instances of the disease, and the importance of one of the conclusions of the disquisition cannot well be overrated, because it affords a satisfactory definition of the complaint, and assigns to it its true place in nosological tables. According to Dr. Topinard, the ataxy is in most cases so obviously the prominent symptom, as to form a separate morbid condition, although it cannot, perhaps, be viewed as a distinct pathological unit. It is a species which he places in the genus "chronic myelitis"; and without altogether assenting to all the doctrines propounded by the author, the Academy highly approves of the systematic method of analysis adopted by M. Topinard, who has endeavoured to elucidate by direct observation every one of the obscure points of the question, and awards a prize of 24*l.* to the author of this excellent and elegantly-written treatise.

The next prize was adjudged to Dr. Bach, of Strasbourg, whose composition is of very nearly equal merit.

Dr. Poreau, of Ancenis, presented a memoir "On the Treatment of Incoercible Vomiting during Pregnancy." The author has not succeeded in completely solving this important problem; but this gentleman, as also his less fortunate competitors, MM. Leuduger Fortmorel and Klée, have, in the learned reporter's opinion, added to our sum of knowledge on the subject, and we therefore trust that these papers will soon be published.

Our readers are all acquainted with M. Davaine's most interesting researches "On Entozoa and Verminous Affections." The larger part of the Itard prize was adjudged to the author, and the remainder was handed to Dr. Bonnafont for his didactic treatise "On Diseases of the Ear," published in 1860.

Another prize, that founded by Orfila, has given rise to exciting competition. The question was propounded for the third time, and several years have thus been given to the candidates to collect their materials; the subject, suggested by Orfila himself, was the "History of Poisonous Mushrooms." The Committee experienced some hesitation in awarding the prize, on account of the excellence of the various memoirs sent in, but finally adjudged the full amount, 240*l.*, to M. Boudier, a dispensing chemist at Montmorency. This gentleman's paper contains many new suggestions, demonstrates the existence of two distinct poisons in *Agaricus bulbosus* and *A. muscarius*, and the author also brings forward the ill-important fact, that the nature of mushrooms may be detected by microscopic examination.

In the section of the report devoted to public services, the reporter adverted to the possibility of the transmission of syphilis by vaccination.

"It has been asserted," said M. Dubois, "that vaccine-lymph, which ought to be merely a preservative agent, is in certain cases the means of propagating disease. The Academy is not in a position to decide on this momentous question, but, like the rest of the Profession, has been painfully impressed by the publication of a certain number of cases, in which the transmission of syphilis is stated to have been thus effected; but in a matter of such grave importance, which so nearly touches the dearest interests of society and the future prospects of the method of vaccination, it was desirable not to come to any precipitate conclusion. The subject has therefore been proposed as a question on which further and searching inquiry is desirable, and the Academy will carefully investigate the cases which have been submitted to its notice, and then only pronounce an opinion. M. Depaul, the learned Inspector of Vaccination, has already taken steps to forward the inquiry, and the Academy will thus be soon enabled to discern the truth."

Genuine Cow-pox.

The Academy is not unnaturally averse to any interference with an institution placed under its special superintendence. Any facts calculated to throw the slightest discredit on vaccination are therefore viewed with disfavour by that learned society, and we can understand the emotion excited by the rumour that M. Depaul, the Director of Vaccination, had resolved on boldly bringing forward the question of the propagation of syphilis by this procedure. M. Depaul, however, has dispelled the apprehensions entertained by his colleagues, and in his report on the vaccination of 1863, expresses himself in the most reassuring manner on the possible transmission of the syphilitic taint. He admits the fact, it is true, but remarks at the same time that this formidable contingency is of extremely rare and exceptional occurrence. For many years, upwards of 3,000 children have been annually vaccinated in the hall of the Academy, and not one single instance of syphilitic infection has ever been observed. The facts of transmission recently brought forward should not, therefore, be considered a sufficient reason to induce us to forego the great benefits of Jenner's discovery. The only duty imposed on us by a knowledge of these facts is to inquire carefully into all their particulars, and to establish accurately the circumstances which promote the propagation of the syphilitic taint. Until we shall have been adequately enlightened on these important points, and in order to prevent a recurrence of the accidents, M. Depaul agrees with other authors who have adverted to the subject, that the most minute precautions should be adopted to obtain the supply of lymph from perfectly pure sources.

The children from whom the vaccine matter is taken should be perfectly healthy, aged two months at least, and be carefully examined to ascertain that they present no suspicious symptoms on any part of the surface of their body. It is also desirable, as M. Viennois has recommended, to load the lancet with the pure vaccine-lymph, without any admixture of blood.

M. Depaul approves of the idea of deriving the lymph directly from the cow, a method commonly resorted to at Naples, as Dr. Palasciano informed the recent Congress at Lyons, on the condition that the revivification of the cow-pox succeeds, and that no malignant contagious disease exists in the bovine species capable of being propagated by vaccination to the human subject.

Our readers will acknowledge that this is a very moderate view of the matter, and that we were justified in remarking that the question is not likely to make any great and immediate progress, unless, indeed, the idea suggested by M. Depaul is adopted, and some institution analogous to those existing in Naples is established in Paris, which would materially alter the conditions of the problem, and render all further discussion on vaccinal syphilis unnecessary.

Treatment of Pulmonary Tuberculosis.

Pulmonary consumption had always been looked upon by well-informed educated practitioners as an incurable disease, when Laennec's researches first suggested some doubt as to the accuracy of this gloomy view. M. Piorry, who for seven successive years was attached to the Hospital of La Salpétrière, has enjoyed numerous opportunities for verifying by dissection the truth of Laennec's assertions, and, like that illustrious Professor, he has frequently met with the remains of tubercular deposits, and with cicatrised ulcers of the lung, which bore unmistakable evidence to the previous existence of phthisis at an early period of life.

Clinical observation has, in addition, confirmed the data supplied by morbid anatomy; and before presenting on the subject the remarks of which this article is an abstract, M. Piorry brought forward a large number of cases of genuine phthisis in which a complete and permanent cure was effected. In several of the patients large excavations existed beneath both clavicles; the expectoration was nummular and puriform, and in every respect similar to the characteristic sputa well described by Professor Andral; hectic fever was often present, and in many instances hæmoptysis had occurred. In all the subjects emaciation and anæmia were observed, and in the females the catamenia were either suppressed or much decreased in abundance; and yet in several of these cases a genuine cure was affected. M. Piorry adduced in illustration the case of a young lady, a native of Melun, in whom extensive cavities existed at the apex of each lung. Iodine and an invigorating diet were prescribed, and the patient was restored to perfect health, which endured for eight years, when acute bronchitis supervened, with fatal results. A bootmaker, affected in an equal degree, was also cured in the course of a twelvemonth by the same remedies. A hatter in an advanced stage of consumption was admitted fifteen years ago into the Hospital of La Charité; he is still alive, and two of his fellow-workmen, also suffering from tuberculosis, have since by his advice applied for admission into M. Piorry's wards, and were also completely cured. The Professor quoted in addition, amongst other consumptive patients whom he occasionally visits, and in whom the restoration has been permanent, a lady residing at Clamart, who now enjoys perfect health; the wife of a coachman, the wife of a farrier, and a watchmaker, residing in the Rue Vivienne, who was formerly a mere skeleton, but has since recovered so far as to marry. He also brought forward other cases which it would be tedious to enumerate, and in which the disease was effectually checked by the exhibition of iodine, by generous diet, and certain observances which we shall presently advert to. In a very large number of less felicitous cases, temporary improvement was attained, and the duration of life was prolonged.

These instances are assuredly calculated to inspire some confidence in the treatment of phthisis, and it may therefore be useful to describe the method which has thus been found efficacious; but we must in the first place advert to the prophylactic measures most applicable in tuberculosis, which in M. Piorry's opinion are too much neglected.

The Professor does not ascribe to hereditary influence effects so baneful as authors have generally supposed. This mode of transmission cannot, however, be altogether denied, and subjects affected with pulmonary disease should therefore if possible be deterred from marriage. In cases in

which a tendency to tuberculosis is suspected, it is desirable to protect as far as possible the patients from the effects of cold and damp, the most active causes of bronchitis; and although the inhabitants of Cannes, Nice, Mentone, and Algiers enjoy no absolute immunity from consumption, and although in this respect a residence in these latitudes is not an infallible guarantee against affections of the lungs, it is nevertheless beneficial to the inhabitants of cold climates to spend the winter season in more favoured parts of Europe.

These changes of residence are unfortunately practicable but in a small number of the cases which come under our observation; but every precaution should be adopted, in order to avert the occurrence of bronchitis or bronchorrhœa, which, by their frequent repetition, promote the formation of tubercular deposits. "In general," said M. Piorry, "it is an error to ascribe laryngeal or bronchial inflammation to the action of cold on the head, neck, or feet. Ice is daily applied over various regions of the body without any injurious effects; they are far more frequently referable, as in the production of coryza, to the operation of cold combined with humidity." Persons liable to colds and irritation of the respiratory passages should therefore be instructed to guard sedulously against exposure to cold and damp air, especially on leaving heated rooms: and men should be advised to wear comforters, and women net or worsted falls, or respirators through which the air is sifted before being admitted into the chest. Coryza may also often be averted or checked by anointing the inner surface of the nostrils several times a day with sweet oil.

Should this simple remedy prove unavailing, the extension of the inflammation from the Schneiderian membrane to the larynx may sometimes be prevented by the use of a mildly astringent gargle, containing one per cent. of its weight of sulphate of zinc.

If, in spite of these measures, the inflammatory action extends to the throat, and laryngitis or laryngo-bronchitis supervenes, expectorants and expulsive expiratory efforts must be resorted to as the promptest means of checking the progress of the evil. The only expectorant which M. Piorry deems worthy of confidence is the potassio-tartrate of antimony. Kermes and squills he considers inefficient, but deep expulsive expirations are in his opinion most serviceable. They consist in the very slow and gradual inspiration of a large volume of air into the lungs, and of its sudden and vigorous expulsion, in order to force out the obstructing fluid from the air-passages. Accelerated respiration is recommended by the Professor in pulmonary congestion, and blood-letting in pneumonia.

The above are the measures recommended by M. Piorry as best calculated to prevent the development of pulmonary tuberculosis.

When tubercles have formed, and have reached the first stage of their evolution, M. Piorry is of opinion that the object of the therapeutist should be either to promote their absorption by the introduction of iodine into the system, or their cretaceous or calcareous transformation by the exhibition of phosphate of lime. The efficacy of the latter remedy is not, however, sufficiently demonstrated; but iodine, on the contrary, has yielded undoubted proofs of its utility in every period of the disease, and its failures must be ascribed to the improper mode of exhibition adopted. The walls of the chest should be painted over with the tincture, and inhalations should be resorted to with due regard to prudence. The iodine may be inhaled from a phial placed under the patient's pillow, a plan open to no other objection than that of staining the bed clothes—a disadvantage for which M. Chatin, the dispensing chemist of the Hôtel-Dieu, is now endeavouring to find a remedy.

Deep inspiration should in addition be prescribed, in order to convey into the lungs a large supply of pure air, and also a generous and invigorating diet. The patient should not keep his bed in the day-time, and the temperature of the room should not be lower than 57° or above 68° Fahr. Out-of-door exercise may be permitted in dry, sunny weather, but not if the atmosphere be damp, and gentle gymnastic exercises should be resorted to for the purpose of restoring vigour to the muscular system.

When softening of the tubercular deposits has set in, all remedies of a debilitating nature must be carefully avoided. Ulceration of the lung is attended with suppuration, the secretions easily become putrid from their contact with air, and absorption of this poisonous matter is greatly to be apprehended. Iodine is now especially beneficial, and inhalation of this substance repeated three or four times daily will be found extremely advantageous as a means of checking the morbid secretion and avoiding its introduction into the system.

The complications of pulmonary turberculosis are very nnmerous, and the most important perhaps is irritation of the lurynx, induced, according to M. Piorry, by the continual passage of acrid sputa over the mucous membrane, which causes ulceration, and may even give rise to necrosis of the cartilages. Under these circumstances, absolute silence should be strictly enjoined, and expectoration promoted, without the intervention of cough. This very desirable object may be attained by the expulsive efforts of expiration alluded to above, which also constitute a valuable resource as a means of arresting the distressing emesis consequent on the paroxysms of coughing to which consumptive patients are liable. These expirations facilitate the expulsion of the bronchial secretions, and restrain the vomiting, by removing the necessity for the fits of coughing by which they are induced.

It is needless to enumerate all the complications of phthisis, our object being chiefly to invite attention to certain simple measures from which M. Piorry professes to have derived much benefit in the various stages of stroumous disease of the respiratory organs.—'Journal of Practical Medicine and Surgery.'

REVIEW OF BOOKS.

On Enlarged Tonsils and their Treatment without Cutting. By Morell Mackenzie, M.D. Lond., M.R.C.P. London: Lewis. 1864.

Such is the title of a pamphlet now before us, from the pen of a young London physician. "Without cutting," and escharotics to supersede the knife! Are we retrograding? Are we going back to the time of the actual cautery? The gentleman who has committed himself to so great an error in a very brief space of time will be too glad to retrace his steps. We find in the preface that he "foregoes all claim to originality," and ascribes to Dr. Fournié, of Paris, "all the merit of having first proved that hypertrophied tonsils can be effectually, and in every way satisfactorily, treated by a class of remedies never before employed for the purpose." At what expense and suffering to the patients who submit to his treatment, we shall presently see; for as Dr. Mackenzie has adopted his practice and mastered the principles of the treatment, so we must take it for granted that the language he uses would be that to which Fournié would subscribe; and therefore we will suppose that Fournié speaks, and not his disciple. Now, as we propose to raise the question of knife *v.* escharotic, we shall see, by quotations from the pamphlet and from a standard work on the same subject, how the patient comes off between the two modes of treatment:—

Escharotic (Fournié).
Caustic soda and lime, moistened with alcohol—"London paste," applied by means of a very ingenious instrument, by Krohne, of Whitechapel road.

"The application of the paste for a few seconds causes more or less pain. Some patients complain very much; others do not seem to think much of it. The pain lasts from five to ten minutes. Afterwards, there is a feeling of sore-throat, and some discomfort in swallowing. This generally continues for two or three days. On examining the tonsils shortly after the application of the paste, the mucous membrane appears of a bright red colour; streaks and patches of dark blackish blood, and white shreds of altered membrane, are seen at the back of the mouth. The next day the tonsil is covered with a white eschar. The paste should be again applied after an interval of three or four days. The subsequent employment of the escharotic is generally attended with less pain than its first application. The largest tonsils can generally be reduced to a normal size in *about a mouth*. The paste should be applied about twice a-week. The 'London paste' not only actually destroys a certain portion of tissue, but it greatly weakens the vitality of the subjacent tissues. The cohesion of the gland is impaired, and it becomes soft and very friable. In proof of this I may observe, that after applying the paste once or wice, it is easy to push a lass rod into and even through the gland."—P. 11.

Here's an ordeal to go through, and for a month too!

That the treatment is not received with much favour may be gathered from the following ingenuous remark of our author, who, in addressing his class, says: "Some of you, I am aware, are disposed to regard it as troublesome and tedious when compared with extirpation." We should think so too!

Knife (Yearsley's),
aided by a large tenaculum, manufactured by Weiss and Son, Strand.

"When the enlarged tonsil has arrived at a state of induration, operative measures are indispensable. In my earlier operations I tried all the means recommended by authors—ligatures, caustic, the guillotine-knife, common bistoury, and scalpel—neither of which was satisfactory. I found that a strong knife was necessary, which would not bend as the probe-pointed bistoury does when opposed to an indurated tonsil, nor tear in the scissors-like manner of the guillotine-knife, which, however specious in appearance, will be found altogether inapplicable in practice, except in the rare cases when the tonsil is pendulous. . . . . In order to obviate these various objections, I constructed a knife with a strong back, hawk-billed extremity, and placed at an angle with its handle. With such an instrument, assisted by the tenaculum, the surgeon acquires perfect command over the morbid growth he has to remove. . . . I include within the grasp of the tenaculum as much of the morbid growth as possible. I then draw out the diseased tonsil from between the pillars of the fauces diagonally across the throat; and over the bridge thus formed I introduce the knife, held like a pen. As I cut forward towards myself I keep slightly dragging at the tenaculum, so that when the excision is completed, the portion of the enlarged gland grasped by the tenaculum and the knife are withdrawn at the same moment. In dexterous hands the operation takes less time than will the perusal of this brief description of its performance.

"It may safely be set down as an axiom, that if either pain or hæmorrhage attend the operation, parts have been needlessly wounded, for the growth to be removed has neither nerve to give pain nor blood-vessel to bleed. It is neither more nor less than a deposit of fibrin, the result of repeated inflammations."
—YEARSLEY.

Here ends the treatment by the knife—the patient goes home and complains if he is not permited to eat his dinner as usual.

We read, also, with regret, that "Dr. Fournié has employed the Vienna paste for destroying the elongated uvula;" and our author adds, "I have used both it and the London paste for that purpose." Then come the *buts*, which, to a thoughtful man, are more than sufficient to justify his discontinuance of so barbarous a practice when we know that the curved scissors, aided by the tenaculum, will slice the uvula off in an instant. But we are pleased to find that Dr. Mackenzie concludes the sentence by saying, "I do not *recommend*, therefore, the use of escharotics for destroying the hypertrophied uvula."

If Dr. Mackenzie will kindly permit us to alter one little word in the sentence which precedes this most wise recommendation, we will shake hands on the matter, and leave the Frenchman to get out of the scrape in the best way he can. He says, "Though I have thus been able to get rid of the *uvula* in one or two cases, its removal with the knife is so easy and safe an operation, and attended with so little pain or hæmorrhage, that it is certainly the preferable mode of treatment." Shall we together say to the reader, "For 'uvula' read 'enlarged tonsil'"?

We ought not to press for an answer just now. Let the question be laid upon the table for six months, and meantime, if there be doubt, let Dr. Mackenzie solve it by excising one tonsil and burning the other in a few of his patients' throats in which the glands are enlarged, and send us reports as to which mode of treatment pleased them best.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—FEBRUARY 14.

SANITARY STATE OF CALCUTTA.

Mr. VANSITTART asked the Secretary of State for India whether anything had been done to improve the sanitary state of Calcutta; if so, whether he had any objection to produce papers relating to the same; and whether it had been determined to relieve the European troops serving in India by the overland route; if so, whether any and what arrangements had been made for their transmission.

Sir C. WOOD said, in reply to the first question, that a sanitary commission had been some time ago appointed, and that they had made a report on the subject to the Government of India. He, however, had as yet received no account of what had been done in consequence of that report. It was, he might add, the intention of the Government to send out the troops to India overland.

POOR-LAW MEDICAL OFFICERS.

Mr. R. LONG rose to ask the President of the Poor-law Board whether he proposed to re-appoint the Select Committee on the Poor-laws, with the view of further inquiry into the position and the grievances of Medical officers of Poor-law unions.

Mr. VILLIERS replied in the negative. The committee had before it the evidence taken in the course of two previous inquiries in that House, and came to the conclusion not to take further evidence.

FEBRUARY 17.

UNION MEDICAL OFFICERS IN IRELAND.

Mr. BAGWELL inquired of the Secretary to the Treasury whether Her Majesty's Government proposed to adopt the resolution of the Select Committee of 1858, and place the Medical officers of Irish unions on the same footing as similar officers in England and Scotland, one-half of whose salaries were paid from the public revenue.

Mr. F. PEEL said that the committee to which the hon. gentleman referred seemed to have overlooked the circumstances that, while in England the Government paid but one-quarter the expense of the constabulary, in Ireland it defrayed the whole cost of that force; and that there was a special grant of 20,000*l.* a year for hospitals in Dublin, and certain officers of county infirmaries. Except for those considerations, he did not see why the Government should not contribute to the payment of Medical officers of unions in Ireland in the same way as it did to the payment of those in England and Scotland.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 9th inst. :—Edmund Farrington Boult, Bath; George Welland Mackenzie, Tiverton, Devon; James Mason, Barrowden, Rutland; John Roberts, Festiniog, N. Wales; Charles Edward Heron Rogers, Westmeon, Hants; Francis Tuck, Oxford; Arthur John Watts, Alfred-road, Harrow-road.

The following gentlemen also on the same day passed their first examination :—Frederick Barton, University College; Gilmore Winton Croft, St. Thomas's Hospital; Walter Owen Withers, King's College.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—During the recent sittings of the Examiners the following gentlemen passed their final examinations and obtained the diploma of the College :—William Ellis Clendinnen, Co. Wicklow; Thomas James Higgins, Lisson; Edward Hoggan, Meerut, India; James Ingram, Orkney; Alexander Wallace Jamieson, Derbyshire; James Mason, Rutlandshire; Robert Thin, Kilconquhar.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners :—John T. Budge, Caithness; Albert W. Coppinger, Cork; James Henry Oswald Goulden, Stockport; J. Leman, Montreal; James Lindsay Mason, Montreal; Arthur Roche, Cork: Robert Stewart, Edinburgh; William G. W. Thompson, Ballymony; J. Thompson Richardson Wotherspoon, Dumfriesshire.

And the following gentlemen passed their final examinations and were admitted L.R.C.P. Edin. and L.R.C.S. Edin. :—Robert Beresford, Dublin; James Dods, East-Lothian; Daniel Mackay Forbes, Edinburgh; Samuel Hague, Ashton-under-Lyne; Alexander Hunter Miller, Edinburgh; Robert Turner, Antrim.

INDIAN MEDICAL SERVICE.—It is stated that only twelve candidates have come forward to compete for thirty of the Indian appointments as Assistant-Surgeons.

MEDICAL EXAMINER AT EDINBURGH.—Dr. Seller has been appointed one of the Medical Examiners in the Edinburgh University, in the room of Dr. Begbie, resigned.

THE HUNTERIAN ORATION.—The oration which is now given biennially in memory of Hunter was delivered on Tuesday week in the lecture theatre of the Royal College of Surgeons by Mr. Partridge, F.R.S., before a very large auditory, including the Chancellor of the Exchequer, the President of the Royal College of Physicians, Mr. Foster White, Treasurer of St. Bartholomew's Hospital; Mr. Hilton, Dr. Hawkins, &c. The leading aim of Mr. Partridge's address was to contrast the superficial mode of anatomical and physiological investigation which prevailed before the time of Hunter with that which has been pursued with so much demonstrative accuracy and success by the inquirers of the present day. He pointed out the chief characteristics of Hunter's mind, by means of which he achieved for himself such an enduring reputation as a surgeon and a naturalist. Mr. Partridge then alluded in feeling terms to the loss which the College of Surgeons had sustained since their last meeting by the death of Mr. J. H. Green, late President of the Medical Council, and Mr. Belfour, who for fifty-four years filled the office of Secretary to the College; and concluded an eloquent oration amid great applause.

BENEFICENCE.—The funds of St. George's, Middlesex, and the Lock Hospitals have just benefited to the extent of 100*l.* each under the will of George Dodd, Esq., F.S.A., who has bequeathed a large amount to other charities, not strictly Medical.

BELFAST BRANCH OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—The annual meeting of the subscribers to this branch of the above society was held on the 8th inst., Dr. Patterson, in the absence of Dr. T. H. Purdon (the permanent president), presiding as chairman. Resolutions were adopted, amongst other important business, urging the continued exertions of the friends of the society in support of its invaluable and truly benevolent objects, and calling, in particular, upon every member of the Profession not hitherto subscribing to its funds to do so as a bounden duty, and the nobility and gentry to aid also in furtherance of its increased usefulness; as upon them, and the wealthy portion of the community generally, the Medical Profession had the strongest claims, its members admittedly being so liberal in affording their services, without fee or reward, for the public weal. Deputations were also appointed to visit the principal towns in Antrim and Down on behalf of the society, in order to increase the number of its supporters. A committee of management for the current year, to meet quarterly, was now appointed, consisting of Drs. T. H. Purdon (the permanent local president), Patterson, Drennan, Moore, T. H. Reade, H. S. Ferguson, Cuming, and S. Reid, as town members; and Drs. Spearing (Antrim), Musgrave (Lisburn), Filson (Portaferry), Keown, R.N. (Sydenham), and Surgeon Patrick (Carrickfergus), as country members. Drs. Browne, R.N., and Stewart were reappointed treasurer and secretary respectively, and a vote of thanks passed to them for their past efficient services in the discharge of the duties of their offices. Some further routine business having been disposed of, and the warm thanks of the meeting given to the chairman of the day, Dr. Patterson, the meeting separated.

THE HONOUR OF KNIGHTHOOD.—The 'London Gazette' of the 14th inst. states that her Majesty has been pleased to direct letters patent to be passed under the great seal granting the dignity of a Knight of the United Kingdom unto Alexander Taylor, Esq., M.D.

THE BLANE MEDALS.—These naval prizes, founded by the late Sir Gilbert Blane, have just been awarded to Charles Forbes, M.D., M.R.C.S., of H.M.S *Topaze*, 1860, and Andrew Graham, M.D., of H.M.S. *Agamemnon*, 1861.

MORTALITY IN ANTIGUA.—In 1863, the death-rate in Antigua (without counting the still-born) was one to every 23·53 living persons; 31 per cent. of the children died in their first year—47 per cent. in St. John's parish, which has more than 16,000 population.

FATAL DISSECTING WOUND.—M. Panthin, a young and highly esteemed resident surgeon of the St. Louis Hospital at Paris, died a short time ago in consequence of a slight wound on his hand, with which he met during a post-mortem examination.

DR. LIVINGSTONE, the indefatigable Medical explorer, is said to have devoted himself to a renewed series of African expeditions. He is now planning a journey from the east coast to the district lying between his most northern point on Lake Nyassa, and Burton and Speke's southernmost on Lake Tanganyka.

SMALL-POX IN ALGIERS.—The prevalence of small-pox in Algiers has induced the French Medical practitioners to instruct the natives in the practice of vaccination. It is said that this operation has now become quite popular amongst them.

CAMBRIDGE.—The Local Examinations Syndicate have just issued their annual report and the statistics of the last examinations. The feature most worthy of note upon which they remark is the diminution in the proportion of the candidates who fail in the preliminary part of the examination. In 1863 upwards of 19 per cent. failed in elementary subjects which every lad who has been to school at all is supposed to have learnt; but in 1864 the number of such failures has fallen nearly one-half. When many are complaining that competitive examinations are inducing a system of high pressure destructive of sound teaching, it is satisfactory to find that a larger number are brought by these examinations to write intelligible English and to cypher correctly. Even now, out of 821, more than 90 fail in subjects which all ought to know; and with schools which do not send pupils into the local examinations it is more than probable that the case is worse. The proportion in honours last year is less than heretofore; but schoolmasters are perhaps beginning to think that it is as creditable for a school to pass a good many as to send up a few who distinguish themselves. Indeed, in honours the same names recur in the Oxford and Cambridge lists, and can hardly be taken as fair samples of the general characters of their respective schools. The Syndicate appointed

last term to consider whether the local examinations could be extended to girls have issued their report. The general purport of it is that they think that, so far as the subjects taught are common to boys and girls, the request of the memorialists may be complied with, at least tentatively, in some local centres; and they recommend to the Senate a scheme for these examinations to continue for three years, and providing that no names or class-lists be published.

SEASONABLE BENEVOLENCE.—At a meeting of the Committee of Management of King's College Hospital, Mr. Robert Pryor in the chair, an old friend and liberal supporter of the charity, who requested that his name should not be mentioned, attended and handed to the chairman the munificent sum of 504*l.*, being sixteen new life governor's donations of thirty guineas each, in aid of the current expenses of the hospital.

DEATH OF DR. CÆSAR, JUN., OF CORK. — It is with feelings of pain that we find ourselves called upon to announce the death of another member of the Medical Faculty, by fever contracted in the discharge of his professional duties. Dr. Cæsar, jun., has, like Mr. George Fitton, succumbed to fever. His career of usefulness has been cut short in early life, and a gentle and amiable spirit has passed from amongst us. We understand that his death is indirectly traceable to the hardships he has had to encounter while acting as Medical attendant at the Auxiliary Fever Hospital instituted by the Board of Guardians. While his attendance was required at the hospital throughout the whole day, he was not allowed even a chair to sit on. A man of education and a scholar—one whose duties require the constant exercise of the reasoning faculties—to be treated in so barbarous a manner in a civilised community! Although we have the information from reliable authority, we can scarcely believe it, and we hope it may be found to be exaggerated. We cannot, however, forget that it was sought by some of the guardians to require his attendance by night as well as by day, and that such a course would have been attempted but for the outspoken manner in which Dr. Wm. Townsend showed the inhumanity of requiring more service than they had been receiving. The deceased took fever at the Auxiliary Fever Hospital, and was removed to the North Fever Hospital where he could be more closely attended to. He died after an illness of fifteen days. We do not know what is to be done to check the ravages of this epidemic. It cannot be expected that Medical men, whose education costs a large sum of money, and requires the application of several years, will be got to put their lives in jeopardy for the miserable stipend of two guineas a week, which the guardians have been rather grudgingly paying. We cannot repress the thought that the parsimony of the guardians, respecting the management of the fever hospital, has been productive of loss of life, and we think the death of Dr. Cæsar an event for which they ought to show their sorrow by evincing, for the future, a more humane spirit towards the members of this very useful, but insufficiently appreciated, Profession.—'Cork Reporter.'

TESTIMONIAL.—The friends of Dr. Baker, ex-churchwarden of Shoreditch, recently dined together at the London Tavern, on the occasion of the presentation of a testimonial, being a service of plate, comprising salver, tea-pot, coffee-pot, sugar-basin, cream-jug, and spoons, valued over one hundred guineas, as a mark of their appreciation of his services.

MORTALITY IN THE FRENCH ARMY.—Statistical tables are now annually published of the above mortality. The figures for 1862 stand as follows:—The whole army numbered 372,166 men; of these 13,393 were stationed in Italy, 54,040 in Algeria, and 304,733 within the French limits. It is a pity that the regiments employed in Mexico and in the colonies are not included in the tables. The mortality in 1862 was 10·1 per thousand soldiers: the proportions as to localities being, for the home army, 0·0094; for Algeria, 0·0122; and for Italy, 0·0177. These results are certainly cheering, as Benoiston's tables show, from 1820 to 1830, a mortality for the home forces of 20 per thousand; and it was no less than 19 per thousand so late as 1846. It is remarkable that the men quartered in the Papal States lost 237 individuals, whilst the same number in France lost only 126.

THE STREETS OF LONDON.—In a return just issued, as a summary of the 'Weekly Returns of Births and Deaths in London,' a publication full of interesting details on the subject to which it relates, the Registrar-General makes the following opportune remarks on the atmosphere and thoroughfares of London:—"If coal were cheap, the greater command which the poor would have over that commodity would materially help to reduce the winter rate of mortality; and if smoke were abated at domestic fires, as well as at bakers' ovens and public furnaces, by more thorough combustion of fuel, the carbonaceous particles which they emit would not darken the air and pollute whatever they touch, nor, by forcing a passage into the throat and lungs, aggravate or excite fatal pulmonary complaints in human beings. Given a broad river, with a temperature at the time above that of the air; let there be another vast moisture-exhaling surface on its banks sixty or more square miles in extent, and this area covered with houses which pour smoke from a million of chimneys into a still atmosphere, and the result is that almost impervious fuliginous mass called "a London fog." But London has acquired almost as much fame for that highly agglutinative compound, its mud, as for its fogs; and perhaps there is more connexion than is generally supposed between them. It would be a humble but invaluable sanitary work if the streets were subjected to a perfect system of purification; if they were frequently and thoroughly cleansed and dried. The attention of boards of works may be well directed to this end. The present expedient by which householders who pay rates for parochial management are expected to clean the pavement in front of their own houses is unjust in principle and futile in practice. The whole width of thoroughfare from frontage to frontage should get the benefit of the same brooms and shovels. Old persons whose avocations compel them to be much out of doors, in feebly urging their steps over filthy streets, waste much of that strength which should be husbanded for the employments by which they live. And how can poor people be expected to keep the inside of their houses free from damp and dirt when all the adjacent exterior is a 'mud ocean'? A good scavenger is a practical teacher of that cleanliness which is said to be next to godliness; and if the streets were well kept the crowds who frequent them would read excellent plain sermons in the stones."

THE POOR-LAW BOARD AND THE HOLBORN UNION.—On Wednesday last, at the usual meeting of the guardians of the Holborn united parishes, the letter of the Poor-law Board, on the late inquiry on the death of Timothy Daly, came on for consideration. The guardians resolved themselves into a committee, and the portion of the letter of the Poor-law Board which censured Mr. Norton for remissness in keeping his books came under discussion. A desultory conversation arose on the letter, and on the recommendation of Dr. Carr, the Medical officer who assisted Mr. Farnall—namely, that the drugs should be found by the parish, and that the Medical officer's salary should be raised from 100*l.* a year to 150*l.*—it was stated that this would be a double "rise," as the Medical officer now has to find the drugs out of his salary of 100*l.*, and two or three of the guardians were of opinion that the salary of 100*l.* was sufficient, as the surgeon had fees, which amounted to upwards of 50*l.* a year additional. After a long discussion, it was resolved to recommend the Guardian Board to reconsider the whole subject of the Medical relief, both indoor and out, and when the Board resumed this was adopted. On the motion of Mr. Cullen, it was carried that the clerk should write to Mr. Norton, and convey to him the censure of the Poor-law Board, with the expression of a hope that in future he would attend to his duty in respect to keeping the books. The proceedings then terminated.

FEVER IN GLASGOW.—Owing to the prevalence of fever in Glasgow, the magistrates have agreed to take on lease extensive premises in Main street, to be used as a fever hospital.

DEATHS.

BENNETT.—On the 13th inst., at Bristol, of typhoid fever, Mr. K. Bennett, Medical Student.

CÆSAR.—On the 10th inst., at Cork, of typhus fever, John Augustus Cæsar, M.R.C.S. Eng., aged 33.

CHAPMAN.—On the 4th inst., at Woodville terrace, Hounslow, Emma, the wife of Joseph Chapman, Surgeon.

CRAWFORD.—On the 6th inst., J. Crawford, L.F.P. & S. Glas., of Kincardine, Perthshire.

FISHER.—At Bailieborough, Co. Cavan, J. Fisher, M.D., Surgeon to the 6th New York Volunteers, aged 25.

GOLLAND.—On the 5th inst., W. Golland, M.R.C.S.E., of Manchester, aged 52.

HOILE.—On the 31st ult., at Montrose, Henry Hoile, M.R.C.S.E., aged 80.

LOADMAN.—On the 8th inst., R. M. Loadman, L.S.A., of St. Alban's terrace, Hammersmith, aged 67.

LOWE.—On the 8th inst., W. Lowe, M.R.C.S.E., of Warboys, Huntingdonshire.

M'LIMONT.—On the 8th inst., R. M'Limont, M.D., of Catherine place, Bath.

NICOLAS.—On the 27th ult., at the Isle of Portland, Dorset, Thomas Nicolas, M.D., late Staff Surgeon British Military Hospitals, Scutari, aged 42.

WAVELL.—On the 8th inst., R. M. Wavell, M.D., of Newport, Isle of Wight, aged 66.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, FEB. 22.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Surgeons, 4 p.m.—Prof. Huxley, "On the Mammalia;" Hunterian Society, 7½ p.m.—Council Meeting; 8 p.m.—Mr. Maunder, "On a Case of Pistol-shot Wound of the Chest, Surgically and Medico-legally considered."—Mr. Couper, "Observations on Chloroform Inhalation, with a Description of a New Inhaler;" Medical Society of London, 8½ p.m.—Lettsomian Lectures, Mr. Henry Smith, "On the Treatment of Hæmorrhoids and Prolapsus of the Rectum."

THURSDAY, FEB. 23.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Tyndall, "On Electricity."

FRIDAY, FEB. 24.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Mammalia."

SATURDAY, FEB. 25.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution.—No lecture.

MONDAY, FEB. 27.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, FEB. 28.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post office.

THE ROYAL INSTITUTION.—The notice has been received.

MR. F. PORTER.—Communication received. It shall receive a notice. Send a copy of the Journal.

M.R.C.P.—The subject is fully noticed in our number for Jan. 18th. Thanks for your recommendation.

J. W.—Certainly not; take it into a county court.

G.—Why does not our correspondent refer to the 'Medical Directory' for a Medical address?

J. G. NASH.—Sir Benjamin Brodie was the son of a bookseller at Salisbury. Mr. Lawrence is the son of a general practitioner at Cirencester, Gloucestershire. Abernethy's birthplace we do not know.

THE GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

	£	s.	d.
Dr. J. Cogan, Wheatley	1	1	0
Dr. F. J. Sandford, Market Drayton	1	1	0
Dr. J. S. Belcher, St. George's East	0	10	6
Amount previously announced	114	8	6
Received at the 'Lancet' Office	7	17	6

Yours obediently,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Treas. and Hon. Sec.

Feb. 16, 1865.

DR. STEWART, *Belfast.*—The report is inserted.

W. P.'s compliments to the Editor of the MEDICAL CIRCULAR, and will feel much obliged by an answer to the following question in his "Notices to Correspondents":—"Can an *unregistered* member of the Royal College of Surgeons give a legal certificate of the cause or causes of death for the burial of a patient?"

[The case is a doubtful one, but, strictly speaking, we believe that such a certificate would be invalid.—ED. MED. CIRCULAR.]

VIGILANS begs to acknowledge communications from "Wide-awake Ignoramus," "Esculapius," with enclosure, "F.R.S.," "W. H., Liverpool," "Scalpel," "Justus." The letter signed "Antiquack" must have been intended for "Detector" and has been handed to him.

DR. H.—Hæmaturia is an endemic disease at the Cape of Good Hope, where it is very common among all classes, especially young men. In a paper published in the last number of the 'Medico-Chirurgical Transactions,' Dr. John Harley shows that the disease is due to the irritation caused by the presence of a minute entozoon in the urine.

DR. L. P.—The subject is alluded to in our editorial matter.

A VOICE FROM MILE-END.—The motives of the Journal in question are obvious enough, but it is only fair that the whole story should be told.

PHARMACEUTIST.—Fousel-oil, or potato-spirit, is included in the Pharmacopœia, because it is used in the preparation of valerianic acid. Fousel-oil, in chemical language, is the hydrate of the oxide of amyle, and bears the same relation to valerianic acid as alcohol does to acetic acid.

A. B.—The subject will, we believe, be brought under the notice of Parliament.

Surgeon's Dispensing Wanted.—A Chemist in the vicinity of Regent street wishes to arrange with a Medical Gentleman on equally advantageous terms.

Address, M., 5 Carlton street, Regent street.

Special Notice.—The Standard Life ASSURANCE COMPANY.—Constituted by Special Acts of Parliament. Established 1825.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON SOME CASES OF LUPUS TREATED AT ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

By J. L. MILTON, Surgeon to the Hospital.

(Continued from page 116.)

Lupus non exedens.—Arrest of the Disease.—Relapse.—The following cases show with how much obstinacy the same disorder, when neglected, will pursue its destructive course :—

C. C——, æt. thirty-five, a married woman, applied June 26, 1863, with lupus on the forehead ; it was almost a *fac-simile* of the case of T. G——. The surgeon who had previously attended her seemed to have thought it was a venereal affection, and had given her mercury and the iodide of potassium, which, however, did not appear to have had any effect on the disease. This patient got nearly well, under the use of tonics and mild alteratives, when she absented herself, and after several weeks returned, a good deal worse. As soon as it was thought she was pretty well frightened into regular attendance, the solution of arsenic was ordered, and she was progressing a little, when some friend invited her to the seaside, from which she again returned worse. For a long time after this she continued to attend very irregularly, though frequently threatened with dismissal and often sent away unseen ; but she always pleaded so effectually, having to attend upon a blind son, &c., that she was re-admitted. Nothing could induce her to enter the hospital as in-door patient, because such a step involved leaving this lad in charge of a stranger, and to this she would not listen. This case has relapsed five or six times. The disease has always proved amenable enough to treatment ; arsenic, lemon-juice, and nitrate of silver speedily reduce it to zero, but just when a little further attention might have sufficed, the critical time was lost by her absence, and now she is in almost precisely the same state as when she first came under treatment.

Lupus exedens.—Arrest.—Relapse.—M. P——, a married woman, aged twenty-eight, presented herself as an out-door patient November 17, 1864. She was suffering very severely from lupus, which had destroyed the whole thickness of the skin over a great part of the face. According to her account, it began more than a year and a half previously, and attacked several places almost at the same time ; these very speedily ulcerated, and the destructive action, once set up, never stopped. She immediately placed herself under treatment at a hospital, as an out-patient, but at the end of a year was no better, and she then went to another, where, according to her account, she attended very regularly, but still the disease extended its ravages, and when she came under Mr. Milton's care, the larger portion of the face was covered either with deep-puckered, red cicatrices, or with thick greenish and yellowish crusts which showed where the disease was still progressing. Some of these crusts were cracked, and from the fissures issued a watery serum. Some of the cicatrices seemed to have been formed by the action of lupus erythematosus, as the narrow, ring-like, wheel-like ring, with its scooped-out margin, was distinctly seen, while in other places the ulceration had made its way deeply into the muscles and cellular tissue. As she could not leave her home and become an in-patient, she was placed under very unfavourable circumstances.

She was ordered dilute nitric acid three times a day, with a mild aperient, till her tongue, which was very foul, and her appetite, which was very bad, had improved, which they did so rapidly, that, at the end of a week, the solution of arsenic was commenced. She could not, however, take it three times a day, and very soon after beginning it the dose was lessened to ten minims daily. The nitrate of silver was applied to the parts where the ulceration was in progress.

By Christmas there was a very marked improvement ; in fact, for some days the progress of the disease seemed quite arrested, and healing was going on, when all at once, on the 4th of January, she noticed that it was suddenly much worse ; and such was the rapidity of the destructive process, that on the afternoon of the 5th there was a deep ragged excavation, quite an inch long, running up from the right nostril towards the inner corner of the right eye. Certainly no signs of this were seen at her previous visit. The other patches, which had been improving, were also much worse ; they were covered with spongio-piline, to detach the crusts, and the nitrate of silver was again applied, but without in any way arresting the progress of the disease, which had made rapid strides by the 12th of the month, having eaten both deeply and widely. She was again pressed to become an in-patient, as she was evidently under-fed and could not procure proper attendance, but she refused, and has not been seen since.

GENERAL CORRESPONDENCE.

MEDICAL GOSSIP.—No. IX.

THE 'LANCET'S' CHANGE OF TACTICS—A LAST WORD ON GEORGE VICTOR TOWNLEY — THE DIFFICULTIES OF THEOPHILUS—CONTRADICTIONS IN THE PRACTICE OF MEDICINE.

To the Editor of the Medical Circular.

SIR,—I am quite astonished to take up the 'Lancet' of the week and to find that the Hunterian Oration of Professor Partridge has not a place in its pages. I fear I have done that gentleman and Mr. Ernest Hart great injustice. I really believed, from observation of the 'Lancet's' tactics extending over many years, that as sure as the name of its chief editor, or, indeed, anybody having control over its contents, should be dragged into honourable mention, however misplaced, so sure would the oration, lecture, or speech be transferred to the columns of the 'Lancet.' It has been suggested to me that such would have been the case in the present instance if I had not unfortunately questioned the judgment and delicacy of the Hunterian Orator associating the name of a gentleman with John Hunter as yet unknown to fame, whatever he may be hereafter. And this reminds me that I might be supposed to have done injustice even to Hunter by anecdotes of his wild and dissipated youth, stopping short of the after periods of his life when he had redeemed his follies by a life of wonderful industry, zeal, and philosophic research ; but I will not anticipate the Professor in these matters, for assuredly we shall yet see the oration somehow or somewhere. People nowadays don't write or deliver themselves of great harangues and then bury them out of sight for ever. And if it does not appear in the 'Lancet,' then the Professor will have taken the name of its editor in vain. And in that case, the 'Lancet' will rise in my estimation, for its tactics must have undergone revision. But suppose we should never be indulged with a sight of the Partridge oration, shall the stigma rest upon me of having revived the memory of John Hunter only to discredit him ? No. A word or two, then, upon his life when the follies of his youth had passed away. Even these can be excused, for he had not received the benefits of education ; and yet it may be fortunate that Hunter had not the species of education which was then to be obtained. He lived in a transition period, when science required revolutionising ; and his

rude, unlettered genius, exclusively directed to the study of existing objects, was calculated to overpower, by the mass of facts that it accumulated, the scholastic dogmas of the age. Such a revolution must and would have taken place had no John Hunter existed; but we owe it to him that England has assumed the position she has, in elevating Medicine to a science—imperfect, it is true, awfully imperfect, but still a science. Untrained genius like Hunter's is ever in extremes. The cold rules of mediocrity and prudence are unable to restrain it, whichever way it points to, right or wrong. A first-rate burglar might be the raw material of a hero, and the greatest vagabonds are notoriously the most clever fellows of their class. The deer-stealer who was subsequently the poet "of all time," the associate of Falstaff and Pistol, who proved one of the greatest of England's kings, the debauched and riotous anatomical student, who was afterwards John Hunter, are all examples of this moral truism. The spectacle of his brother William acquiring fortune and fame, the emulation gradually excited by the success of men whom he felt to be in talent his inferiors, the consciousness, perhaps, to a noble mind so dreadful, of time lost, opportunities wasted, powers thrown away, all goaded him on to those wonderful exertions that he made, and developed that enthusiasm, the offspring of genius and the agent of its achievements. Such enthusiasm was exhibited in a remarkable degree by this extraordinary man.

One final word on George Victor Townley. I read your clever leader in last week's CIRCULAR, but you have not in the least shaken my conviction of his perfect sanity. Facts before authorities, say I. The case is in a nutshell. He was jilted by the girl he loved, *his life became a burthen*, and revenge was the remedy by which he sought to assuage his anguish. He committed murder. Death by the hangman was the penalty, but friends and learned doctors of the Portia type intervened, and changed his doom to incarceration for life. Month after month went smoothly on in prison, when annoyances came, and *again his life became a burthen.* Suicide was now the remedy, and this he adopted. These are the only two acts of his life which could be tortured into acts of insanity, and so they might have been considered, were it not that, to his mind, adequate motives existed for each of them, namely, *unbearable annoyances.* They were just such desperate acts as any man of an ill-regulated or vindictive mind, holding such views of religion and of moral responsibility as Townley did, would commit. Surely, if the man had been insane, we should have heard of some eccentricity of manner or conduct during all the months that he was under rigid surveillance, whereas the evidence on this head was entirely conclusive the other way. As to the verdict, there can be little doubt its terms were dictated by a kind and humane feeling towards the unfortunate family of which the suicide was a member, and that it did not convey the real view of the jury upon the question.

Theophilus came to me to-day in great tribulation. Theophilus is a student of Medicine "walking the hospitals," industrious, zealous at his work, and most anxious to practise his Profession by the best lights which science and experience place at his disposal; he is a reader of the Journals, and his complaint is, that in one he finds a most conclusive article as to the value of bleeding as a remedy in pneumonia, substantiated by the relation of well-marked cases of its efficacy, from the pen, too, of Dr. Markham, who is the recognised champion for the revival of the lancet in all such cases. Theophilus had made up his mind what to do in the first case of lung inflammation which presented itself when he went into practice on his own account; he would put a finisher on the attack at once by a bleeding from the arm *ad deliquium*, as our forefathers invariably did when George the Third was king. Theophilus was content, and believed he had stored up a fact which might be relied upon in practice, when to-day he reads another article from another physician, Dr. J. Hughes Bennett, written expressly to upset "the effort which is being made to restore the dangerous practice of bleeding in pneumonia," contending for the treatment of such cases by restoratives. "As a curative treatment," he says, "I am satisfied that the best plan is, rest in bed, nutritive drinks, especially good beef-tea, from the first assisted by port wine, from four to eight ounces if the pulse become weak, and solid nutrients as soon as they can be taken." "Now, 'Vigilans,' tell me what am I to think?—between these two teachers of Medical practice, what am I to do?" The answer is easy enough, Theophilus. If your patient cannot *rest in bed* because of his difficulty of breathing, bleed him in a standing posture at once, and let the blood flow until he shows signs of fainting or is relieved; then he will "rest and be thankful," and in a few hours the nutritive drinks and the good beef-tea and the *rest* will soon compensate for the loss of a few ounces of blood. Here, then, is an easy and common-sense compromise of the "extremes of practice" advocated by these two learned physicians.

Alas! when shall we arrive at anything like agreement in the treatment of the most ordinary forms of disease? Can it cause anything but surprise at the difference in the manner of considering disease and the widely-different modes of treatment? The bold practitioner administers heroic doses of medicine on the principle of kill or cure; the timid one waits and fears to act. Others treat the human stomach as if it were a laboratory by practising poly-pharmacy; one orders purgatives, another an emetic, a third bleeds, and a fourth relies on calomel as an universal remedy. Everything called practice is, in fact, a whimsical mixture of the superannuated remains of old systems—of facts imperfectly observed, and of routines left by our forefathers. Now, if science be intended to direct us in our practice, what is that science that drives each of its disciples into different and often opposite paths? Happily for the self-love of some and the safety of others, each physician thinks he has got hold of the right doctrine, and every patient fancies he has a good doctor. And lucky it is for most of us.

Several letters have reached me, which I forward to you, leaving it to your better judgment to deal with them as you think fit. The different matters to which my correspondents direct my attention will be duly noticed.

VIGILANS.

[These letters will be found in our "Notices to Correspondents."—ED. MEDICAL CIRCULAR.]

REVELATIONS OF QUACKERY.

LETTER IX.

To the Editor of the Medical Circular.

SIR,—According to my promise of last week, I proceed to give your readers the history of another case of gross imposition, derived from the unquestionable records of the Court of Chancery in the suit of —— *versus* Perry and Co. I have now before me an official copy, duly stamped and certified of the bill in Chancery filed by the complainant against the defendants, and from it I find that Mr. —— was an agriculturist, living at ——, near ——, Yorkshire, and was induced, from seeing the advertisements of the Messrs. Perry and Co. in the newspapers, to purchase their medicines, and subsequently to become their patient. At different interviews with the firm, prompt and permanent relief was promised him, and he was induced to pay them 600*l.* (!) in cash in expectation of the promised cure. At a later period bills of exchange for 2,000*l.* (!!) more were obtained from him under the same pretences. During this period Mr. —— suffered much in health and circumstances, and was unable to meet the bills so promptly as desired by his persecutors. Legal proceedings were then threatened in order to extort the money, when, becoming embarrassed and frightened, the patient sought the assistance of a respectable solicitor, who advised him not only to resist payment, but to sue for the recovery of the money he had already paid. The accuracy of these statements *cannot be questioned.* They were attested on oath before the High Court of Chancery, and the miserable and disappointed defendants were compelled to disgorge every farthing of the ill-gotten fees and securities obtained from the complainant.

With these remarks, I will now submit to your readers such abridged extracts from the bill as will be necessary to put them in possession of the facts of this marvel-

case. The bill bears date the 20th of November, 1850. It recites that—

"'Your orator is between twenty-four and twenty-five years of age, and for many years in his youth was affected with a disease which rendered the wearing of a truss necessary, and was subject to pains in the groin,' &c. At 'eighteen or nineteen was troubled with a continual discharge of the seminal fluid (spermatorrhœa), but from motives of delicacy abstained from seeking advice, but read many books which professed to treat on that and similar diseases, and for many years took medicines recommended' therein, 'or in advertisements which fell in his way, but without benefit.' . . . 'About two years ago your orator perused, in a newspaper, an advertisement which recommended certain medicines as remedies, prepared by Messrs. Perry and Co., of No. 19 Berners street. And your orator purchased several bottles of (said) medicines and boxes of pills, and for some time continued to take them.' . . . 'That the said firm (and defendants herein) consists of persons under the name of Lewis, otherwise Louis Perry and Robert Perry.' . . . 'In 1848 your orator called on Perry and Co. aforesaid, and explained to 'one of their assistants' his case, and what he had already taken, and bought a (*fresh*) 5*l.* case of the said medicines.' . . . 'In November, 1848, your orator saw an advertisement stating that the Messrs. Perry and Co. would be present at York, and advice would be given gratis to any person who should purchase medicines to the value of 5*l.*; and in consequence (he) attended and saw the younger defendant, Robert Perry, who told your orator that (his) case was not *hopeless*, (and) that he could cure your orator, but it would cost *a great deal of money*—100*l.*' (!!) 'Your orator did not possess so much (with him) in cash,' whereupon 'the said defendant, Robert Perry, produced a bill of exchange in blank, and filled up the same for the sum of 100*l.* (at six months), and your orator did accordingly accept the same bill.' . . . 'The said Robert Perry then said it would be necessary that your orator should take medicine for six months, which he would furnish.' . . . 'At the expiration of the six months your orator came to London, and *paid the said bill*, and the said defendant then told your orator that he could completely cure your orator, but it would require six or seven months longer, and that he must be confined to his bedroom and not stir out of doors;' . . . 'that he was about to give your orator mercury, to salivation, and then described the *horrible effects* of mercury, and told your orator he must *be prepared to endure it all*, and (then) went to a closet in the room and produced *a most horrible bust*, exhibiting the head of one in a state of salivation, and—' (here follows a most disgusting description). . . . 'Your orator fully believed the representations made to him, and thereupon declared nothing should induce him to go through such a course of cure,' and further, 'his business would not permit' it. 'Robert Perry then said that he could cure the disease without mercury, and that Perry and Co. were the *only* people in London who could do so, at *it would cost a great deal more money*—500*l.*' (!!!) This sum, after much wrangling, was agreed to be paid in the form of a bill, at six months;) 'and your orator then accepted a bill, payable six months after date, for 500*l.*,' (!!) payable at Perry and Co.'s, and promising 'that if he could pay the amount of the said bill before the same became due he would do so.' . . . (Thereupon the medicine was changed for another six months.)

"When the bill 'for 500*l.* became due, your orator came to London, and then saw (Mr.) Lewis, otherwise Louis Perry, the father, and paid (him) the 500*l.*' 'Lewis, otherwise Louis Perry,' then 'examined your orator's person, and (said) he was going on well, and *must not mind expense*,' 'it would cost *more money to effect a cure*.' 'Your orator thereupon told (Mr.) Lewis, otherwise Louis Perry, that Robert Perry had undertaken to *cure your orator completely for* 500*l.*; (!!!) whereupon (Mr.) Lewis, otherwise Louis Perry, remarked that *Robert Perry was but a young man, and did not understand the nature of the case as well as he did*.' . . . 'That it would require *a longer time*, AND MORE MONEY, *to effect a* CURE, and that your orator *must not mind expense* on a matter so important to himself.' (Hereupon the poor patient remonstrated on the rascality of the breach of contract, when) 'Louis Perry said, *it was of no consequence what his son* Robert Perry *had undertaken* or *promised*, as *it would require longer time* and *still* MORE MONEY: (!!!) that (they) the defendants were at great expense for advertisements, and in other ways; that *to complete the cure* he must have MORE MONEY.' (Here the patient pleads inability at present), 'but (said) at the death of his mother he might have a thousand pounds or two; whereupon (Mr.) Lewis, *alias* Louis Perry, told your orator that *some of his patients had paid him as much as* 7,000*l.*, (!!!) and *produced his books*, from which it appeared as if such statements WERE TRUE.' 'That your orator, if the treatment were not continued, would fall into *a relapse*, and *never be cured;* and that *in case a relapse occurred* he *would not undertake to cure your orator for* 10,000*l.* (!!!); that *no person in London*, besides themselves, *could cure your orator without mercury*, and that *he would undertake to cure your orator for* (a further) 2,000*l.* (!!!).' (Here ensued another wrangle, but) 'the said defendant persisted,' and 'your orator then (asked) *if he would allow twenty years at* 100*l.* per year, but the said defendant *refused* such terms.' . . . 'Although he agreed to give *two years* to pay the said sum of 2,000*l.*, and *then drew two bills, each for* 1,000*l., payable respectively at twelve months and two years after date*, and at the same time told your orator that *if* he were *unable* to pay the said last-mentioned bill when due, he would find *him* (the said defendant) a GENTLEMAN (!!!), and that he would give (further) *time for payment*, and that he would *not negotiate* the said bills.' 'Your orator, *trusting to these representations*,' and *being alarmed* at 'what was stated about to relapse' (&c., &c.), 'and being of nervous temperament, and much affected in health, did accept the said two bills of exchange.' (Hereupon fresh batches of medicines were supplied.)

"At length 'the first bill becomes due, for 1,000*l.*, on November 8th, and on *Sunday, the 10th of November*, (Mr.) Lewis, otherwise Louis Perry, went down to your orator's residence, and informed your orator that *he had come down to Yorkshire to give* (him) *notice of dishonour*, and that your orator *must pay the same*.' (The answer was inability, &c.) 'The said defendant (then) said that if *not paid* it would *expose your orator's character in the country*, and that *he would put the bill into the hands of a third party*, who would come down '*slap bang*' upon your orator for the money.' 'Your orator was *alarmed* by (this) *intimidation* and *threat*, and reminded the said defendant (that he had) told your orator that your orator *would find him to be a* GENTLEMAN,' &c., &c., and 'asked time for payment,' 'that he would do what he could,' &c., &c. (Hereupon) 'the defendant (Mr.) Lewis, otherwise Louis Perry, said he would *stay down in that neighbourhood a day or two;* but your orator objected, being fearful that the *reason* would become known, and defendant at length returned to London, having first *extracted a promise from your orator* that *he would come to London on the following Saturday and bring to him as much money as he could* (then) *procure*.'

"(Failing with the funds, Mr. —— is at length driven, in self-defence,) 'to consult Mr. —— (solicitor), of ——, Yorkshire, who advised (him) to go to London and see Mr. Bower (solicitor), of Tokenhouse yard,' (which he did,) 'when your orator was informed that *he had been greatly imposed on*, and that he ought *not to pay the said bills of exchange*.' . . . 'Your orator, through delicacy, had previously refrained from stating any of the aforesaid dealings and transactions to any professional or other person.' . . . 'And the said defendants *threaten and intend to prosecute* your orator at law, to recover the amount of the first of the said bills of exchange, and hereafter when the second shall become due.' 'And the said defendant Lewis, otherwise Louis Perry, also *threatens and intends to endorse over the same*,' &c., &c. . . . 'And your orator further shows that the said defendants have in their possession divers books, papers, memorandums, accounts, letters, documents, and writings,' (relating thereto as evidence), but refuse to produce the same.'

"And praying that 'the said defendants may be decreed

to deliver up the said two bills of exchange, *your orator offers hereby to pay to the said defendants what—if anything —the judgment of the Honourable Court shall deem properly payable to them for* medicines and Medical advice under the circumstances of the case.' . . . 'And that the said defendants be *restrained by injunction* from prosecuting (actions against) your orator in negociating, &c., the said bills,' &c., &c. 'And that your orator may have such further relief,' &c. . . . 'And that (the proper) *writs of injunction and subpœna out of and under the seal of the Honourable Court* (of Chancery), directed to (Mr.) *Lewis*, otherwise *Louis Perry* and *Robert Perry, and their confederates, commanding them*,' &c., &c."

The results I have already given the reader. The facts developed are *astounding! damning!!* In the above extracts I have followed the *original document verbatim*, merely abridging and omitting the unimportant portions. The words within the inverted commas are those contained in the bill.

Such are the almost incredible facts disclosed by the bill of the complainant in this case. This instance of imposition and those exposed in my two last letters, related in a life-drama of romance, would be sneered at for their apparently gross improbability. Nevertheless, they are truthful life-pictures of occurrences even now in all probability daily taking place in the vile haunts of quackery; for the quacks continue just as audacious, shameless, and rapacious as they were at the periods referred to in these cases, whilst it is to be feared there is just as much gullibility and inexperience amongst this class of patients at the present time as that disclosed in these narratives of transactions in years past. With these patent cases of gross imposition I might almost conclude my task. But, Sir, as I am desirous that nothing may be left undone or unsaid that can possibly be said or done to afford your readers and the general public a perfect knowledge as to the proceedings and whereabouts of the advertising quacks, I shall, I fear, have to trespass on your columns to the extent of two or three more letters; for the evil practices of these men have been for years so shamelessly pursued, and have, at the present time, attained such a height, whilst they are so fraught with misery, insanity, and even death to their victims, that a stern, unflinching, and uncompromising exposure of them is imperatively called for in the interest of public morality, happiness, and health; and it is to the continuance of your generous aid, who have already so fearlessly placed your pages at my disposal, that I look for the achievement of these objects. There must be no paltering with the question. Reptiles cannot be destroyed by sprinkling them with rose-water. Mere initial denunciations will not suffice. Mysterious hesitating references to the so-called Dr. This or That, residing near such a street or square, can no longer be permitted. All ambiguity must be fearlessly cast aside. Publicity, widespread and unequivocal, must not only be given to the system of terrorism and extortion pursued by these men, but they themselves, under their real or assumed names, must be held up to public execration; so that henceforth the victims of any one of the maladies, the pretended cure of which forms the foundation of the frauds practised by them, may at a glance see, not "*who to consult*," but "*who not to consult.*"

DETECTOR.

THE USES OF THE BROMIDE OF AMMONIUM.

To the Editor of the Medical Circular.

SIR,—Having read with great pleasure "Dr. Semple's Report on Materia Medica and Therapeutics," recorded in a late number, under the head of "Scientific Articles," in which report "the action of the bromide of potassium" is brought under review, I beg leave in the following letter to enumerate the uses of the bromide of ammonium, as they have been found by actual experience, in the treatment of diseases occurring amongst patients who have been, or are under observation, and who have been watched most narrowly and carefully from day to day, in order to ascertain the effects of the bromide upon their symptoms and maladies. The statements I am about to adduce therefore, are, in many cases, based upon personal knowledge. I trust at a future period to be enabled to furnish you with a paper upon the uses of the bromides, and in it to bring forward cases to which I have made reference.

Without further prelude, I shall now enumerate the affections in which the drug will be found to be most beneficially administered. To begin with the head:—In certain kinds of headache, or pain in the head, whether in the interior of the cranium, that is, in the brain itself, and most probably arising from cerebral congestion, or from some great excitement of the mind, or outside the cranium, that is, in the scalp, and perhaps occasioned either from undue fulness of the vessels supplying the scalp or else from some rheumatic taint pervading the system, but particularly developing itself on the covering of the cranium; in pure neuralgia of the head or face, or of both together; in sleeplessness arising from mental derangement or from excessive anxiety; in certain forms of throat affections; in ulcerations of the throat, phthisical, scarlatinous, or otherwise; in phthisical cough; in crowing inspiration; in croup; in spasm of the glottis from teething and other causes of nervous excitement, whereby this affection is occasioned; in hysterical and nervous cough; in whooping-cough, when the nervous symptoms are predominant, and when there is no pneumonia; in laryngismus, or excessive sensitiveness of the larynx and pharynx; in asthma, in irritability of stomach, and in other derangements of that viscus; in irritable bladder, either when stone may happen to be in the organ or when it is irritable from other causes; in incontinence of urine, both in the male and female sexes, if the incontinence proceed from irritable bladder; in phosphatic or in uric acid diathesis; in true spermatorrhœa; in false spermatorrhœa, or those cases in which merely prostatic or other urethral secretion is ejected; in urethral itchiness or irritability; in neuralgia of the ovaries, exalted sensibility, or any undue activity of their functions; in irritability of the ovaries; in irritable uterus; in menorrhagia or metrorrhagia, or, indeed, in any kind of uterine discharges in post-partum hæmorrhage, especially when occurring in the nervous and excited; in all painful affections of the uterus, whether merely from functional derangement or from organic changes; in cancer of the uterus and vagina in order to ease the pain and check the discharge of blood in epilepsy; in epileptoid or true hysteric fits, that is, in fits induced by excitement of the generative organs in convulsions attacking children or adults; in nervous diseases, such as chorea; in lesions occurring from congestion of the spinal cord.

That the pulse is lowered, there is no doubt; but it is only after the medicine has been employed for such a length of time as to depress the nervous system generally. From the commencement of the administration of the drug the pulse is accelerated, the spirits enlivened, the nervous system stimulated, and the patient made to feel exhilarated. This is the effect when it is used in small quantities, and not given frequently. However, as the dose is increased or as it is employed oftener, the exciting or stimulating influence gives place to the depressant, or even narcotic. It is, indeed, a most powerful depressant.

That this medicine in large doses is a most speedy and powerful anodyne, and as speedy and powerful hemostatic, I have fully established by the number of instances in which I have used it, when there were indications for its employment. In my paper "On Irritable Uterus," published in your numbers of Dec. 23, 1863, and Dec. 30 of the same year, I pointed out these properties as well as very many others which it possesses, and which, as far as I am aware, were never before noted. Since the publication of that paper I have prescribed the medicine very frequently, and have arrived at, not only a confirmation of the views promulgated upon the occasion of issuing the article referred to, but also the full conviction that those affections and symptoms enumerated above are readily treated, and overcome most quickly and persistently by the agent now under consideration.

In so many uterine and ovarian affections is this drug efficacious, as almost to justify its receiving the name of utero-ovarian specific.

I am, &c.,

G. de Gorrequer Griffith.

9 Lupus street,
St. George's square, S.W.

PARISIAN MEDICAL NEWS.

Treatment of Syphilis by Subcutaneous Injections of Calomel.

Dr. A. Scarenzio, Professor of Syphilography at the University of Pavia, publishes in the 'Annali Universali di Medicina' the results of a new method of treatment, a description of which is given in the 'Presse Médicale Belge':—

"The fluid injected consisted of three grains and a half of calomel mixed with thirty-five or forty drops of water, and the operation was performed with Pravaz's syringe, in bone or wood, with steel fixtures and canula. The injections were thrown in at first beneath the skin of the inner part of the leg, but in subsequent cases it was deemed preferable to select for the purpose the outer aspect of the arm, in order not to confine the patient to his bed. In eight instances of ulcer, periostosis, osteocopes, blennorrhœa, tubercular eruption, necrosis, and eczema, the treatment was invariably successful, except in one case which had already resisted mercurial treatment. In the remaining seven patients a prompt and enduring cure was the result; in all an abscess formed in the punctured spot, but rapidly healed after incision, the pus never containing any trace of mercury. These results, together with the noted innocuity of the contact of calomel with wounds or with the conjunctiva, confirms the author in the surmise that the local inflammation is due to the transformation of the calomel into corrosive sublimate. For the first week or two no improvement is observable in the syphilitic symptoms, but as soon as amendment sets in, the cases progress rapidly towards a favourable termination. This circumstance is also observable when mercurials are exhibited in the usual manner, and probably depends on the necessity of a general modification of the system. In one of the cases related by the author severe salivation was induced; the wounds consequent on the abscesses never assumed a syphilitic aspect.

If further experience confirms M. Scarenzio's assertions, the superiority of this method of treatment over all others cannot but be universally acknowledged.

Treatment of Glaucoma.—Comparative Value of Iridectomy and of Hancock's Operation.

It was our intention to present our readers with a summary of the debate which recently arose at the Society of Surgery on the comparative utility of iridectomy and the section of the ciliary muscle (Hancock's operation); but M. Wecker having consented, at our request, to add to his comments on a case of glaucoma, operated on with success at his dispensary, a few apt remarks on the disputed point, we reproduce his lecture, in which the subject is fully discussed.

The following is a brief history of the case on which the Professor grounded his observations:—

Mrs. D——, aged seventy, was admitted into the wards of the dispensary on the 18th of October for a disease of one eye. The patient stated that the sight of the left eye had gradually decreased for fifteen years, and more rapidly since three years, in consequence of a blow, but that four days before her admission she was suddenly seized with excruciating pain in the eye and the corresponding side of the head. On examination the eyeball was found to be extremely hard, and the blood-vessels around the margin of the cornea in a high state of congestion, but partly concealed by intense chemosis, which overlapped the circumference of the cornea; this membrane was not tender on pressure, and the pupil was moderately expanded, of a greenish hue, and insensible to light. The anterior chamber was much contracted, and the aqueous humour so turbid as to prevent the inspection of the deep-seated parts of the eyeball. Vision was entirely abolished in the organ. On the same day, October 18, M. Wecker succeeded with much difficulty in performing iridectomy. The diminished size of the anterior chamber and the thickness of the chemosis greatly embarrassed the surgeon in the introduction of the knife, and, on the other hand, the softened condition of the iris was no small obstacle to its extraction. At the conclusion of these proceedings M. Wecker incised the chemosis in two places, and applied a mild degree of pressure over the organ.

Almost immediately after the operation the pain subsided, and the patient, who had not slept for four days, sank into a peaceful slumber. On the following day the dressings were removed, the inflammatory action was found to have subsided, and vision was partially restored. Daily instillations of a solution of atropia were prescribed, a light bandage was applied over the eye, and in the course of a week the redness and pain altogether disappeared, and Mrs. D—— was enabled to see and count fingers held up at a distance of several feet, and to read Jäger's large type. The improvement would have been more marked but for an opacity of long standing in the nucleus of the lens.

Here is a fresh case of acute glaucoma in which iridectomy was resorted to with most brilliant success; but we must nevertheless acknowledge, that in this, as in other instances, the operation was most laborious. We cannot therefore feel much surprise that several members of the Society of Surgery should have inquired whether, under similar circumstances, equally favourable results might not be attained by some procedure of a more simple character. Mr. Hancock's operation, the division of the ciliary muscle, has been proposed as a substitute; and although we cannot give this method full credit for the wonderful effects it is said to have produced in the practice of a most dexterous surgeon, M. Serres d'Uzès, cases have been adduced and opinions propounded the tendency of which is to recommend in every instance of glaucoma ciliary tenotomy instead of iridectomy. This, in M. Wecker's opinion, would be a most unfortunate conclusion, and he conceives that in order to prevent the error in which it originates from gaining ground, it is desirable to compare the effects of the two operative procedures.

Mr. Hancock, in his operation, inserts the knife at the lower and outer part of the margin of the cornea, in an oblique direction downward, so as to divide the fibres of the sclerotic in an extent of about two lines.

The following parts are thus cut through:—1, the bevelled border of the sclerotic; 2, Schlemm's canal; 3, the ligamentous attachment of the iris; 4, the knife then crosses the lower part of the anterior chamber; 5, the circular fibres of the ciliary muscle, which rest on the internal wall of Schlemm's canal, are divided; 6, the knife, gliding between the radiated fibres of the same muscle, penetrates into the corpus ciliare; and, 7, perforates the hyaloid, thus effecting an entrance into the vitreous humour. Mr. Hancock's section includes, therefore, a small extent of the sclerotic, gives issue to the aqueous humour, divides a few of the circular fibres of the ciliary muscle, and promotes the escape of a trifling amount of the vitreous humour.

The procedure is an association of two measures which have long been in practice for the relief of glaucoma—viz., paracentesis of the anterior chamber, and of the vitreous humour. In addition, a few fibres of the ciliary muscle are also cut through.

The efficacy of the double paracentesis in glaucoma is fully admitted by all oculists, and Mr. Hancock's method is in this respect advantageous. But it is not possible to concede to the evacuation any permanent beneficial results, or any favourable influence on the prevention of relapse. It is therefore proper to inquire whether the partial tenotomy of the ciliary muscle, superadded by Mr. Hancock, imparts to the procedure a more enduring character of utility. M. Wecker does not think so, and he remarks that all the surgeons who have practically tested the respective value of iridectomy and of ciliary tenotomy agree that the effects of each are different. In a disease of the

nature of glaucoma, the partial section of a muscle, which in cases attended with acute inflammatory action is so promptly paralysed in consequence of the pressure exercised on its motor nerves, can have but unimportant results. The authors who ascribe to spasmodic irritation of the ciliary muscle an important share in the production of glaucoma and to the section of its fibres a considerable degree of efficacy in the treatment of the disease, obviously lose sight of the all-important fact, that the spasm referred to is utterly neutralised by the paralysis of the motor nerves of the ciliary muscle, a fact abundantly demonstrated in glaucoma by the mydriasis and paralysis of accommodation always present in such cases.

In conclusion, Mr. Hancock's procedure is extremely useful in glaucoma as a means of relieving the inflammatory symptoms; but the section of a few fibres of the ciliary muscle affords no additional security against relapse, nor does it check in an absolute manner the fatal progress of the disease. These results are attainable by iridectomy alone. A liberal excision of the iris from its pupillary margin to its outer border, the removal of a considerable number of the terminal filaments of the ciliary nerves, and the incision of the sclerotic and iridian attachments, restrain the irritation of the ciliary nerves, and any further increase of the secretions diminish the distension of the eyeball, and the subsequent pressure on the ocular origin of the optic nerve and of its expansion, the retina. Recent researches have established the fact that the secretion of the humours is mainly governed by the ciliary nerves, and that any protracted irritation of these filaments must necessarily increase the amount of the liquids included in the eyeball, and add proportionately to the pressure suffered by the envelopes.

M. Wecker further contends that glaucoma is not, properly speaking, a morbid entity, but a complication, or a symptom of inflammation of the deep-seated membranes of the eye, whenever these membranes, and more especially the sclerotic, are so unyielding, that moderate increase of the internal pressure is sufficient to occasion an amount of irritation and dragging of the ciliary nerves calculated to keep up and increase the hypersecretion which has already occurred within the organ.

M. Wecker is therefore of opinion that the spasm of the ciliary muscle and the section of its fibres, as performed by Mr. Hancock, can have no permanent influence on the symptoms of glaucoma, and the practical results hitherto obtained from the procedure fully confirm the theoretical views he entertains. The favour with which the operation has been received by many surgeons is due to the fact that it is of more easy performance than iridectomy, and also to the relief which follows paracentesis. It is, indeed, much to be desired that surgeons were in possession of some more simple method than excision of the iris, but the much-required desideratum has not yet been supplied, and we are still compelled to acknowledge that iridectomy is the only curative proceeding in glaucoma and the only method which surgeons can conscientiously resort to for the treatment of this formidable affection.

ECLAMPTIC FITS AT THE SEVENTH MONTH OF PREGNANCY RELIEVED BY ARTIFICIAL DELIVERY.

In cases of eclampsy, when uterine action has not set in, the surgeon is often greatly embarrassed, more especially as authors are not unanimous in advocating premature artificial delivery. Chloroform, valerian baths, or blood-letting if the patient is vigorous, should of course be resorted to at first; but in some instances these measures are unavailing, and the practitioner is fully justified in following his own inspirations, and in promoting delivery if this seems to afford the only chance of preserving life. Such was the critical situation in which M. Galicier, an experienced accoucheur of the city of Nantes, was placed on the 28th of May last.

In an interesting letter published by the 'Journal de la Société de Médecine de la Loire Inférieure,' M. Galicier remarks, that having been summoned to a young primiparous lady, at the seventh month of pregnancy, and who, every ten minutes, had violent convulsive fits, with intervals of coma, and entire unconsciousness, he unhesitatingly resorted to venesection, leeches, chloroform, laxative enemas, &c., but without any benefit. On the 29th of May, the paroxysms having returned, without cessation for seventeen hours, M. Galicier resolved on inducing labour by artificial dilatation of the os uteri. In the course of a few minutes he was enabled to insert one finger and to lacerate the membranes, but the cervix presenting an unconquerable degree of rigidity, he overcame its resistance by performing several incisions with a probe-pointed bistoury. Delivery was then effected with the forceps, and a still-born child was extracted. From this moment the convulsive symptoms became less frequent, and ceased altogether at three P.M. The case afterwards progressed in the most satisfactory manner.

Had M. Galicier refrained from active surgical interference, it is highly probable that his patient's life must have been sacrificed, and that her preservation was entirely due to the induction of labour. This resource should, therefore, not be rejected; and if it is found impossible to insert the hand into the uterus, no better method can be recommended than the incision of several points of the margin of the cervix.

SPONTANEOUS GANGRENE OF THE LEG; AMPUTATION BY MEANS OF CHEMICAL AGENTS.

At one of the meetings of the year 1858, M. Trudeau read before the Academy of Medicine a paper "On Spontaneous Gangrene." The learned Professor of the Val de Grâce illustrated his remarks by reference to four cases observed by himself, and to others published in the Medical Journals, and presented in conclusion the following dogmatic propositions:—

"1. Arteritis is one of the most frequent causes of spontaneous gangrene.

"2. It often yields to emollients, sedatives, and antiphlogistic treatment.

"3. In mortification of the limbs, if spontaneous elimination be trusted to, much time is lost, the existing peril is aggravated, and the chances of success of any subsequent operation are diminished.

"4. Timely surgical interference materially relieves the patient's sufferings, and decreases the dangers of his position.

"5. Amputation is a last, but a valuable and sometimes indispensable resource, when no counter-indication is present.

"6. In chronic disease of the heart or of the larger arteries, the formation of emboli may be surmised."

The author further remarked, that in a subsequent communication he would inquire into the indications for amputation in each variety of gangrene. I am not, however, aware that the second part of M. Trudeau's research has ever been published; without dwelling on the different theories adduced in explanation of spontaneous gangrene, and confining my remarks merely to the practical bearing of the question, I agree with M. Trudeau in viewing arteritis as one of the most frequent causes of the disease; but I conceive myself justified by the following case in differing from him with regard to the expediency of early amputation, or at least of amputation with the knife in every instance of mortification of a limb.

On the 23rd of October, 1862, I was requested to visit without delay, G. M——, a field-labourer at Gajac, who was stated to have experienced a sudden paralytic stroke. I found the patient suffering intense agony from pain in both legs from the knees downward. He had started for work in the morning, apparently in his usual health, and had previously felt no indication of approaching illness. The symptoms had set in suddenly; he had found it utterly impossible to walk, and his children had therefore been obliged to convey him home in a hand-cart. He was a hale, active man of fifty-eight, who had never suffered from rheumatism, and for several years had enjoyed excellent health. He was fond of fishing, and in the habit of standing in the water often while in a state of perspiration, to which I attributed the pains complained of to an immersion of this kind which he had indulged in for two hours, a cold

of days before. I therefore prescribed warm fomentations with camphorated oil and oil of henbane, the application of hot cloths to the limbs, and a stimulant diaphoretic. An opiate was also exhibited, and in the course of the evening, a certain amount of feverishness having set in, I removed from the arm ten ounces of blood. On the 25th the pain had much decreased on the right side, and subsided altogether on the 27th, but the left leg remained painful, especially in the calf, and from the seat and nature of the symptoms, I concluded I had to deal with a case of arteritis. On the 28th, G. M—— compared the sufferings he endured in the leg to those which might be caused by the incessant gnawing of a dog. On the 5th of November the following was the aspect of the limb, which entirely corresponds with the signs enumerated by M. Nélaton in a lecture on this affection, *the limb was cold and colourless, and presented the wan appearance of the leg of a drowned person; it was insensible even to rough contact; the arteries of the leg and foot were pulseless, and excessive spontaneous pain was incessantly present.* "After an interval of a few days," said M. Nélaton, in describing the condition of his patient, "livid patches became apparent on the limb, and the mortified flesh assumed the aspect of a hard, dry, mummified mass. Under these circumstances, the sufferings of the patient, which no amount of opium could allay, precluded the idea of awaiting the process of spontaneous elimination; and, on the other hand, his system was obviously sinking. Active interference was therefore an imperative necessity, and the leg was removed forty-five days after the first manifestation of the symptoms."

M. Nélaton therefore was of opinion that it would, in a case of this description, be injudicious to wait for spontaneous elimination. On this point of surgical practice, I venture, however, to differ from this eminent practitioner; and I contend, not only that the spontaneous separation of the mortified parts should be entrusted to Nature, but also that the natural process should be hastened by the application of chemical agents, in order to shorten its duration and avert its fatal effects on the constitution. Fully convinced of the accuracy of my views, and, in addition, finding my patient firmly resolved to submit to none of the usual methods of amputation, I determined on trusting to Nature and on promoting the eliminative process, as soon as the local symptoms afforded an indication of its setting in. I therefore exhibited tannin and bark to support the system and avert puriform absorption, and prescribed frictions over the limb with sedative and antiseptic preparations. The abscesses in the calf of the leg were opened, and injections performed with the chlorate and permanganate of potash, which modified the offensive nature and reduced the quantity of the morbid secretions. I should state here that I found Lebœuf's saponified coal-tar more efficacious than any other disinfectant.

We thus reached the 1st of December: the foot was mummified from the malleoli to the toes, and the leg presented the aspect of the limb of a dead subject after protracted maceration. The bones were but imperfectly protected by diseased integument, and the general appearance of the case was most unpromising. The patient, however, was full of hope, and I destroyed both bones with nitric acid; the separation was effected without pain or hæmorrhage. In the course of three weeks I succeeded in forming a stump of irregular shape, it is true, but presenting all the conditions required for the adaptation of a wooden leg.

Last February, twelve months having elapsed since the operation, M—— was exhibited to M. Dupuy, Surgeon-in-chief of the Hospital of Bordeaux, and to several other eminent practitioners, who had an opportunity of judging by personal inspection of the successful issue of the treatment I have described.

Academy of Sciences.

M. Cl. Bernard lately read some remarks forwarded by M. Berthé on the comparative effects of morphia and codeia. Narceia, which has of late engaged much attention, in consequence of Professor Bernard's researches on the components of opium, should not, in M. Berthé's opinion, entirely throw into the shade the valuable properties of codeia. In forty-five cases related by this gentleman, codeia displayed an amount of sedative power which assigns to this substance a very high place in the list of anodynes.

M. Berthé contends that codeia is invested with a degree of efficacy equal, if not superior, to that of any other preparation of opium.

It is preferable to morphia, inasmuch as it induces neither perspiration nor cutaneous eruptions, nor disturbance of the digestive organs. It never causes obstinate constipation, nausea, or vomiting. For this reason codeia is especially applicable to gastric neurosis attended with pain; and M. Berthé asserts that he has found this remedy most serviceable in cases of gastralgia, for which other medicines, even belladonna, had in vain been previously exhibited.

Codeia is more especially an invaluable narcotic, and soothes most efficaciously the distressing paroxysms of cough in bronchitis and tuberculosis, and the pains of rheumatism, gout, and even cancer.

Morphia has also, it is true, very marked sedative effects, but its secondary action on the system is entirely different. The sleep induced by codeia is followed by a sense of relief and improvement on awaking; whereas, after the repose consequent on the administration of morphia, nervous headache and hebetude are not unfrequently observed. These symptoms form a serious objection to the protracted use of morphia, and almost altogether forbid its exhibition to plethoric subjects liable to congestion. M. Berthé is in possession of a number of cases illustrative of his views on the subject, which he will advert to on a future occasion.—'Journal of Practical Medicine and Surgery.'

Pharmaceutical Society of Great Britain.—The following gentlemen passed their examination on the 22nd ult. as Pharmaceutical Chemists:—James Barrett, Leicester; John Currie, Glasgow; John Francis, Wrexham; James Isherwood, London; Joseph C. Preston, London; William H. Tugwell, Greenwich; William H. Whiteway, Torquay; James Williamson, Edinburgh.

Testimonial.—At the last meeting of the South London Medico-Ethical Society, the members presented to their worthy Honorary Secretary, Dr. Swallow, Kennington-park road, a very handsome silver cup, which bears the following inscription:—"Presented to James Dodd Swallow, M.D., by the Members of the South London Medico-Ethical Society, as a token of their esteem, and appreciation of his valuable services as Honorary Secretary of the Society.—Feb. 1865."

The late Dr. Falconer, F.R.S.—It has been resolved, at a recent preliminary meeting, that the memorial to this eminent physician and man of science shall be a marble bust for one of the learned societies or national science museums, and a Natural Science Fellowship, to be endowed at the University of Edinburgh. The President of the Royal Society (General Sabine), the President of the Geographical Society (Sir Roderick Murchison), Sir Charles Lyell, Sir Proby Cautley, Mr. Busk, Professor Sedgwick (Cambridge), and others, have already joined the Committee. The Honorary Secretary is Dr. C. Murchison.

Marylebone Vestry, Feb. 10th: Medical Officers' Salaries.—According to notice of motion, Mr. Tavener moved that the salary of the Medical Officer for the Rectory District be increased from 80*l.* to 100*l.* Mr. Botting moved as an amendment that the matter be referred to a committee of the whole board. Mr. Tavener said he should prefer to withdraw his motion if Mr. Botting would confess that his motive in proposing the amendment was to inquire into the whole subject of the district Medical officers. Mr. Botting said he was desirous of serving the poor generally, and he thought the time had arrived to go into the whole question of the duties and salaries of the whole of the district Medical officers, so that it might be arranged that each of them should have his proportionate share of work, and that all of them should have a fair salary. Mr. Tavener withdrew his motion and seconded the amendment, which was carried.

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 1, 1865.

CHEAP WINE.

The old adage, *de gustibus non disputandum*, applicable as it is to many other matters of human opinion, is particularly so in reference to taste in wines. Some people like dry wines, others like fruity ones, some like thin wines, others prefer those which are full-bodied, and perhaps there is hardly any one wine produced at a large dinner party which would equally please a dozen of the guests. Many people, too, who affect to be *connoisseurs* in wine, are in the habit of pronouncing the most absurd judgments upon the merits of the beverage, when this particular taste becomes the subject of discussion; and it is a well-known joke that the tavern-keeper who has been censured for putting a particular wine before his guests has been commended when he has brought back the same wine with the addition of some water. In nine cases out of ten, too' people will find fault with any wine *after they have drunk it*, especially if they have drunk it at their own expense, because, either from having drunk too much, or having injudiciously mixed it and other wines together, the after-consequences are perhaps not so agreeable as might be desired. The attempt therefore, to establish canons of taste, as to what is or what is not good wine, is a very difficult one, and perhaps the only practical criterion is to drink a moderate quantity of some given specimen (taking the precaution of drinking it at the proper season) and ascertaining its effects on the head, the tongue, the pulse, and the stomach on the succeeding day.

It is not our object, however, as Medical writers, either to treat of the æsthetic character of wines or to determine the quantity which any one can drink without suffering inconvenience. Our intention is only to examine the subject in a Medical and hygienic point of view; and admitting, as nearly all Medical men do, that wine is a very useful and important article, both as a diet and a medicine, it is an interesting question to determine how far good wine, that is to say wholesome and invigorating wine, can be supplied at a cheap rate to the public. The question is far more important to the poor than the rich, for the latter can, of course, command the finest specimens from wine-merchants of known integrity; while the poor and the middle-classes are left to the mercies of the inferior wine merchants, or, what is much worse, are victimized by the publicans.

Although it is somewhat difficult, as a mere matter of taste, to determine what is or what is not a high-class wine, it is not perhaps so difficult to tell whether a wine supplied to the sick or the convalescent is suitable for the purpose to which it is applied. If a person suffering from neuralgia, or convalescent from a fever, finds that his malady is removed or relieved, or his health is re-established by the use of a particular wine, he may pretty safely conclude that the wine is good, or, at any rate, that it is suitable to his particular case or constitution. The next question is, perhaps, even still more easy of solution, namely, as to what is *cheap wine;* for although the terms cheap and dear are merely relative, and often convertible, yet, as a matter of common observation, it might be admitted that if a wine, such as that we have supposed, could be sold, say at a shilling a bottle, it might be pronounced cheap, whereas the same wine at twelve shillings a bottle would be decidedly dear.

Now comes the question whether good, sound, and strengthening wine, such as is suited to invalids, can be sold at a cheap rate, as, for instance, at a shilling or fifteenpence a bottle; and in spite of many arguments to the contrary, we are inclined to answer the question in the negative. We do not deny that wine is now commonly sold at a shilling a bottle, and this wine may be good enough for people who like it, but we strongly doubt whether it would be suitable for the use of hospitals, or for invalids, or for convalescents, and whether, in fact, for such purposes, it would not be dear at the price.

In making these observations, we by no means deny the merit of what are called the light wines, such as those especially of France and Germany, nor do we deny that the wines in common use in this country, and chiefly brought from Spain and Portugal, are manufactured, or it may even be said, adulterated, to suit what is supposed to be the English taste. But on the one hand it must be recollected that the clarets, the Burgundies, and the hocks vary most extensively from one another, some being very good and others very bad in their natural state; while the ports and sherries, from their fetching a good price, are usually selected wines, and are prepared with great care and at considerable expense. We do not deny that there are bad ports and bad sherries in the market, but we deny that respectable wine-merchants would sell them to their customers; whereas many of the clarets, Burgundies, and hocks are necessarily bad (in consequence of climate, soil, vintage, locality, &c.), and are known to be bad in the countries where they are grown; and they are sent over to this country because they are unsaleable in the land where they are produced.

If we take only one country as an example, and that emphatically and pre-eminently a wine-growing country, we shall find that the wines differ most extensively, according to the region where the wine is produced. About Boulogne and Calais, and from those towns to Paris, for instance, the vine is hardly grown at all for wine-making purposes, and if any wine is produced, it is weak, sour, and austere; but in proportion as we proceed southward, both to the east and west, the grapes become more fully developed in their flavour, and the wines are proportionately more distinguished for their good qualities. Now, in Paris every kind of wine may be obtained, some of it being execrably bad, but very cheap, and some of it, on the contrary, being exceedingly good, but just as dear, in proportion, as it would be in our own country. The ordinary wine (*vin ordinaire*) is neither very good nor very bad, but is moderately well adapt

to the purposes for which it is used, being an agreeable drink with ice in the warm weather, and an agreeable drink also, when mulled and mixed with sugar and spice, in the cold weather. The *vin ordinaire*, too, is neither cheap nor dear, for it does not belong to the execrably bad and very cheap wines to which we have alluded, nor does it aspire to the rank of a high-class wine; and in the hotels it is charged at the rate of about two francs, or one shilling and eightpence a bottle, and it may be bought at the wine-merchants at about half that price. But all the red French wines, the bad, the indifferent, and the middling, come over to this country and are called claret; and the good French wines come over too, but they are not cheap wines.

Now, as Medical writers, we ask whether the introduction of the cheaper kinds of French wines into this country is likely to prove beneficial to delicate persons and to invalids for whom wine may be prescribed as a medicine? To the majority of English patients we should say that such wines must be not only impalatable, but inefficient, although we do not add, unwholesome or injurious. As we have no wish to dogmatise upon the subject, we do not assert that in certain constitutions (especially of those who have perhaps, indulged too freely in the stronger wines) the use of claret or hock, or other light beverages, may not be advisable; but we are now alluding to the great mass of British patients and invalids, as ladies, poor persons, children, &c., who have not been accustomed to the habitual use of wine, but who may require it as a tonic and strengthening agent. It certainly seems to us that two or three glasses of good port or sherry will go as far in such cases as a bottle of weak claret or hock; and if it be argued that the port and sherry are too dear for general use, then we have an excellent substitute in our British beer, which is the best in the world. Admitting that claret may be had at a shilling or fifteenpence a bottle, excellent beer, either stout or bitter ale, may be had at seven or eight shillings a dozen; and we are inclined to think that a bottle of such beer as we describe would be quite as good, if not better, for an invalid, than an equal quantity of weak claret. Where then, we ask, is the cheapness of wine at a shilling a bottle, which does but little good, when beer of superior quality may be had for sevenpence or eightpence a bottle, or for eightpence the imperial quart? And, again, where is the cheapness of a wine, three bottles of which only go as far as one bottle of good port or sherry?

We shall shortly return to this subject.

SUMMARY OF THE WEEK.

MEDICAL PRACTICE IN AUSTRALIA.

The following extracts from a private letter from Australia proves that the state of Medical practice at the Antipodes is not much better than, if so good as, in the mother country:—"I came to ——— twenty-six years ago; we then had a scattered population, and my whole time was taken up with the active duties of my Profession. Indeed, I almost lived on horseback, and I was at all times prepared to start to attend a patient any distance under eighty miles; this I would do and return in about sixteen hours. Of course I had several relays. This distance was not at all uncommon, and I continued at this sort of work for ten years, when, in 1849, the town had so much increased in dimensions and population that I limited my practice to ——— and the suburbs. So you can imagine that I had but little time for study. In addition, the community were fast, and it was impossible not to join with the custom. I got at last an attack of colonial fever (bilious remittent), my system being made susceptible from overwork. This shook me terribly, and I went to Europe, where I remained seven years, travelling about, and endeavouring to improve myself in my Profession. I dissected regularly, and worked hard at histology and other branches which I thought might be useful when I returned to my practice again; and when I did I found matters very much altered. We have now a very different population, the status being inferior to that which formerly existed; therefore it is very unpleasant to practise here as a rule. There are an immense number of clubs, which are tendered for, and the lowest tender, of course, is taken. A larger number of this class of patients complain dreadfully of the fees, and they may probably have received gratuitous advice in England, and never paid a fee in their lives; and an immense number of well-doing persons, both male and female, have lost so much self-respect as to apply at the hospital for Medical relief. The standard of the Profession is far below what it was when I formerly practised here. We had some very good men at that time; for instance, ——— and ——— and ———. With such men as these for competitors, it was most delightful to work; but now there is an overweening jealousy, and each is ready to cut the other's throat, were he not sure that he would be hanged for it. The fact is, the Profession here is overcrowded; there is not a corner here where you will not find a Medical man; and the means many adopt to gain patients is laughable. Actually, the wives of some respectable men go about canvassing respectable pregnant women on behalf of their husbands. A lady not very long ago came to a suburb for her confinement; the wife of one of the doctors called upon her and proclaimed her husband's skill in such cases, and assured her that he was a great favourite with the ladies, and so much was he liked, that he was never changed for another if he had once attended a case, and she begged her for once to try him. The lady said she must consult her husband, and they parted. Strange to say, the same afternoon, another practitioner's wife called from town with a similar solicitation (they were acquaintances). The pregnant lady was somewhat confused, and said that they lived at too great a distance to send for her husband, and that he might be away; however, nothing she said could convince the doctor's wife to the contrary: she saw her to the door, and while standing at the threshold, whilst her visitor had reached the middle of the street, the latter turned round and sung out, "Now, mind you send for my husband, for I can assure you that he's all there when he's

wanted." On another occasion, a doctor was sent for to an accouchement; he was out of the way, but he soon returned and marched off to the lady. When he arrived, his opponent's wife (determined not to lose the case), whose husband was also out, boldly undertook the management; and when the doctor arrived she said the presentation was quite natural, and that she could perfectly well manage the case. They had a battle of words, but the doctor got the case. Such things are lamentable. This is a capital country for quacks; the regular practitioner has no chance with them. I have a namesake here who advertises most unmercifully, which is many hundred pounds a year out of my pocket. Many patients are recommended to Dr. ——— (from the country), and they invariably look for the address in the newspaper; they see his advertisement, and go to his rooms, when he pockets the fee that was intended for me. This is Sunday and Christmas-day; I have several letters to write, as the mail leaves to-morrow at ten, and I have just received a telegraphic message to go 160 miles into the country. This now can be done, thanks to the railways, in six hours. This is very different from your Christmas: the last three days, have been broiling hot. You eat your dinner in a closed room with a blazing fire, and by candle-light; we partake of ours with doors and windows open, our drinks iced. But so strong is the force of custom, that it is considered necessary to dine off hot roast beef and turkeys, and the lowest here must have their smoking hot plum-pudding. You hang up your meat at this season for a fortnight; I had a bustard sent to me that was shot yesterday,—it is to-day almost too far gone for cooking.

CRIME AND INSANITY BEFORE THE LEGAL TRIBUNALS.

The following brief story, taken from a newspaper, shows how recklessly, in some cases, the law deals with persons who are really irresponsible for their actions. As both the poor sufferers were sentenced in due course of law, there is no person to blame; but surely a humane code of justice would hesitate to condemn to the treadmill persons suffering from paralysis and epilepsy, before inquiring how far their alleged offences were due to the presence of cerebral disease:—

"INQUESTS IN THE HOUSE OF CORRECTION. — On Saturday Dr. Lankester held two inquests in the House of Correction. The first was on George Lloyd, an artist, who had been committed for twelve months for stealing pewter pots.—Deceased's mother said he was paralysed, and was not quite right in his head. She considered he had been treated most kindly in the prison.—Dr. Smiles, Medical officer, said when admitted in July last deceased was put to the wheel, but as soon as he saw he was an invalid he stopped it. He was suffering from incipient paralysis, and had a fatal attack, of which he died on the 21st.—In the second case, that of Thomas Macarthy, who, though only eighteen, had been twelve times in the House of Correction for different offences, he had been excused labour, and had died from effusion of blood on the brain, produced by epileptic fits. —The Coroner considered it a question whether either of these deceased should have been sentenced to imprisonment. Verdict, "Death from natural causes," in each case.

BATH UNITED HOSPITAL.—The late report of this Hospital states that improvements in the new portions of the present building are in contemplation, and that the Albert Memorial Wing will be commenced during the present year.

REVIEW OF BOOKS.

Photographs (coloured from Life) of the Diseases of the Skin. By Alex. Balmanno Squire, M.B. Lond. London: Churchill and Sons.

The present photograph exhibits one of the vegetable parasite diseases of the scalp, namely, Favus, or, as it has also been called, Porrigo Favosa, or Tinea Favosa. The affection is characterised by its cup-shaped eruptions, which together present the appearance of a honeycomb, and hence the name favus. It is now known to be caused by the presence of a vegetable parasite, the Achorion Schönbeinii. The representation, as is usual with this series, is very life-like, and conveys a very accurate idea of this rare form of disease—rare at least in this country.

Handbook of Dental Anatomy and Surgery, for the Use of Students and Practitioners. By John Smith, M.D., F.R.C.S., Surgeon-Dentist to the Royal Infirmary, &c., Edinburgh. Pp. 136. London: Churchill and Sons. 1864.

The appearance of this book is described by the author as being caused by the want he felt of a concise work on the anatomy and diseases of the teeth; and this want he has now ventured to supply. Such a book, although strictly speaking a monograph, comprehends the explanation of many branches of science, as comparative and human anatomy, physiology, Medicine, and Surgery, besides the more mechanical part of dentistry, as extraction and the stopping of teeth, and the important topic of the use of anæsthetics in dental surgery. On all these subjects Dr. Smith discourses well and learnedly, without being too abstruse; and his little book will, doubtless, be much in demand among the dental branch of the Profession.

On Enuresis (Incontinence of Urine) arising from Irritability, Weakness, or Inflammation of the Bladder and Urinary Organs, and Diabetes. By W. Abbotts Smith, M.D., M.R.C.P., Physician to the Metropolitan Free Hospital, &c. Third edition, pp. 96. London: H. K. Lewis. 1864.

In the present edition of this work, Dr. Abbotts Smith has introduced an account of the different forms of diabetes, which in its early stages is sometimes mistaken for enuresis; and he describes the most appropriate methods of treatment in that serious and sometimes insidious malady.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. J. H. BENNETT, of Edinburgh, commences the number with a paper "On the Treatment of Pneumonia by Restoratives," a subject which he thinks particularly interesting at present, in consequence of the effort now being made to restore what he considers the dangerous practice of bleeding in that disease. Between the 1st of October, 1848, and the 31st of January, 1865, Dr. Bennett has been on active duty at the Royal Infirmary of Edinburgh for seventy-five months or six years and a quarter (the Medical officers of this infirmary perform their duties in rotation), and during this period he has treated 129 cases of acute pneumonia; of this number 105 were uncomplicated and they all recovered although many of the cases were very severe: among the 24 complicated cases, there were four deaths. All these cases were treated publicly, and their history was recorded in the hospital books, and the results have been carefully tabulated by the resident physicians. The conclusion drawn by Dr. Bennett is strongly in favour of the restorative treatment

in pneumonia, and he also thinks that this disease so treated is not a fatal one. As palliating measures, he admits the utility of small bleedings, as to eight or twelve ounces, but he thinks that this depletion is very rarely required. The curative treatment he recommends consists of rest in bed, nutritive drinks, especially good beef-tea, and port-wine. In comparing his cases with those of the late Dr. Todd, who treated the disease with stimulants, Dr. Bennett finds that all his own uncomplicated cases recovered, while one in nine cases died in the practice of Dr. Todd; and he thinks that excessive stimulation may have caused the mortality in Dr. Todd's cases.——Dr. A. H. HASSALL continues his papers "On the Determination of Chlorine and Urea in the Urine by Liebig's Method with Protonitrate of Mercury," but the details are too strictly technical to admit of an abstract. The following, however, are his general conclusions:—

"The conclusions to be deduced from the foregoing observations and experiments relating to the mercurial solutions for chlorine and urea appear to me to be—

"1st. That these solutions ought never to be employed or purchased without being tested by the experimenter himself.

"2nd. That these solutions should not be made by simply dissolving a given amount of mercury or its oxide in nitric acid, and making up with a certain quantity of distilled water, without at the same time invariably testing them for free nitric acid, and titrating with standard solutions of chloride of sodium in the one case, and of urea in the other, both of undoubted purity.

"3rd. That the purity of the chloride of sodium and urea employed ought never to be acknowledged until they have been subjected to careful analsyis.

"It follows, moreover, from these observations and experiments—

"That a large proportion of the analyses of the urine for chlorine and urea, hitherto made in connexion with the physiology and pathology of the urine, cannot be accepted as trustworthy, since the errors arising through the use of these solutions, as prepared according to the directions of even the highest authorities, amount in the case of chloride of sodium to thirty-three grains on the day's excretion, or nearly one-seventh; and in that of urea to 81·4 grains, or about one-sixth of the normal daily excretion.

"That the above observation probably applies equally to many of the determinations of urea made in connexion with diet, and for the purpose of determining the proper dietary for man under different circumstances and conditions."

——Mr. HENRY THOMPSON contributes a paper "On the Proofs that Lithotrity is an Eminently Successful Operation," his remarks being made in reply to a statement of an opposite character from Mr. Holmes Coote a few week ago. He adduces, in support of his views, a group of consecutive cases of lithotrity, performed by himself during the year 1864, with their results. The cases are nineteen in number, and in only one was the result fatal.——Dr. CHARLES CLAY contributes a paper "On Ovariotomy and Ovariotomists," and while claiming for himself the merit of originating the operation of ovariotomy, and while paying a complimentary tribute of esteem to Mr. Walne, Mr. L. B. Brown, and Dr. Tyler Smith, who have all been successful in the same path, he comments very severely on a recent work published by Mr. Spencer Wells on the subject, his chief complaint appearing to be that the author of the latter book has unduly passed over the operations and the published papers of contemporaries, and has been especially unjust to Dr. Clay himself. Instead of any further abstract, however, we prefer to quote Dr. Clay's own language in certain passages:—

"In the introductory preface Mr. Wells make the following allusion to me:—'*Dr. Clay had steadily continued in the career which he began in* 1842; *but his operations not being performed in an hospital before numerous professional witnesses, and no connected series of his cases being published, his example had but little influence.*' I would simply answer this most ungenerous and professionally illiberal remark by stating, that it is a deliberate misstatement of facts. That my operations were not performed in public hospitals is *the only true point in the statement.* All my operations have been given to the public separately or connectedly in Journals and elsewhere, and more widely circulated by journalism than they could possibly be by any monograph. Indeed, I am vain enough to imagine that there are few places in the civilized world where my operations have not been heard of. Every operation has been witnessed generally by *three* or *four* professional men; in many instances, *seven* or *eight;* and in some few instances, as many as *ten* or *eleven:* I believe not less than from six to seven hundred in the whole, and nearly always very different persons from every part of Europe; and not the same persons in many cases, as Mr. Wells's hospital cases show. As to my operations having had but *little influence,* I sincerely believe (and I am confirmed in my views by the written testimony of hundreds of professional correspondents) that if I had not been the pioneer for this operation in 1842, and for years after that, *alone and unsupported, neither ovariotomy as an operation, nor Mr. Wells as an ovariotomist, would most probably be heard of at this time.* Surely Mr. Wells cannot mean to infer that to earn reputation and obtain influence it is imperatively necessary to live in London and be connected with an hospital, and that *to ensure credit* one must publish a book (too often only a polite advertisement of the author's whereabouts). I have too much faith in Medical Journalism, and the members of the Medical Profession generally, to admit such an exclusive dogma. What a long list of celebrated provincial men crowd into my mind at this moment, the brightest ornaments of past ages! and are there not now living very many who have earned in the provinces both fame and reputation, without the adjuncts insisted on by Mr. Wells?

"Putting aside the exclusiveness of Mr. Wells (which I can afford to smile at), I cannot so easily pass over without notice his statement of the diagnosis and opinions of other Medical men, derived from conversations with his patients *without first inquiring into the truth of the statement from the Medical man himself:* such conduct is most unprofessional, and pregnant with great injustice. For instance, in respect to myself, at page 351 he states: 'Went to Dr. Clay of Manchester, who told her she had ovarian disease *in an advanced state,* but advised delay *on account of its solidity, or the solidity of the tumour.*' I really think it must have been the *stolidity* of Mr. Wells not to have seen the palpable falsity of this information, and how little he ought to have relied upon it *without further inquiry,* even though the information was so stated. All that know me and my operations will give me full credit for operating *if I am certain* of its being ovarian *and in an advanced state.* I never advised (in this or any other case) delay because of its solidity. If it had been as he said, Mr. Wells would never have seen the case, as I was earnestly pressed to operate. On referring to my notes respecting this case, I find—'*Tumour very solid, rather central; suspicious, probably not ovarian; tumour not large, growth not rapid. Advised delay, and to see it again before deciding if any operation can be recommended.*' At a subsequent visit some time afterwards I found its condition but little altered, and advised further delay. I then lost sight of the case until I saw it recorded in Mr. Wells's volume. Sequel: Mr. Wells declared it ovarian, operated, and found a fibroid

uterus ; death on the fourth day ! Had Mr. Wells applied to me, I could have given him the above definition, confirmed by another person of professional eminence, and saved his pen from misrepresentation.

"Then, again, at page 103, Mr. Wells states, '*She was tapped a second time by Dr. Clay*,' &c., &c. In this case Mr. Wells did not misrepresent my diagnosis, *but did worse :* he knew it, as well as those that were with him, but *he omitted it altogether.* My opinion was this : '*On no account seek any operation. If ever I saw malignant disease, this is a case, and if operated upon must terminate speedily in death.*' I was earnestly pressed to operate, but, though a splendid fee would have resulted, I persevered in my refusal, and the fee went into Mr. Wells's pocket. I never regretted my portion of the transaction. I never will operate on a case decidedly hopeless. I will have a prospect of success before I begin, and no fee shall ever tempt me without such prospect in view. In this case Mr. Wells held out hopes from an operation. It was done, and she died a few hours after."

'MEDICAL TIMES AND GAZETTE.'

Dr. BENCE JONES continues his "Lectures on Chemical and Mechanical Diseases and their Relationship," "Diseases of Suboxidation" being still under consideration —acidity, or the acid diathesis, claiming attention in the present article. The pain and discomfort occasioned by the acidity are in proportion to the excess of the acid, and, in consequence of this acid condition, there may be itchiness of the skin, nettle-rash, eczema, herpes, griping pains in the bowels, cramp in the stomach, vomiting, colic, tormina and tenesmus, urgency and frequency in emptying the bladder, or constant pain and violent spasm of the bladder, a sense of smarting or scalding in the urethra, and even stricture. When the acid is very much in excess, the skin, mucous membrane, and urinary apparatus may be all irritated simultaneously. There is great persistence of this diathesis and intractability in its removal and an equally great liability to return; moreover, there is a strong resemblance to the diabetic condition. In the next part of the paper the consequences of excessive acidity are brought forward. In this enumerature it is mentioned that "acidity is the cause of from 40 to 50 per cent. of all the cases of stone that occur in England." The next subject of discussion is "The Treatment of Acidity." The best diet and the best medicines are those which are most beneficial in diabetes. The medicines advisable in these kinds of cases are, first, those which will remove the acid ; and, secondly, those which neutralise it. Emetics, warm baths, diaphoretics, are recommended, and plenty of out-door exercise in pure air, since such tends to promote those changes which are effected in respiration. Diuresis should likewise be obtained. The medicines most efficacious in neutralising the acids are vegetable salines, containing fixed alkalies or earths.

THE 'OPHTHALMIC REVIEW :' A QUARTERLY JOURNAL OF OPHTHALMIC SURGERY AND SCIENCE. Edited by J. ZACHARIAH LAURENCE, of London, and THOMAS WINDSOR, of Manchester. January, 1865.

The present number of this Journal contains the conclusion of a clinical lecture "On Cataract," by Professor VON GRAFE ; a paper "On Pigment in the Optic Disk" (translated from the 'Annales d'Oculistique'), by Dr. R. LIEBREICH ; a "Case of Encephaloid Cancer of the Lacrymal Gland," by Dr. W. MACKENZIE ; "Cases in Practice," by Mr. R. B. CARTER ; a "Retrospect of British and Foreign Medical Journals," by Mr. WINDSOR ; and a long and able review (which is not concluded in the present number) of Donder's work, "On the Anomalies of Accommodation and Refraction of the Eye."

INCIDENT IN ARMY PRACTICE.—CASE OF TWINS—ONE WHITE THE OTHER BLACK.—A correspondent of the Boston 'Medical and Surgical Journal' relates the case of a coloured laundress, confined at Post Hospital, New Iberia, La., Dec. 1863, with twins ; one child had regular features and was white ; the other was purely African in colour, features, and form ; each child having its accompanying placenta and envelope.

STRANGE SCENE IN THE UNIVERSITY OF EDINBURGH.

From the 'Daily Review' of February 21, 1865.

It is often stated that when the notorious surgical teacher, Paracelsus, wished to show his aversion to any particular author, he immolated the writings he dissented from in the presence of his pupils. We are not aware that this mediæval practice has ever been adopted in any of our Scottish Universities till last week, when it was followed out in one of the class-rooms of the University of Edinburgh. It looks like a plunge backwards into the dark ages. The occasion was as follows:—Professor Simpson has discovered a new method of arresting the bleeding in surgical wounds and operations by temporarily compressing together the sides or tubes of the divided vessels by a needle, instead of tying up their open mouths by threads which remain for days as foreign bodies in the wound and always kill or mortify the end of the tied artery. Dr. Simpson's new and simple plan of acupressure has been accepted with much more favour by the Profession than new practical suggestions usually are. But Mr. Syme, Professor of Clinical Surgery, without ever trying the plan, denounced it some time ago in most discourteous terms before the Medico-Chirurgical Society of London. Lately, Dr. Simpson issued a quiet pamphlet, styled "Answers to the Various Objections against Acupressure, or the Temporary Metallic Compression of Arteries, adduced by Professors Miller, Erichsen, Neudörfer, Spence, Fergusson, and Syme." Last week Mr. Syme took this pamphlet into his class-room, and, without attempting to answer the rather unanswerable arguments which it contains in favour of acupressure, he scolded at the author and declared the pamphlet to be a piece of "vulgar insolence." "Then came the *dénouement.* (We quote from the letter of an accurate eye-witness.) With firm hand, teeth compressed, pale lines around his orbits, and altogether a most determined and savage expression, he tore up the pamphlet with his fingers, and gave the fragments to his assistants to be consigned to the sawdust-box with other surgical remains." One important addition requires to be made to our notice of this indecent scene. The whole had given to it a kind of official character by Dr. John Brown, the assessor or representative of the Lord Rector in the University Court, accompanying Mr. Syme into his class-room on this special occasion, countenancing by his presence and patronage Mr. Syme's proceedings. We do not stop to discuss the question whether, by aiding in this unseemly exhibition, Dr. Brown did or did not dishonour the important trust committed to him by Mr. Gladstone. The whole transaction is likely, we hear, to come under the supervision of the University Court. As one of the seven members of that court, Dr. Brown, we are afraid, is not in a fit position to sit in judgment on the matter. If one of our fifteen judges of the Court of Session were to be present and assist at a street riot, would he not be regarded as having put himself in a condition in which he prostituted his office and rendered himself utterly incapable of exercising his judicial functions in that case. Would the Queen or Parliament not at once remove him if he committed so indefensible an indiscretion ? We feel assured that the very high-minded and honourable Rector of the University will look upon this strange episode in modern university teaching with characteristic regret and disdain.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 14.

Dr. BASHAM, V.P., in the Chair.

A paper, by Dr. MORELL MACKENZIE, was read on

THE TREATMENT OF CHRONIC DISEASE OF THE LUNG BY THE INHALATION OF ATOMISED LIQUIDS.

The author, after an elaborate description of the various instruments invented for the purpose of introducing medicine by means of inhalation, enters into an account of

apparatus invented by Dr. Siegle, (a) of Strasbourg, and himself, which he thus describes :—It consists of a little kettle with a horizontal spout, in which there is a very fine opening. Placed at right angles to the horizontal spout is a vertical tube which dips down into the kettle, with a spirit-lamp beneath it. As the steam issues from the spout it causes a vacuum in the vertical tube, and the medicated liquid rising up becomes mechanically incorporated in the steam. The dilution of the medicated liquid which takes place is very slight, as the conversion of a drachm of water into steam will take up three drachms of medicated liquid. The temperature of the steam is lowered by the incorporation of the liquid, so that at the end of the cylinder it has only a temperature of about 70°. In this apparatus there is, of course, no current of cold air. The amount of liquid taken up varies—that is, it depends on the amount of heat applied, on the height of the column of liquid, &c. This is not an important defect, but when it is thought desirable to take up a definite quantity of liquid the author uses the following apparatus :—A graduated glass tube, about eight inches high, has from its lower part a fine piece of tubing, which is bent round and up again, and then extends about an inch horizontally, and ends with a minute opening. In the vertical portion of the fine tubing there is a stop-cock. The small aperture of the tube is placed at right angles to the spout of the kettle, and as the liquid emerges it becomes incorporated in the steam. By means of the stop-cock the amount of liquid which passes from the tube can be regulated, so that the same amount can always be taken up in the same time. Dr. Siegle's simple apparatus is an excellent one, and the author stated that he had often used it with great advantage. The author observed that his own atomiser is very simple and can be used very easily. The liquid is driven from a fine glass pipe on to a projection in a bell-shaped tube, by the descent of a piston. The piston is drawn up without any exertion by a wheel and rack, at its upper part, and is forced down by a circular spring which surrounds the cylinder. The apparatus is filled with liquid by a funnel in its top, and all the spray except that which is inhaled passes back into the apparatus. The advantages of his (Dr. Mackenzie's) atomiser are :—1st. Its simplicity, requiring only a few turns of a handle to set it in operation. 2nd. The extremely fine state of subdivision which it effects. 3rd. The uniform pressure exerted. 4th. The fact that the waste liquid returns into the apparatus. 5th. The ease with which it can be taken to pieces and cleaned. After enumerating the physicians and physiologists who had worked at the subject on the Continent, the author analysed the experiments which had been performed by Demarquay, Fournié, Brian, and others, on rabbits and dogs. He then related his own experiments, which had been carried out in conjunction with Dr. Duchesne, of Woodford. After detailing various experiments performed on pigs and dogs, Dr. Mackenzie thus sums up the results :—Leaving Demarquay's rabbits out of the question—it having been shown by Claude Bernard that as those animals in their normal state breathe through the nares when their nostrils are covered, and they are made to breathe through the mouth, the conditions are not physiological ; and by Fournié that any solution (not atomised) injected into a rabbit's mouth passes into the lungs—there are (1st) Demarquay's and Brian's experiments on dogs ; (2nd) his (Dr. Mackenzie's) on pigs and dogs ; (3rd) an experiment performed by Demarquay in the presence of numerous witnesses on a woman with a tracheal fistula, in which it was shown that the inhaled liquid penetrated to the trachea, though there was a great obstruction at the upper opening of the larynx. This experiment, which had been previously unsuccessfully performed by Fournié, has since been repeated by Lieber, Schnitzler, and others, with results similar to those obtained by Demarquay ; (4th) the fact first shown by Bataille, and since by Moura-Bourouillon, the author, and others, that after the inhalation of a coloured atomised solution the sputa remained tinged long after the employment of the laryngoscope could detect any traces of the material used. On the one hand there were an immense number of positive proofs of the penetration of atomised liquids, on the other hand there were a few experiments performed with negative results. It was scarcely necessary to remark that any experiment might be performed—the most simple chemical test employed—in a manner to ensure failure. But a few experiments of this sort could have little weight against the mass of evidence on the other side. The author stated that the greatest benefit from this system of therapeutics might be expected, and had resulted in bronchitis, asthma, and hæmoptysis. He brought forward twenty-two cases treated between October, 1863, and January, 1864. There were ten cases of bronchitis, six of phthisis, two of hæmoptysis, three of asthma, and one of whooping-cough. The author did not believe that in phthisis the treatment would have a positively curative effect, but was beneficial in cutting short intercurrent bronchitis. Of the twenty-two cases detailed, only two were unable to make use of this curative process. Of the ten cases of bronchitis, eight were cured, one relieved, and one obtained no benefit. The average duration of the time required for curing these cases, though most of them were severe and of long standing, was only fifteen days and a quarter. The shortest time was six days (a severe case, No. 4) ; the longest forty days. The duration of treatment was not in proportion to the severity of the disease, one mild case requiring twenty-eight days to get well. Of the six patients labouring under consumption, two were unable to use the inhalations on account of the irritation which they caused. Of the remaining four cases, whilst the physical signs did not undergo any material alteration, the local symptoms (expectoration, pain, and cough) were greatly relieved. The general health was much improved in two cases, Nos. 11 and 15 ; slightly in a third, and not at all in a fourth. In two cases of hæmoptysis, one severe, the other slight, the atomised liquids rapidly stopped the bleeding. In three cases of asthma—one a very severe case, which had obstinately resisted the ordinary treatment—this system of therapeutics soon gave relief. In one case of whooping-cough (in an adult) the inhalations gave immediate relief, and quickly effected a cure. The author stated that during the past year he had used atomised liquids in more than eighty cases of diseases of the lungs, and that he had found the plan of treatment no less successful than was detailed in this paper. The various instruments referred to in the communication were brought before the Society, and likewise diagrams illustrating their action and mode of employment.

Dr. Gibb said that the subject of the author's paper was one of the highest importance, and in which he took the greatest interest. In the earlier part of his professional career he (Dr. Gibb) had looked forward to the time when some means might be devised for introducing fluid in a minute state of division into the interior of the bronchial tubes, which would prove more certain in its effects than the vapour inhaled from certain substances. The instrument contrived by Dr. Sales Giron seemed to answer the purpose intended, but many others have been contrived since his invention. He had employed one manufactured by Weiss which readily answered the purpose, yet, as it soon got out of order, he had latterly given a preference to the fluid atomiser of Lewin, of Berlin, which, notwithstanding what the author had stated in favour of Siegle's and his own, he believed the most useful and convenient from its simplicity and readiness of application. In employing Siegle's, the temperature of the steam could not always be relied upon with any amount of adjustment of the cylinder for its diffusion, although it had decided advantages for introducing small quantities of certain agents. From the evidence brought forward by the author, illustrated by experiments of his own and Continental investigators, he had not the slightest doubt that any atomised fluid reached the minutest bronchial tubes and air-cells, and from his own experience of the inhalation of fluid thus atomised or pulverised he was quite satisfied such was the case. With Siegle's atomiser he had caused the inhalation of a solution of the iodide of silver for a few minutes only in a case of rapid phthisis in the second stage of the

(a) This admirable apparatus has unfortunately been patented by Dr. Siegle.

disease, with profuse expectoration and laryngeal mischief. The effect of this was a general feeling of warmth throughout every part of the chest and the subsequent diminution of the expectoration. This feeling of warmth, so generally diffused, convinced him that the atomised fluid had reached the minutest bronchi. As a palliative in some cases of phthisis, and as likely to diminish the amount of expectoration, the inhalation of atomised fluids would prove useful, but it never could be relied upon as a curative agent in this disease. With regard to bronchitis, the chronic form especially, asthma, and hæmoptysis, his own experience agreed with that of the author, and showed that in many cases the greatest amount of relief could be obtained. Indeed, he had been surprised at the good results which sometimes followed, in the two former especially. He accepted the author's term "atomised" as preferable to "pulverised" in its application to fluids, and had no hesitation in adopting it. As furnishing an additional and most useful therapeutic agent in the treatment of laryngeal and chest diseases, the inhalation of certain atomised fluids must be regarded as one of undoubted value, and he (Dr Gibb) gladly bore testimony in its favour.

Dr. WILLIAMS (of Swansea) said that, although a stranger to the Society, he could not help making some remarks on the valuable paper just read. He considered that Dr. Mackenzie stood in the very highest scientific position, and he (Dr. Williams) entertained the very highest opinion of him as an observer. Yet he wished to express his dissent on some points in the paper. He (Dr. Williams) had studied and had had opportunities of seeing disease of the lungs in all forms, and he believed that atomising fluids was unnecessary, on the ground that they could be introduced in the simplest manner by ordinary inhalation. He had himself gone through many experiments to prove the rate the air travelled to the air-cells, and he had found that it travelled in the slowest possible matter, and that attempts to make it pass more quickly simply excited spasm, and diminished the speed. He thought that, allowing time, simple inhalation would be as effectual as with force supplied by instruments. In the ordinary act of inspiration the air was only carried as far as the secondary bronchial tubes; the air below being nearly stationary, and being changed by a molecular process. Therefore, although force might be of service in bringing atomised liquids or vapours to the larynx, trachea, or larger bronchi, it could be of no value in treating disease of the more interior parts. Moreover, the absorptive power of mucous membrane, the speaker remarked, was not great. He had under his observation many patients who had worked in arsenic. They suffered from skin disease only—from the local action of the poison,—and not from general poisoning by it, although large quantities must have been inhaled. He (Dr. Williams) had tried the plan of inhalation of remedies, but believed internal treatment in the usual way was preferable. In conclusion, he wished again to thank the author for his highly philosophical paper, and to express a hope that he would go still further in his scientific researches.

Dr. SCHULHOF had arrived at the same conclusion as the last speaker, but for different reasons. Whilst admitting the great value of experiments, practical men must look to the end. In listening to the author's able paper, he came to the conclusion that the atomised substances did penetrate the lungs, and that such treatment was of benefit. But he thought that form of treatment was not necessary, and that the author had not attained any end not otherwise achieved. Some of the cases related, as hæmoptysis and whooping-cough, could have been well treated by ordinary means. Whilst he should read the paper, and, indeed, anything written by the author, with great attention, he was not quite so sanguine as Dr. Gibb as to the practical results.

Dr. MORELL MACKENZIE, on being called on to reply, said that the hour was so late, and that his paper had already occupied so much of the Society's time, that he felt it was impossible either to defend or explain the points on which there seemed to be some difference of opinion. With regard to Dr. Williams' remarks, he might say, however, that with the instrument he recommended, the atomised liquids were not accompanied by any current of air, nor had the atoms or molecules of the medicated liquid any force of their own. They were simply small particles floating in air. He was not prepared to discuss the question of the velocity with which air travelled down the smaller bronchi, as there was experimental evidence to show that liquids in a state of fine subdivision could penetrate to the pulmonary air-cells of the lungs of animals. The system of inhalation which he recommended was not meant to enter into competition with the ordinary modes of inhalation, but was intended to enable people to inhale drugs which could not be volatilised. Those who thought that constitutional treatment was important could combine it with the local therapeutics. It was a mistake to suppose that there was anything antagonistic in the two methods.

PARLIAMENTARY INTELLIGENCE.

METROPOLITAN SEWAGE.

The Earl of LONGFORD, in calling attention to the report of the Committee of the House of Commons on the disposal of the Metropolitan Sewage, said the general subject was one which for some time past had engaged the attention of the public, and the old, imperfect system of scavenging and house drainage had been gradually superseded by changes and improvements, which, however, it appeared, were not universally allowed to be improvements, as some obstinate people still maintained that the changes had not been all in the right direction. The ultimate disposal of town refuse had never yet been satisfactorily provided for. An immediate evil had only been got rid of at the expense of creating another evil, which sooner or later was sure to ensue. No other outlet for large drainage works had yet been considered, except into the nearest water, whether the sea, rivers, canals, or even ponds. The consequence was, that the seashore of watering-places, where people were wont to resort for health and recreation, were filled with all sorts of abominations; our water supply was tainted in its sources, fish were killed, and large quantities of valuable manure were not only wasted, but converted into poison. At the early part of last year a committee of the House of Commons took the matter in hand. They examined the officials of the Metropolitan Board of Works, and many other gentlemen scientifically and commercially interested in the question, and collected a great amount of valuable information, although, as might be expected, on some points the testimony was very conflicting. The committee reported that the Board of Works might have done more towards a profitable disposal of the sewage of London; but the Board, however, was no longer liable to that reproach, as it had recently accepted a provisional tender for the disposal of the sewage in their hands on a tract of land to be reclaimed from the sea. That plan had his best wishes as a great natural experiment. The opinions offered before the committee as to the value of the sewage as an agricultural manure differed very much. Some authorities said that farmers might be justified in giving a halfpenny a ton for it. Others put it at double that sum. Experiments of all kinds had been made in different parts of the country to determine its agricultural value. They were told that there were many laws, beginning in very ancient times, and coming down to the last Health of Towns Act; but although these Acts provided remedies for nuisances, yet they were inoperative because of the difficulty of putting them in force. The committee recommended the establishment of some authority with jurisdiction over the catchment basins of each river and its tributaries, with powers to make and to enforce regulations for the protection of watercourses. It was clear that the time had now arrived when Parliament should show itself disposed to legislate upon this subject and to prove to those having the control over the construction of the sewage works that they could not be permitted to create a nuisance beyond their own boundaries. Although he had no special knowledge upon this subject, yet he felt it was so important to the whole country that he hoped

their lordships would excuse him for having brought it under their notice. The noble earl concluded by asking whether it was intended to take any steps to carry out the recommendations of the committee of the House of Commons upon Metropolitan Sewage.

Earl Granville was understood to say that their lordships must have derived much pleasure from the speech which had been delivered. His answer to the question of the noble lord would be a very simple one, for he was happy to say that the noble lord who presided over the committee with great industry and ability in the other House was himself prepared to introduce a Bill upon the subject into Parliament. He was afraid that the House of Commons would hardly consent to the measure in its present form, but the Home-office was at this moment in communication with that noble lord, and the result would, he hoped, lead to the framing of a satisfactory Bill.

MEDICAL NEWS.

Royal College of Physicians of London.—At a general meeting of the Fellows held on the 20th ult., the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—John Bunyan Foster, Upper Charlotte street, Fitzroy square; Thomas Robinson Glynn, Canonbury road, Islington; William Griffith, Oswestry; Charles Theodore Günther, M.D. Tubingen, Hampton Wick; John Hudson, Rochester; George Lamb, Hull; John Marshall; J. Wm. C. Neynoe Murphy, Aldershot.

At the same meeting the following gentlemen were reported by the Examiners to have passed the first part of the professional examination for the Licence:—William Jennings Burt, St. George's Hospital; William Harris Butler, Guy's; Thomas Morgan Joseph, University College; Edwin Renshaw, St. Bartholomew's; Charles Lyon Ridout, St. George's; Francis William Underhill, St. George's; George Samuel Watson, St. George's; Walter Owen Withers, King's College.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 16th ult.:—Ralph Burnham, Preston Holderness; Charles Carr, Newcastle-on-Tyne; Franklin Gould, Charlotte street, Bedford square; George William Rigden, Bargate street, Canterbury; Robert Robertson, North Dispensary, Liverpool.

The following gentleman also on the same day passed his first examination:—Ridgway R. S. C. C. Lloyd, Guy's Hospital.

Hunterian Society.—The following is a list of office-bearers for 1865:—President: Mr. Alfred Smee. Vice-Presidents: Dr. Robert Barnes, Dr. W. Sedgwick Saunders, Dr. S. W. Devenish, Dr. Sutro. Treasurer: Dr. William Cooke. For the Oration of 1866: Mr. D. De Berdt Hovell. Librarian: Dr. Stephen H. Ward. Secretaries: Dr. H. I. Fotherby, Mr. W. Allingham. Council: Mr. Henry Blenkarne, Mr. Thomas Brown, Dr. P. Lodwick Burchell, Mr. F. M. Corner, Mr. Esquire Dukes, Dr. J. Braxton Hicks, Dr. Daldy, Dr. Crosby, Dr. G. Nelson Edwards, Dr. Robert Fowler, Dr. G. Lichtenberg, Mr. Buxton Shillitoe. After the meeting the annual Oration was delivered by Mr. Hutchinson to a very full audience, consisting of the members and numerous friends, who listened with great interest to an eloquent address, which occupied more than an hour in the delivery. On Friday, the 10th ult., the usual dinner took place at the London Tavern, when the stirring President, Dr. Daldy, occupied the chair, supported on either side by Professor Owen and Dr. Greenhalgh, President of the Medical Society of London. Several other guests were also present, and enjoyed with the members the social pleasures of the evening. The usual toasts were given, and the speeches were interspersed with some excellent singing.

Belfast Branch of the Royal Medical Benevolent Fund Society of Ireland.—The annual meeting of the subscribers to this branch of the above Society was held on the 8th ult. A committee of management for the current year, to meet quarterly, was appointed, consisting of Drs. T. H. Purdon (the permanent local President), Patterson, Drennen, Moore, T. H. Reade, H. S. Ferguson, Cuming, and S. Reid, as town members; and Drs. Spearing (Antrim), Musgrave (Lisburn), Filson (Portaferry), Keown, R.N. (Sydenham), and Surgeon Patrick (Carrickfergus), as country members. Drs. Browne, R.N., and Stewart were re-appointed treasurer and secretary respectively.

Scholarships for Natural Science at Sidney College, Cambridge.—Among the scholarships to be competed for at this College, on the 10th of October next, are two of the value of 40*l.* each annually, for Natural Science—Electricity, Chemistry, Geology, and Anatomy, an intelligent knowledge of any one or two of which, added to a fair knowledge of classics and mathematics, would probably ensure a scholarship. It may be held with another scholarship, if the candidate be fortunate enough to obtain another. Information, however, is to be obtained from the Rev. C. W. Ellis, Tutor of the College.

The Case of Timothy Daly versus Mr. Norton, Medical Officer of the Holborn Union.—A committee has been formed with the view of raising a subscription to defray the expenses to which Mr. Norton has been put in the above case. Any surplus will be devoted to the foundation of a General Medical Defence Fund. The following gentlemen have consented to act in that capacity and receive subscriptions:—Dr. Septimus Gibbon, Medical Officer of Health, Finsbury square; Mr. Morson, Southampton row and Queen square; Mr. E. Taylor, Lamb's Conduit street; Mr. Hagger, do.; Mr. Holden, do.; Mr. Yarde, do.; Mr. Hanson, Red Lion square; Dr. Robinson, Lamb's Conduit street; Dr. Roberts, do.; Dr. Stevens, Bloomsbury square; Mr. Stagg, Great Ormond street; Mr. Prosser, Holborn, Mr. Garlick, F.R.C.S., Great James street; Mr. Cuff, F.R.C.S., Guildford street; Mr. Kempe, 8 Keppel street; Mr. Gibson, F.R.C.S., 10 Russell square, Surgeon to Newgate. Treasurer: R. Sykes, Esq., Manager of the London and County Bank, Holborn Branch. Hon. Secretary: W. C. Hugman, F.R.C.S., 55 Guildford street.

The Coronership for the Northern Division of the County Dublin.—We may congratulate our readers and the public upon the probable appointment of a Medical Coroner for this most important district, for the contest lies between two members of our Profession: the one is Mr. G. F. Davis, Assistant-Surgeon 50th Regiment, who grounds his claims upon his military services, and the fact that his father has held the office for the last twenty-five years; the other, Dr. Davys, of Swords, who puts in the plea that, being located in the very centre of the district, he is in the most favourable position for the execution of the duties with promptitude. Opportunities like the present, by which the emoluments of dispensary physicians may be increased without detriment to their efficiency for their other functions, are so rare, that we would rejoice to see Dr. Davys chosen as coroner by the electors of the district in which he has gained the reputation of being a most able and energetic Poor-law physician.—'Medical Press.'

Government Insurance and Annuity Tables.—These tables have now been issued. The payments of the public, which are to be as low as is consistent with the avoidance of actual loss, may be made monthly, yearly, or in a single sum. A person insuring his life may arrange for his payments to cease when he becomes sixty years old, and in various ways the convenience of the parties is considered. Other tables are under consideration, but at present the annuity tables are framed on the condition that no part of the purchase money is in any event to be returned to the purchaser, nor is there as yet any provision for fixing the surrender value of a policy of insurance. The present tables also provide for the insurance of ordinary lives only; persons following dangerous or unhealthy occupations, such as that of a miner, a butcher, an innkeeper, or beerseller, cannot, for the present, at least, be insured. Persons otherwise in health or habits which have a tendency

to shorten life must pay an increased premium if they are accepted. Operatives and all persons wishing to make provision for the future of a life insurance not exceeding 100*l.*, or an annuity or monthly allowance not exceeding 50*l.* a year, may now effect their object without the possibility of loss.

PENSIONS TO POOR-LAW MEDICAL OFFICERS.—In 1862, Sir R. Peel introduced a Bill into Parliament "for granting superannuation allowance to Poor-law officers." This Bill was, however, withdrawn. Last month, the subject was again prominently brought forward by an important and powerful deputation which waited upon the Lord Lieutenant in Dublin. A memorial, setting forth the reasons why a superannuation fund should be granted to Poor-law Medical officers, was then presented. The arguments given in it are as follows.—"1. That whilst, under other departments of the Poor-law, six or seven hours a day are considered as constituting an officer's whole time, and entitling him to a pension, the Poor-law Medical officer gives far more than this; for, in addition to several hours of regular duty per day (Sundays not excepted) devoted to his workhouse or dispensary, he must hold his whole time, as well by night as by day, available to the calls of the public service, to the postponement or even exclusion of private professional claims.—2. That the duties discharged by Poor-law Medical officers expose them in an especial manner to those agencies that produce contagious disease, rapidly endangering life as well as bodily infirmity, for which a superannuation allowance should be given.—3. That the salaries attached to the Poor-law and dispensary Medical appointments are so small, and the duties so peremptory and absorbing, as to incapacitate the Medical officer, in a large majority of instances, from making any provision for infirmity or old age by remunerative private practice; and that, consequently, Medical officers are compelled by necessity (in the want of a retiring allowance) to persevere in holding their appointments when, by reason of age or infirmity, they can no longer do so with satisfaction to themselves or advantage to the public.—4. That all risk of abuse in granting such superannuation would be effectually guarded against by enacting that such grant should be under the fiat and control of the Poor-law Commissioners." This memorial was strongly supported both by the Presidents of the College of Physicians and the College of Surgeons of Ireland, and by Dr. Mackesy and others.

DEATH OF DR. RIX.—We regret to announce the early death of Dr. Samuel B. Rix, who was well known to the inhabitants of Tunbridge-wells. He received his Medical education at the Middlesex Hospital, and in 1862 obtained his diploma from the Royal College of Physicians. With health much impaired by hard study he left England for the Cape of Good Hope, as surgeon to the ship *Hotspur*, where he arrived early in 1863. His health being much improved by the voyage, he determined to settle there, and was then appointed district-surgeon of the Kaysna, subsequently of Bathurst and Cowie, and finally, at the request of Sir Wm. Currie, he was attached to the Frontier Mounted Police, where he remained until all prospect of war with Kreli was at an end. On the 8th of December, on crossing the Kei drift, he missed the regular route and was unfortunately drowned.—'Lancet.'

THE USE OF THE HYPOSULPHITES IN ZYMOTIC DISEASES.—A series of experiments were some years ago made by Signor Polli, of Milan, with hyposulphites, the results of which seemed to prove that these salts possessed a special power in arresting putrefaction in the system. Signor Polli experimented with the hyposulphites of magnesia, soda, potash, and lime, and recommended them for typhoid fever, scarlatina, small-pox, septicæmia, and pyæmia. Professor C. O. Weber, of Bonn, who is at present occupied with very comprehensive experiments on inflammation, fever, putrefaction, &c., has quite recently repeated some of Polli's experiments, and has been, to a certain extent, as successful as the Italian physiologist. He gave two grammes of the hyposulphite of soda, for three days consecutively, to a large rabbit, and on the fourth day injected a drachm of water, containing half a minim of sulphuretted hydrogen water, into the crural vein; twice this dose had, in a previous experiment, killed a cat. In the rabbit just mentioned, however, there was nothing wrong but accelerated respiration; it took food the same day, and moved freely about. There were no changes in the animal temperature. The animal uow took for four succeeding days two grammes of the hyposulphite per diem, and was very well with it. The next day two drachms of water, containing two and a half minims of sulphuretted hydrogen water, were injected, but caused no bad effects, while half that dose in another rabbit had caused convulsions and involuntary evacuations. The former animal continued cheerful, and took again one drachm of the hyposulphite. A fresh injection of $6\frac{2}{3}$ minims four days afterwards only caused rapid respiration; otherwise the rabbit was very well. Four days after, ten drops were injected, again causing rapid respiration and some sluggishness, but nothing further. The day after, however, the animal appeared decidedly unwell; it sat in a corner, and seemed to have the "blues." Respiration was accelerated; two and a half grammes of the hyposulphite were given him the same day, but from that time nothing further was done. The animal ate, but became much emaciated, and partly lost its hair, so that its appearance was anything but prepossessing; it, however, appeared to be in pretty good spirits. The fæces were covered with mucus. About three weeks afterwards it was found dead. The post-mortem showed a moderate intestinal catarrh, but nothing else. There can be no doubt that the animal was essentially protected from the deleterious effects of sulphuretted hydrogen by the hyposulphite; and it would most likely have entirely recovered if the latter had been continued. Some other experiments with dogs, in whom putrid pus was injected, the hyposulphite having been administered for some days previously, were not so successful, as the animal died in spite of it; but perhaps a larger dose of the remedy might have had more effect. The hyposulphites are quite innocuous, their only unpleasant effects being slight diarrhœa.—Letter in 'Medical Times and Gazette.'

TEST FOR RUM.—Dr. Wiederbold proposes the following method for distinguishing between true rum and the factitious liquids sold under this name:—Mix a little of the rum to be tested with about a third of its bulk of sulphuric acid, and allow the mixture to stand. If the rum is genuine its peculiar odour remains after the liquid has cooled, and even after twenty-four hours' contact may still be distinguished. If, on the contrary, the rum is not genuine, contact with sulphuric acid promptly and entirely deprives it of all its aroma. The author affirms that he had never found this very simple process fail, and that all spurious rums may thus easily be distinguished from the genuine.—'Bericht der Pharmacie.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MARCH 1.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Marshall, "On the Nervous System;" Royal College of Surgeons, 4 p.m.—Prof. Huxley, "On the Mammalia."

THURSDAY, MARCH 2.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Hofmann, "An Introduction to Chemistry;" Chemical Society, 8 p.m.—Mr. C. Calvert, "On the Action of Silicate and Carbonate of Soda on Cotton Fibre;" also, "On Bihydrate of Oxide of Phenyl."—Dr. Bloxam, "On the Action of Chlorine on Arsenious Acid," Mr. Church, "On a New Cornish Mineral;" Harveian Society of London, 8 p.m.—Dr. Griffith, "On a New Method for the Arrest of Uterine Hæmorrhage."—Also, a Clinical Discussion, "On the Use of Alcohol in Fevers."

FRIDAY, MARCH 3.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Mammalia;" Royal College of Physicians of London, 5 p.m.—Gulstonian Lectures: Dr. Edward Smith, "A Critical and Experimental Inquiry into our Knowledge of Urea in its Relation to Nu-

tion, Food, and other Physical Agencies in Health and to Certain States of Disease;" Royal Institution, 8 p.m.—Mr. James Fergusson, "On the Temple at Jerusalem;" Western Medical and Surgical Society of London, 8 p.m.—Dr. G. F. Blandford, "On Melancholia."

SATURDAY, MARCH 4.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, MARCH 6.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MARCH 7.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Observations on the Psychological Differences which exist among the Typical Races of Men.
Canada Medical Journal.
The Spirit of Nursing.
For and against Tobacco.
Diseases of the Skin.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post-office.

A VICTIM.—The solicitors employed in the Chancery suit referred to in "Detector's" seventh and eighth letters are Messrs. Emmet and Son, 14 Bloomsbury square, and our correspondent cannot do better than place the matter in their hands.

ONE WHO HAS BEEN PLUNDERED is referred to the answer to "A Victim."

DETECTOR, in acknowledging the receipt of Dr. Bolton's communication, in reference to Messrs. Harvey and Co., of Weymouth street, Portland place, begs to say the case will be referred to amongst others in relation to the same firm in the course of a letter or two.

MR. HOLLOWAY, of Enfield, is referred to the answer to "A Victim."

DETECTOR thanks his Manchester correspondent for the information contained in his letter.

THE PATHOLOGICAL SOCIETY.

DEAR VIGILANS,—I wish you would direct a little of your pungent satire against the Pathological Society; otherwise it will rapidly degenerate into a hot-bed of quackery, if it be not one already. Not a meeting passes but we have a pathological specimen, sometimes, I fancy, invented for the occasion, presented from some specialist, oculist, aurist, or laryngoscopist; the motive being, not the advancement of Medical science, but merely to get it reported in the Journals. Just keep your vigilant eye on these intra-professional puffers, and the honest members of the Society will owe you a debt of gratitude. Yours, &c., M.D.

THE WONDERS OF GALVANISM.

DEAR VIGILANS,—I beg leave to enclose you the following advertisement taken from the 'North British Mail,' of Feb. 16.

This Dr. Harthill's qualifications, as recorded in the 'Medical Directory,' are M.D. and C.M. Glasgow University, 1862; but in his advertisements he states that he has been in practice from 1849.

Glasgow. Yours sincerely, ESCULAPIUS.

The advertisement is addressed "To Sufferers;" then there is an essay "On Nervousness: its Nature and Cure," signed "W. Harthill, M.D., 121 Bath street, Glasgow;" then follows the remedy, which is—

"GALVANISM WITHOUT SHOCK OR PAIN.

"Dr. HARTHILL, MEDICAL GALVANIST, has been in practice since 1849, and he holds the diploma of M.D. of the Glasgow University. His mode of Treatment is entirely new and peculiar to himself, it being so gentle that delicate ladies and weakly children bear it well. His Galvanic apparatuses are constructed upon a new principle, whereby the shock is counteracted, and they often succeed after the common small machines have failed. Descriptive particulars and lists of cures to be had at his residence, 121 Bath street, Glasgow.

"GALVANISM ACTS AS A REMEDY

by imparting to the nerves their natural stimulus, it having been proved over and over again by Dr. Philip and others, that the nerves of the human body contain electricity in constant circulation from the brain and spinal cord throughout the entire system. Any deficiency of animal electricity leads to deficiency or loss of function of some part of the body; and, whilst careful experiments on animals have demonstrated the fact that galvanism can restore this loss of function, no less certainly can it restore (in many cases) such in the human body.

"Moreover, the fact is admitted by many of the highest physicians of the day, from Sir James Clark downwards, that galvanism is capable of curing paralytic, rheumatic, and nervous complaints.

"No Charge for Consultation merely."

CANDIDATES FOR PARLIAMENT.

DEAR VIGILANS,—Doubtless you are aware of the desire which very generally exists that in the next Parliament we should be properly represented. Just give us your opinion of the kind of men who should be supported as candidates. I have heard of several, (Smee, the Biologist, among the number,) who have the ambition but as yet not one, of whom the Profession could be proud. PHILO.

A LATE INQUEST AT MILE-END.—We desire to correct an error which we made in alluding last week to this subject. We then stated that Dr. Barnes had been summoned as a witness in the obstetric case in which Dr. Swyer was concerned. Our informant now tells us that Dr. Murphy was the obstetric practitioner who appeared on the occasion alluded to.

AN OLD SUBSCRIBER.—The conclusions arrived at with reference to the mode of administering chloroform, by the Committee appointed by the Medico-Chirurgical Society, are, that Mr. Clover's apparatus is the best at present known, but that in the absence of this means of inhalation, the use of a handkerchief or a piece of lint may safely be recommended.

TYRO.—Aniline is so called from the Indian word *anil*, signifying indigo, because aniline may be prepared from indigo; but it is now manufactured, as is well known, from coal-tar, by processes which have been made the subjects of various patents. The same chemical body may often be obtained from the most heterogeneous products.

ANTI-QUACK.—We understand that the name assumed is a fictitious one, and that it is adopted by a gang of persons who are reaping a pretty rich harvest from the credulity of the public. The bubble, however, will soon burst.

MR. B. L.—We cannot recommend you very strongly to seek your fortunes in Australia as a Medical man. The chief towns seem to be already overstocked. We refer you to a letter from Australia, published in our present number.

The Propert Testimonial.

At a meeting of the Committee for promoting a Testimonial to Mr. Propert, held at 37 Soho square, on Wednesday, the 8th February, 1865, it was resolved:—

"That the Testimonial Fund be applied to found an Exhibition for the benefit of the Foundation Scholars of the Royal Medical Benevolent College, to be called 'The Propert Testimonial Exhibition.'

"That the Exhibition be competed for by the Foundation Scholars in such manner and at such times as the Council of the College shall determine, and that the Exhibition shall be held for three years."

The subscriptions invested by the Trustees of the Testimonial Fund, including the dividends paid upon them, now amount to 701*l.* 2*s.* 11*d.* Consols; and it is hoped that additional subscriptions will be contributed to raise the Fund to 1,000*l.*, so that the value of the Exhibition may be 30*l.* per annum.

Subscriptions will be received by all the Members of the Committee, or Post office orders may be made payable to Francis Hird, Esq., 13 Old Burlington street, London, W.

By order of the Committee,
FRANCIS HIRD,
Treasurer and Hon. Sec.

February, 1865.

Special Notice.—The Standard Life

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.,

Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Company.

The Causes of Heart-Disease.

The causes of heart-disease may be mechanical, physiological, or constitutional. Thus, inflammation of the heart may be caused by mechanical injury, as by blows, wounds, or punctures; or the causes may be physiological, as where the heart is embarrassed in its action, and consequently impaired in its structure, by diseases of the lungs; or they may be constitutional, as where inflammation of the heart or its membranes is caused by, or connected with, rheumatism. Degenerative disease of the lining membrane of the heart, and consequent atheromatous or osseous disease of the valves, may be merely one of the results of that general decay of the system which sometimes in early life, but always in advanced years, is attended with more or less absorption of healthy and the substitution of morbid tissue. But acute diseases of the heart, and more especially endocarditis and pericarditis, are, above all other causes and concomitants, caused by or associated with acute rheumatism. The verbal distinctions, *caused by* or *associated with* acute rheumatism, are necessary to be observed, because we have no proof that rheumatism is the *cause* of inflammation of the heart, except that the one generally precedes the other. Such, however, is not always the case, for pericarditis or endocarditis sometimes comes first, or arises spontaneously, without any rheumatic complication. I am now attending a very interesting case, in which the patient, who is a female, aged twenty-three, is suffering from phthisis, and in whom there has been no attack of rheumatism whatever. She is suffering very distinctly from disease of the heart, the impulse of the organ being attended with a strong thrill communicated to the hand of the observer, and the systole being accompanied by a loud murmur heard over the apex, and a murmur also over the base, propagated to the carotid arteries. Here is a case of hypertrophy of the heart, with disease of the mitral and aortic valves, and probably adherent pericardium, in a young woman without any antecedent history of rheumatism, and occurring in a phthisical subject, in whom we should certainly not expect to find such an instance of cardiac complication. Moreover, very many cases occur in which, although very severe rheumatism may exist, heart-disease does not come on at all. Hence, all that can with truth be said upon the subject is, that the same constitutional affection gives rise to rheumatism and to inflammation of the heart and its membranes, and that rheumatism usually comes first in the sequence of morbid phenomena. The connexion, however, is a most important one, and the observation of its frequency is almost entirely due to the invention of auscultation, for before that era in diagnosis no means existed of determining with accuracy whether the heart was affected or not. The merit of pointing out the close and almost necessary connexion between rheumatism and heart-disease is generally assigned to Bouillaud, but, according to Dr. Hope, the discovery was made by a British physician, Dr. Pitcairn, in the year 1788, and was published by Dr. Baillie, in the second edition of his 'Morbid Anatomy,' in 1794. The connexion was also noticed by Sir David Dundas, in 1808, and by Dr. Wells, and Dr. Odier, of Geneva. Still, it was only after the discovery of auscultation that the presence of heart-disease during or after rheumatism was completely proved; before that time the observation must have been little more than a guess or a post-mortem demonstration. Dr. Hope, Dr. Elliotson, Dr. Latham, and Dr. Abercrombie, in this country, all noticed the connexion between pericarditis and rheumatism; and to Bouillaud is justly due the credit of pointing out more clearly than had been done by other writers the relationship existing between endocarditis and the same disease. Dr. Hope states as an observation which is now verified by all succeeding writers, that acute rheumatism had preceded in about three-fourths of the worst cases of valvular disease and adhesion of the pericardium met with in his practice. Such being the case, it is necessary to consider somewhat carefully the nature and treatment of rheumatism, especially of its acute form.

Rheumatism.

Rheumatism is what is called a *diathetic* disease, and although the term is rather vague, it is not a bad one. The word *diathesis* signifies in Greek, constitution, and taken by itself has but little meaning, but when associated with other words, such as the uric acid diathesis, the scrofulous diathesis, the gouty diathesis, it conveys a tolerably clear idea to the mind. A diathetic disease, therefore, is a constitutional disease, or one that is peculiar to the nature of some individual, as contradistinguished from a zymotic disease, which may spread over a great number of persons alike, by the influence of infection or contagion.

Rheumatism is also very properly considered to be a *blood-disease;* that is to say, it consists essentially of a morbid or poisoned condition of the blood, thus in its nature resembling fever or cholera; but in the latter the poison is introduced from without, while in rheumatism it is generated within. The proofs that rheumatism is a blood-disease are easily adduced, and are to be found in the facts of the premonitory fever, the general disturbance of the system, and the erratic nature of the local symptoms, rendering any topical treatment unavailing, except as means of temporary relief. I am inclined to consider it also as a disease observing a certain kind of periodicity, having its phases of commencement, exacerbation, climax, and decline; and I think that if this circumstance were more fully borne in mind, many useless or injurious plans of treatment might be avoided, and many erroneous theories set right. I shall hereafter allude more particularly to this part of the subject.

It being admitted that in rheumatism there is a morbid material in the blood, the next question is what this morbid material is; and this question it is not at all easy to answer. Dr. Prout, whose views have met with very general approval, and are entitled, even in the present period of advanced chemical and physiological knowledge, to the deepest respect, considers that *lactic acid* is the chief offending matter. He argues that in rheumatism, during the sweating of the disease, immense quantities of lactic acid are thrown off by the skin, and sometimes by the kidneys; and as the presence of so much lactic acid cannot be otherwise accounted for, he assumes that a certain portion of the albuminous or gelatinous tissues is decomposed or destroyed in the system, and converted into the acid in question. He does not, however, contend that the gelatinous and albuminous textures are converted into lactic acid alone, but conceives that other and probably poisonous principles are developed at the same time, and that to these, as well as to the lactic acid, many of the secondary consequences of mal-assimilation are to be referred. "In other words," says Dr. Prout, "the alimentary matters which ought to be converted into albumen by the primary assimilating organs, and the albuminous matters of the blood, which, in the secondary assimilating processes, ought to be converted into the living gelatinous and albuminous tissues, are, by the deficient or disordered operations of the vital processes, converted, in a greater or less degree, into lactic acid and other unnatural combinations."*

This very ingenious, though at the same time cautiously expressed theory is that which is very generally admitted by all succeeding writers on the pathology of rheumatism,

(a) On the Nature and Treatment of Stomach and Urinary Diseases. By Wm. Prout, M.D., F.R.S. Third Edition, p. 83

and is perhaps the best that can be made in the existing state of our knowledge. The assumption is, that rheumatism is a disease of mal-assimilation, and that from the gelatinous and albuminous tissues some morbid matter or matters are generated, which are diffused through the blood, giving rise to the phenomena of rheumatism. The elimination of these morbid matters is to be sought for in all our remedial measures, and when this object is attained the disease is cured.

(To be continued.)

HOSPITAL REPORTS.

CHARING-CROSS HOSPITAL.

Cases under care of Dr. WILLSHIRE.

(Continued.)

In another bed was a young and strong-looking man who complained of acute and severe sciatica.

On the supposition that the pain might have arisen from pressure upon the origin of the ischiatic nerve, Dr. Willshire had ordered the bowels to be well relieved by means of croton oil. This plan of treatment was not followed with the desired effect, and therefore, as a syphilitic taint was detected in the system, the iodide of potassium, in large doses, was prescribed to be taken by day and a pill of morphia by night. From these remedial agents no improvement could be discovered to have taken place, and several other measures were resorted to, but the patient expressed himself unrelieved from his painful condition. Dr. Willshire was about trying with him the subcutaneous injection of morphia, a mode of treatment from which so much benefit is derived in instances like the present.

Sciatic or rheumatic pains are not unfrequently experienced in the hip, and may be caused by some morbid changes in the muscles, in the articulation, in the ligaments immediately surrounding the articulation, or those more remotely removed from it, but yet in connection with the pelvis. They may be occasioned by some lesion in the substance of the nerve itself, in some of its rootlets, or else in some of its branches; or, again, it may proceed from an unhealthy condition of the nerve-sheath, the intrinsic structure of the nerve itself being unaffected.

The true form of sciatica is, we think, that in which the nerve itseelf is affected, or its rootlets, branches, or sheath.

The ailment is very frequently met with in those labouring under rheumatism or gout in some other part of the body, and is most liable to happen in the persons of those predisposed to the affections just named. In some cases the pain is created by actual inflammation of the nerve substance and of the sheath in which it is enveloped, and may assume an acute or chronic character. In the latter form it most usually occurs. When of a gouty nature, the gouty diathesis will generally manifest itself in other ways, as will also the rheumatic, should it exist. When, however, it is associated with the latter peculiarity of constitution, the pain in the nerve will be found to be aggravated by the warmth of bed, to be a dull, heavy aching, rather than of a sharp, cutting character, and to be relieved by those remedies which are found beneficial in cases of ordinary rheumatism.

Females are very often liable to this affection, owing to the excessive sympathy with the womb and its appendages of all the parts engaging the pelvis; hence, from any source of uterine irritation we have sciatica induced; or, again, irritation in the bowels, but especially, in the lower bowel—the rectum—produces the same complaint; thus, as we have referred to above, constipation and the impaction of scybalous masses in the intestines, by which the nerves, as they traverse the abdomen, are pressed upon, occasion the pain, probably, not by inducing actual inflammation, but some molecular changes in the nerve substance. Worms, more particularly ascarides, we have traced to be originators of the complaint.

We have before us at present a case in which the nerve-pain was connected with ulceration of the os uteri, and in which no relief could be obtained till the ulcer was healed, when the pain disappeared, no special internal or external remedies being employed to disperse it. In some other cases the pain was evidently dependent upon an enlarged state of the fundus and body of the womb, or to a fibroid enlargement of the entire organ, or the development of fibrous tumours in its structure, or from its substance, which pressed upon the origin of the nerve and created the sensation of pain. It may be that the neck and lips of the mouth of the womb have become thickened, hard, and elongated, and thus set up the mischief in the nerve. Irritable uterus and irritable ovary will communicate their peculiar sensations to the nerve in question, and give the patient extreme suffering. In one case where cancer of the uterus and vagina existed, intense sciatica also existed, not as a mere coincident, but in the relation of cause and effect.

When a patient is suffering from diarrhœa or from dysentery we have noticed, in certain cases, sciatic pains, not dependent upon general weakness, but no doubt upon the irritation communicated to the nerve.

Case of Paraplegia.—The next case to which we shall allude is that of a man, of about middle age, but strong and well-built.

He was suffering from paraplegia. The affection had manifested itself some time previously, and had gradually got worse, until it completely disabled him and unfitted him for the performance of his work. He attributed it to his habit of constantly stooping, as he was compelled to do by the kind of employment which he followed, to his frequent exposure to wet and cold, and to his standing every day for a great many hours upon the cold, wet, or damp earth.

The paraplegic condition was now in a great measure relieved by the issues which had been established on each side of the lower lumbar vertebræ, and which were still kept open, in order, if practicable, to procure a complete cure.

Dr. Willshire remarked that this was not the first instance in which he had observed this affection to have attacked men following the same avocation as that pursued by the present patient, and he thought, from cases which he had in his mind at the time he was speaking, that men of this class were specially liable to the complaint, their occupation predisposing them to it.

GENERAL CORRESPONDENCE.

REVELATIONS OF QUACKERY.

LETTER X.

To the Editor of the Medical Circular.

SIR,—In this letter I purpose, as far as my limits will allow, to refer individually and in alphabetical order to the different advertising firms and advertising physicians or surgeons resident in London, whose advertisements are to be constantly seen in the newspapers, but whose names and qualifications are not to be found recorded in the 'Medical Directories,' nor in the list of members published by the College of Physicians of London and the Royal College of Surgeons of England, nor in the 'Register' of duly qualified members of the Profession, published by the authority of the General Council of Medical Education and Registration of the United Kingdom.

But that no injustice may be done to these eminent individuals, I shall carefully record the titles they claim for themselves, leaving it to your readers in many instances to take them at the worth they may think merited. If, in this enumeration, it should chance that I refer to any duly- and legally-qualified members of the Profession who are practising and advertising themselves under their real or assumed names, but names which do not appear in the authorities I have mentioned, the injustice, if any, which I may appear to inflict on them must rest with themselves for thus hiding their "light under a bushel," by not registering or by practising under feigned names.

At the same time, should such parties think fit to com-

me and explain how it is their names remain unrecorded, I shall be most happy to give their statements the same wide publicity I give to these letters; and I am sure, Sir, you will be equally ready to give a place to such statements and explanations in the columns of your Journal; for your object, in common with my own, is justice to all parties. And whilst I trust neither of us will shrink from the responsibility we have assumed of exposing the pretensions of charlatans, on the other hand, we would not willingly inflict injury or pain on any duly- and legally-qualified member of the Profession honourably pursuing his career.

Well, Sir, first in alphabetical order stands the firm of

MESSRS. BRIGHT AND CO.,
SURGEONS,
29 George street, Hanover square, W.

The following are samples of the advertisements which appear in reference to the practice of these parties:—

Now ready, 180 pages, price 1s., post free 14 stamps, sealed 20,
THE GUIDE to MARRIAGE, Its DUTIES and IMPEDIMENTS, being a Physiological Exposition of the functions and qualifications necessary for happy marriages.

VIGOUR GUARANTEED IN FOURTEEN DAYS, without the possibility of failure, by the use of Dr. BRIGHT'S REMEDY, prepared in the form of a Lozenge, to insure secrecy. Invaluable in all cases of physical debility, &c.

DR. BRIGHT'S THREE DAYS' CURE. — The BUCHU GLOBULES, containing the essence of Buchu, free from taste, being encased in sugar, at once cure all diseases arising from infection, stricture, &c., subduing all inflammatory action.

This firm have also an anatomical museum attached to their establishment.

Next in order stands the name of

DR. CURTIS, *alias* J. LA'MERT,
15 Albemarle street, Piccadilly.

Here is this worthy's advertisement:—

New Edition, free from the Author, 12 stamps; sealed ends, 20.
MANHOOD: A Medical Essay on the Cause and Cure of Premature Decline in Man. The treatment of nervous and physical debility, loss of memory and muscular power, pains in the back, and those diseases which tend to embitter and shorten life. By Dr. Curtis.

I now come to

DR. WALTER DE ROOS, M.D.,
OF THE ECOLE DE MEDECINE, PARIS (according to the title-page of his book); GRADUATE IN MEDICINE, SURGERY, AND MIDWIFERY; LICENTIATE OF THE ROYAL SOCIETY OF APOTHECARIES; FORMERLY PHYSICIAN TO THE WESTERN INSTITUTION, ETC.,
25 Bedford place, Bloomsbury square.

I cannot lay my hand at this moment on a specimen of his person's style of advertising, but this description of him and his claimed qualifications are taken from the title-page of one of his books, which belonged to the unfortunate man who committed suicide near Gravesend. His poor creature at the time of his melancholy death had no less than three different works, all apparently the production of this Dr. Walter De Roos. They are filled with the most fearful and exaggerated statements in regard to the nature and consequences of spermatorrhœa. These books, with some letters and other documents, were handed to me by this unhappy creature's master, who called on me with two other gentlemen. One of them also stated to me that the poor man had only the night before his terrible death read to his poor wife the following passages from one of Dr. De Roos's books called the 'Medical Adviser':—

"'*I charge you both, as you will answer for it hereafter, on the secrets of all hearts shall be disclosed, that if either of you know any impediment why ye may not be joined together in matrimony, ye do now confess it. For be ye well assured, that so many as are coupled together otherwise than God's word doth allow, are not joined together by God; neither is their matrimony lawful.*' Now, those who pass through this ceremony, while labouring under the slightest disqualification or impediment, and remain silent to the above solemn charge, are of course concealing the hindrances to a just and honourable union, are accordingly guilty of gross deception, and sowing the seeds of discontent, which will, in all probability, soon germinate and embitter the remainder of their lives, for what mockery more deep than that desolation of spirit which an affectionate woman must feel, on finding that she clasps within her circling embrace the mere wreck of sensualism, or the debilitated victim of self-pollution, one who, from having unduly or precociously exercised his imagination and bodily powers, is now deprived of that capability for which his generative organs were destined?"

In addition to these terrible books, he had another, entitled 'A Warning Voice,' and purporting to be written by Messrs. Smith, of 8 Burton crescent, Tavistock square. This is of the same class with other quack productions—full of fearful pictures of the consequences of generative diseases, and hideously suggestive of suicide to unhappy sufferers. At page 27, it appears to me if these men (if there be more than one) had deliberately resolved on saying everything they possibly could to drive some unfortunate wretch to madness or suicide, they could not have said more to the purpose than they have therein. It positively makes one's heart ache to read such odious productions, and then think of the possible consequences of their perusal to poor weak-minded patients of this class. Surely the men who thus recklessly, for their self-profit, tamper with the happiness, the sanity, and even the lives, of their fellow-creatures are equally, if not more, as worthy of the hangman's last offices as the man who, under sudden impulse of passion, takes the life of his adversary.

But to resume from this digression. I now have to introduce, as next in order, the following:—

Just out, 204 pages, with plates, post-free, 14 stamps, sealed 24,
THE NEW ARISTOTLE; or, Physiological View of Marriage, its Relations, Essays on the Reproductive Organs and Nervous System. By Dr. D'LALOR, 6 Mecklenburgh street, London, W.C.

Now I introduce

DR. HAMMOND,
No. 11 Charlotte street, Bedford square.

The following is a specimen of this individual's advertisements:—

MEDICAL AID (by letter or personally) by DR. HAMMOND (of the Lock Hospital, Member of the College of Physicians and Surgeons), on MANLY VIGOUR and all the attributes of PERFECT MANHOOD, how they can be secured. THE MARRIED LIFE RENDERED HAPPY, and the cause of discord removed. THOSE WHO DESIRE TO MARRY restored to HEALTH, BEAUTY, GRACE, and ELEGANCE. Also on "The ARREST, CURE, and ISOLATION of Nervous, physical, and sexual debility, nocturnal and diurnal losses, painful dreams, wastings of the organs of generation, impotence, sterility, and all DISEASES of ERROR. The author will advise INVALIDS *how to cure themselves*, by calling on him. Those unable to do so are advised to enclose six stamps for "THE SELF-CURATIVE MANUAL," which will enable sufferers to effect a SPEEDY and PRIVATE CURE WITHOUT DANGEROUS and ABORTIVE SO-CALLED REMEDIES.—All letters to be prepaid and addressed DR. HAMMOND.
At home 9 till 2, and 6 till 8. Sundays 10 till 12.

By the same Author, beautifully illustrated, 100 pages (details with above),
THE MODERN ARISTOTLE; REVELATIONS ON LOVE, COURTSHIP, and MARRIAGE, with LIFE PICTURES.

This person and his "self-adjusting curative," his "Brain Restorative and Seminal Replenisher," I have already sufficiently commented on in a former letter, as also explained his real connection with the Lock Hospital; but before leaving him, I must refer to a notice which appears at the end of his *precious* book. It is this: "Post-office orders to be made payable at the High Holborn Money Order Office, London, in the name of the Doctor's Confidential Assistant, Henry James. All letters addressed in full to Dr. Hammond, or to Henry James, Esq., No. 11 Charlotte street, Bedford square, London, W.C."

MESSRS. HARVEY AND CO.,
SURGEONS,
Weymouth street, Portland place.

Here is the advertisement of these parties :—

SIR ASTLEY COOPER'S VITAL RESTORATIVE (for General Debility) prepared by Messrs. Harvey and Co., Surgeons, and can only be obtained at their residence, 44 Weymouth street, (one door from) Portland place, Regent's park, London, W. Price 11s. per packet; by post, 1s. extra.

It will be seen that these people have stolen the honoured name of the late Sir Astley Cooper, in order to dupe credulous sufferers. In a pamphlet they have published, they represent that the remedy has been "confided to them." The whole thing is a most impudent assumption and imposition. However, I shall have more to say about Messrs. Harvey and Co. in my next.

I now come to

W. HILL, ESQ., M.A.,
Berkeley House, South crescent, Russell square.

This man, like H. James (of whom I have next to speak) and Dr. Hammond, is a confederate of another quack—namely, Dr. Watson; and when I come to the latter, I shall have a word or two to say on this connection.

Now I must pass on to

H. JAMES, ESQ.,
Percy House, Bedford square.

Here is the advertisement inserted in reference to this person :—

SELF CURE—WITHOUT MEDICINE—Life is often blighted by errors or excesses, which destroy health, induce premature decline, and mar the sacred obligations of marriage. Read the work, 'The Married Happy, and the Single Happily Married,' with Hints whereby "MANLY VIGOUR" can be secured to all. Local Self Curvatures for Nervous and Physical Debility, spermatorrhœa, incapacity for marriage, lassitude, depression of spirits, loss of energy and appetite, pains in the back and limbs, timidity, self-distrust, dizziness, love of solitude, groundless fears, palpitation of the heart, noises in the head and ears, indecision, impaired sight and memory, indigestion, and prostration, which can be immediately arrested and cured in from ten to fifteen days. Sent, on receipt of one stamp, by H. James, Esq., Percy House, Bedford square, London.

Now this gentleman, with an innocence and modesty which is quite refreshing amidst this collection of false assumptions and pretensions, holds out no fraudulently-assumed Medical titles to entrap the sufferers he addresses. He simply appears as H. James, Esq., of Percy House, &c. But, alas! Sir, I fear this is only another instance of the truth of the old adage, viz., that appearances are too often deceptive; for I find there is every reason to believe that this H. James, Esq., of Percy House, is none other than the confidential assistant referred to by Dr. Hammond as just shown.

In short, Sir, it appears that Dr. Hammond and H. James, Esq., hunt for victims in couples, inasmuch as the Percy House, Bedford square, so grandly put forth in H. James's advertisement, is equally known in the district as No. 11 Charlotte street, Bedford square, the residence, as your readers have already seen, of Dr. Hammond of the Lock Hospital—by subscription—as any honest and charitable tailor may be in this sense of the "Lock Hospital." What the exact connection of these worthies may be to each other I know not; but certain it is they are *confrères* in their practice and advertising dodges; and no doubt the "Self-Cure" referred to in the advertisement is the precious "Self-Adjusting Curative," for which the poor boy whose case I referred to in my fourth letter paid two guineas. I need hardly add that those who may apply for "the Cure without Medicine" will find their hopes in this respect "vanish like the baseless fabric of a dream."

But to my weary task of wading through this dark morass of deception and fraud.

DR. KAHN,
OF KAHN'S MUSEUM,
3 Tichborne street.

Here is a specimen of the advertisements, for the most part inserted in country newspapers, in reference to this man and his museum :—

DR. KAHN'S PHILOSOPHY OF MARRIAGE, GRATIS.—Every visitor to Dr. Kahn's original and magnificent museum, 3 Tichborne street, top of the Haymarket, London (admission 1s.), will be presented with his new Handbook, to which is appended numerous and copious extracts from 'THE PHILOSOPHY OF MARRIAGE,' a treatise on the obstacles to a happy union, and the means by which they may be effectually removed, together with an unfailing method by which the debilitated may recover health and vigour, by JOSEPH KAHN, M.D., &c. The *complete* work post free for 12 stamps, direct from the Author.

This place was opened by a German adventurer (and a most fortunate one), who styled himself Dr. Kahn, but who, some say, was nothing more originally than a German barber. However, whether this be so or not is now perfectly immaterial, seeing that he has passed away from the scene of his *successful professional practice* and returned to the country which gave him birth, with, it is said, an ample fortune derived from the suffering and credulous whom, during his residence here, he duped.

This is the individual who, himself or by his assistants—for such he had, as I shall by-and-by explain—obtained 220*l.* from a patient and a bill for 280*l.*, as mentioned in my sixth letter. During his residence here he was sued in the courts of law for restitution of money he had improperly obtained from patients; and he was unwise enough, unlike the generality of quacks, to contest the question in open court, and, of course, not only lost his cause, but was well exposed for his pains. For many years he pursued a most successful career with his museum and other dodges, giving sometimes lectures himself to the gaping fools who visited the museum, and at others deputing this duty to his assistant a gentleman called Dr. Sexton.

As to the exact period when Dr. Kahn, or rather the so-called Dr. Kahn, left this country, I know not; but this so-called Dr. Sexton remains, and on him appears to rest the conducting of this flourishing establishment under its original name of Kahn's Museum. But it is said that the real proprietor of the place is a gentleman who is known in the quack world as Dr. Marston, the owner of a similar museum in Oxford street, and whose private residence according to the handbills delivered to passers-by in Oxford street, is 47 Berners street, Oxford street.

As to Dr. Sexton, I have failed in finding his name in the records I have referred to.

Probably, there is no instance which so aptly illustrates the success attendant on the quack museum dodge as the career of Kahn and his assistant. Kahn himself was in extreme poverty when he first visited this country and opened a very poor place in Oxford street. In a short time he removed to Tichborne street, expended a large sum of money thereon, and afterwards in addition took a large house in Harley street, which he furnished in a most splendid manner; had his carriage and pair of horses, riding horses, and, in short, surrounded himself with every possible luxury. Now the whilom humble assistant-turer of former days drives up to his daily *professional avocations* in his carriage and pair or his dog-cart, to the temple of fortune, otherwise Kahn's Museum.

Next in order are the following :—

NEW MEDICAL GUIDE.

DR. SMITH, who has had Twenty Years' practical experience in the treatment of Nervous Debility, &c., published a GUIDE (138 pages) for Self-cure. Sent to any address on receipt of Two Stamps. Dr. Smith may be consulted personally (or by letter) in all private and confidential cases.—Address SMITH and Co., 8 Burton crescent, Euston road, London. Consultations daily from Eleven till Nine o'clock.

Post free for Six Stamps.

DEBILITY: ITS CAUSES AND CURE.—MARRIAGE AND ITS IMPEDIMENTS. How the wretched may be made happy, and the nervous and debilitated regain health and vigour, by means of a remedy which all may use with perfect safety. The result of twenty-five years' practical observation and experience in the most extensive practice of its kind in Europe. Dr. MARSTON, Principal of the Royal Institute of Anatomical Science, 369 Oxford street, London, which is open daily, for gentlemen only, admission 1s.

Direct to the Author's Consulting Rooms, thus :—Dr. M. 47 Berners street, Oxford street, London, where he may be consulted daily, from Eleven a.m. to Eight p.m.

DR. THOMAS, of the Lock Hospital, H. G., King's College, College of Physicians, has just published a new edition of his work:—To gentlemen who are nervous and who fear to marry, who intend to marry and whose married lives are wretched and unhappy, 205 pages, beautifully illustrated with engravings and life pictures, and with hundreds of cases cured and restored to masculine vigour. Incapacity for marriage, trembling of the hands, loss of natural power, wasting of the whole constitution, which has been weakened from the early errors of youth, showing the cause of unfruitful and unhappy unions, and how to ensure fruitful and happy marriages, showing how manly power is lost and how it can be regained, re-invigorated, and restored to an advanced period in life. Letters must be addressed, DR. THOMAS, 9 Markham square, King's road, Chelsea, London. Sent, post-free, for six stamps; or, in a private sealed envelope, eighteen stamps. Consultations from ten to one A.M., and from six to eight P.M. "This book, which has cured and saved thousands of unhappy, nervous, and weak men, from a life of consumption, insanity, and death, ought to be read by the single and married."—'Hospital Medical Gazette.'

Here is the last on my list:—

DR. WATSON, F.R.A.S., of the College of Physicians and Surgeons, on the Self-cure of Nervousness, Lassitude, Loss of Energy and Appetite, Groundless Fears, and other Disorders, which may be cured by Sufferers themselves. Full instructions, with means of cure. Enclose two stamps.—Address: Dr. WATSON, No. 1, South Crescent, Bedford square, London. Consultations daily from 11 till 2 and 6 till 8.

I have hurried over the last few because I find I am exceeding my limits, and consequently must reserve until my next the remarks I have to make on these parties.

DETECTOR.

MR. SYME ON ACUPRESSURE.

(*From a Correspondent of the 'Medical Times and Gazette.'*)

I take the liberty of forwarding to you, by to-night's post, a copy of the 'Edinburgh Daily Review' of yesterday, marking for your perusal a paragraph in it headed "Strange Scene in the University of Edinburgh." Strange, I dare say you will agree with me, is a mild epithet in the circumstances. I had yesterday a private account of Prof. Syme's most extraordinary display from an eye and ear witness (for both senses, as you will see, were very emphatically addressed), on the accuracy of which I can rely. For such of this as I will now give you, by way of supplementing the published report, I hold myself responsible.

The scene of the occurrence is mis-stated by the newspaper reporter. It was the operating theatre of the Royal Infirmary—not "one of the class-rooms of the University"—and the occasion was the delivery of a clinical lecture. A piece of very expressive pantomime, not recorded in the 'Review,' is too good to be lost to the world. After tearing the pamphlet, the Professor handed the fragments to a dresser who stood near, and the young man was proceeding to lay the degraded (?) *brochure* quietly on the table, when the master snatched it angrily out of his hand, and threw it with violence into the dust-pan! Talk of the *odium theologicum* after this! For thorough-going unblushing rancour commend me to the *odium chirurgicum* of the high places in our northern metropolis. The demesne of Surgery is Mr. Syme's; his fence has been leaped over, his preserves poached on, and annihilation (as far as possible) is the doom of the offender. Such an ebullition of impotent spite as that under consideration appears, at first sight, a not very fitting spectacle for embryo Medical practitioners, but the Professor's example on this occasion surely cannot be catching, even to the youngest student of the class.

Seriously, shall a man of genius, employing his great powers for the noblest of purposes—the alleviation of human suffering and the preservation of human life—be subjected, on account of the very success of his labours, to unmerited insult without an indignant protest being uttered on the part of that Profession of which he is one of the chief ornaments? I am not disposed to attach the same importance as the writer in the 'Review' to the presence of Dr. John Brown on the occasion in question. Very probably he was there merely as the private friend of the Professor, and without the least idea beforehand of what was to be said and done. Might not the scene he witnessed have recalled to the author of 'Horæ Subsecivæ' the droll last century anecdote he relates in the preface to that pleasant volume of a certain James Alston, porter and *factotum* to the Chemistry Professor of the day—the disgust of honest James at "their new fangled notions" coming to disturb his old-established easy-going "Phlogiston," and give him extra trouble preparing for the lecture, and the conflict, amid much perspiration and blasphemy, "between the old and the new"—between James, cudgel in hand, and the volant bladder of hydrogen gas, rising higher and higher the more it was attempted to bring it down?

MEDICAL GOSSIP.

MORE BLOTS—MEDICAL MEN'S MISTRUST OF EACH OTHER, AND HOW IT IS EXHIBITED—ADVICE GRATIS TO MR. H. THOMPSON—DR. CLAY AND MR. SPENCER WELLS.

This morning, I was reflecting on the manners and customs of the Profession one towards another twenty years ago, as compared with the present time, and I put the serious question to myself, Could I have pursued my calling had there *then* been so much dissimulation, so much jealousy, envy, hatred, and malice as undoubtedly exist at present? Is it possible that *then* we did not believe each other? We certainly do not at present. Was it then the rule to lavish the most complimentary phrases on every paper read at a Medical Society, good, bad, or indifferent; and behind the back of the orator to vilify, abuse, and condemn it as contemptible trash? Was it necessary *then* to ensure belief of your statistics or modes of treatment, or the results of operations, to authenticate your statements by naming the persons who witnessed them? I was led into this train of reflections by reading the paper of Mr. Henry Thompson in defence of lithotrity, proving it to be an eminently successful operation, in reply to an opinion of Mr. Holmes Coote of a very opposite character, who also brings the very serious charge against some surgeons of considering each "sitting" as a completed case, and making their returns accordingly! Now, from what I know of Mr. Holmes Coote, I cannot think he would make such a charge without some good grounds to go upon; but that is not the point which grieves me. It is to see that a gentleman in Mr. Thompson's position should find it necessary, in the relation of nineteen cases, to authenticate every one of them by naming some gentleman who was present at the manipulation. Now, I for one wanted no such proof of Mr. Thompson's veracity, and I think he does himself great injustice in supposing that anybody else would. I fear he has succumbed to the general feeling that the Profession have no faith in each other; and, indeed, there is so much exaggeration afloat among us as to justify the belief. But men who put themselves forward as leaders of the Profession ought not to attempt to fortify their statements by calling witnesses to their truth. As the Journal in which the paper appears is very little seen in the present day by the Profession, except by those who are on visiting terms with their grocers, your readers would probably like to have two or three examples of Mr. Thompson's mode of submitting his cases:—

CASE I.—A gentleman, aged seventy-four. Uric acid stone; medium size; seven sittings; January and February, 1864. Seen by Mr. Clover, who gave him chloroform at the patient's special request at first sitting, but was not repeated. Success perfect.

Now, as the most important information in the whole nineteen cases seems to be to tell his readers who witnessed them, I will just venture to suggest to Mr. Thompson a variation, in the colloquial style, which would render them very effective, and nobody could then possibly question their truthfulness:—

CASE II.—A gentleman, aged sixty-nine. Two uric acid stones of considerable size. Eighteen sittings. Spring, 1864. "Gayland (of Devonshire street), you witnessed his case, didn't you?" "Oh, yes!" "And you will bear

me out in its perfect success if it should be disputed, won't you?" "Oh, yes!"

CASE III.—A gentleman, aged forty-five. Uric acid and urates; full medium size. Eight sittings. Spring, 1864. "Dr. Koepl (of Brussels), you will come over in spite of *mal de mer* and prove you were present at two sittings, if required?" "Oui, oui, oui." "And that success was perfect?" "Oui, oui; sans doute, sans doute."

CASE IV.—A gentleman, aged forty-six. Oxalate of lime; small medium size. Five sittings. Spring, 1864. "Dr. Pancoast (of Philadelphia), you were then in town, and you were present at one or two of the sittings, were you not?" "I calculate I was." "And you know the success was perfect?" "I guess I do."

Now, I have a very great respect for Mr. Thompson, and so I think have the whole Profession, and I hope that in the relation of cases for the future he will dispense with the Clover, and the Grass-land, and the Brussels sprouts, and the Pancakes from Philadelphia, assuring him that we shall at all times like to benefit by his further experience in lithotrity or any other surgical matter, and that we can fully believe him without any such bolstering adjuncts.

That a system of exaggeration and of mendacity is prevalent among us, so as to lead many to mistrust every statement put forth, unless duly authenticated, is made manifest by another article in the same Journal, from the pen of Dr. Clay, of Manchester, the ovariotomist, of world-wide celebrity, though Mr. Spencer Wells almost ignores him in his recent work on the subject. And why? Because Dr. Clay has not done what Mr. Thompson did, and what Mr. Spencer Wells appears to fancy a *sine quâ non* to obtain belief. "Dr. Clay," he says, "has steadily continued in the career which he began in 1842; but his operations not being performed in an hospital before numerous professional witnesses, and no connected series of his cases being published, his example had but little influence." This statement is denounced by Dr. Clay as a "deliberate misstatement of facts." Every operation was witnessed generally by three or four professional men—in some instances seven or eight, and in some few instances as many as ten or eleven. I have never seen Dr. Clay's book on the subject; but I sincerely hope that, in the relation of his cases, he has not condescended to the system of calling witnesses to prove that he is telling the truth, which Mr. Spencer Wells deems essential to every author who has anything to say on ovariotomy. Poor Spencer Wells is regularly cut to pieces, and I don't see how he can ever be put together again. To ignore the man who originated the operation in this country, and who has had the largest experience of any, is rather too bad. I had occasion to laud Spencer Wells for an excellent paper "On the Surgical Treatment of Cancer," in one of my recent letters, but if he does not take care he will get out of my good books, and then woe betide him! Whilst I wield the pen of "Vigilans," my own brother shall not escape castigation if he deserves it.

Theophilus, with that simplicity of mind so becoming and so engaging in a young man, asked me this morning, "How comes it, Vigilans, that the 'Medical Times' announces its contents in Saturday's 'Times' in fragments, whilst the 'Lancet' runs them on in a single advertisement?" "Innocent youth! don't you see the dodge? Churchill gets half a dozen repetitions of Self and Sons as publishers of the Journal, whereas, if he imitated the 'Lancet,' he would get only one." "Oh, it is a trick of the trade, is it?" "Just so." "But what can his partners in the Journal think of it; they are not in the bookselling trade, are they?" "Strictly speaking, they are; but the modes of pushing the Journal into notice are no doubt left by them to the publisher, and as a skilful diplomatist he takes good care of number one, and quite right too."

Somebody has sent me a pamphlet with the eccentric title of 'Irrationale of Speech.' It is a mere puffing advertisement of a farmer near Hastings, who calls himself Dr. Hunt, and who professes to cure stammering. I don't know how the amended Medical Act proposes to deal with such kind of people, seeing that by virtue of a parchment diploma, to be purchased by anybody for 40*l.* from a poverty-stricken German University, the holder may append to his name Ph.D., which of course signifies Doctor of Philosophy, but which I should translate as a Doctor of Ph*iddle de* Dee.

And now I am off to the Grand Hotel, Brighton, for forty-eight hours' inhalation of balmy unmedicated air in the saloons and corridors of that famous hostelry, preferring such treatment of my laryngitis to the villainous compounds with which my friend and neighbour Dr. Sangrado wishes to nauseate my unoffending stomach. I have not seen the Journals of the week, so if there be anything open to censure or criticism, or, on the other hand, worthy of praise, it must stand over till next week. VIGILANS.

N.B. — Vigilans' correspondents are answered in the "Notices" on the last page.

REVIEW OF BOOKS.

Aperçu des Differentes Méthodes de Traitement employés à l'Hôpital de l' Université de Christiania, contre la Syphilis Constitutionelle. Par J. L. Bidenkap, Médecin de Réserve de l'Hôpital. Christiania, 1863. Pp. 53.

[Review of the Different Methods of Treatment employed at the Hospital of the University of Christiania, in Constitutional Syphilis. By J. L. Bidenkap, Physician to the Hospital.]

We publish the following review from a correspondent, without pledging ourselves to the opinions it advances.

At the present moment, all that bears for or against the treatment of syphilitic disease with mercury ought to be known. The following brief abstract from Dr. Bidenkap's pamphlet, recently published, may give some knowledge of the recent experiments made in Christiania:—

"The treatment of constitutional syphilis has been essentially changed for the last ten years at the Hospital of the University of Christiania. At the commencement of that period mercury and iodine were employed as specifics, and it may be said, in all cases since that date, the preparations of mercury have been less and less employed, and for the last two years they have been entirely excluded, whilst the iodide of potassium is still employed in certain cases. The commencement of this change in the treatment of constitutional syphilis took place when M. Boeck introduced, about eleven years ago, syphilisation, at first as an experiment, and latterly as a general curative method. The constantly-increasing success with which this method was employed, the sure and enduring cure which was obtained at the part of the hospital directed by Professor Boeck, were the reasons which decided Dr. Hjort to try it in his portion of the hospital.

"This method was not employed in numerous cases by M. Hjort, and a little later other experiments were made to cure syphilis without having recourse to mercury. These attempts consisted at first exclusively in producing on different parts of the body non-specific suppurating ulcers, by means of plasters of tartar-emetic. Latterly, diet and decoction of sarsaparilla were employed; then decoction of sarsaparilla, combined with a systematic treatment by sweating daily repeated, was tried."

Phenomena remarked during the Simple Treatment by Means of Derivation, Sweating, and Sarsaparilla.—"In a great portion of the cases treated, the symptoms have disappeared by the application of one or other of these methods without any relapses being seen after several years have elapsed. This has taken place most frequently in the cases where *derivation* was applied alone. The health of the patients gets generally better during this treatment and they have a very healthy look when leaving the hospital. The syphilitic phenomena disappear most generally after the application of the sweating and sarsaparilla. I meet, however, with some obstinate cases, in which relapses occur, and we must then have recourse to other means to hasten the cure. Lately these cases have been

treated by iodide of potassium or syphilisation; it is easily understood that these methods are very little active, and that the treatment is above all things expectant and by symptoms. The suppuration produced by tartarised antimony is not very abundant, and certainly can have no very great influence on a diathesis so radical as the syphilitic, nor can we again attribute any great effect to diet; this is an old remedy, which has been tried often enough, and we may say the same of sarsaparilla.

"I may, by employing these methods, observe the development and course of the disease, as they show themselves, when left alone, in favourable circumstances, and under a treatment of symptoms."

There follows a table of 363 cases treated by M. Boeck by syphilisation, which we will not quote from, since enough has lately been written concerning that system. Then 164 detailed cases treated by Professor Hjort, by means of derivation, from which I shall quote one or two well-marked cases, to show the general character of the disease when left to itself:—

Case 1.—J. O., age seventeen; ulcers on genitalia, followed by mucous tubercles; treated by derivation, Jan. 26, 1857, to June 19, 1857; had ulcers on genitals again; same treatment July 14 to August 12.

Case 22.—L. S., age twenty-one; mucous tubercles on scrotum; roseola; treatment, derivation, from September 9, 1857, to Feb. 10, 1858.

Case 32.—G. G., age twenty-four; ulcers of genitalia, followed by roseola and ulcers in palate; derivation lasted from Jan. 24 to Oct. 20, 1858.

Case 44.—B. L., age forty-eight; ulcers of tonsils and commissure of lips; maculo-papular exanthem of nape of neck and thighs; treatment, derivation and iodide of potassium, from August 11, 1858, to March 12, 1859.

Case 65.—G. M., age twenty-eight; mucous tubercles of genitalia; same of tonsils; derivation, October 25, 1858, to April 24, 1859.

Case 84.—P. T., age thirty-seven; mucous tubercles of genitals and anus, roseola, crusts in hair, alopecia, ulcers in the throat; derivation from Feb. 13, 1859, to July 14, 1859, followed by iritis and ulcers of upper lip: derivation again, from August 11 to Sept. 12, 1859.

Case 102.—J. O., age five; mucous tubercles round the anus, redness of throat; derivation, from November 25, 1859, to March 22, 1860.

Case 119.—J. A., age twenty-seven; mucous tubercles of scrotum, papulo-squamous exanthem on thighs, roseola on trunk, mucous tubercles on tonsils; treatment, derivation, diet, sarsaparilla, from February 2, 1860, to July 20, 1860.

Case 135.—J. A., age twenty-nine; ulcers on genitalia, maculo-crustaceous exanthem, mucous papules on tonsils; derivation, sarsaparilla, afterwards sweating, from April 2 to Dec. 10, 1860.

Case 154.—M. A. H., age twenty-three; ulcers and mucous tubercles of genitalia, roseola; derivation, from June 30 to Dec. 2, 1862, followed by mucous tubercles of genitalia and iritis, treated by derivation, from Dec. 14, 1862, to Feb. 3, 1863.

Case 164.—C. J. O., age twenty-four; indurated sore on the penis, roseola, papular exanthem of the back of head; derivation, from Nov. 12, 1862, to April 15, 1863.

Sudorific Treatment of Dr. Hjort.

Case 1.—Roseola, ulcers of throat, mucous tubercles on the tongue; decoction of sarza and sweating, from Oct. 17, 1860, to Dec. 1, 1860.

Case 20.—K. A., age thirty; mucous tubercles on genitalia, papular exanthem; decoction of sarza, sweating, derivation, from Dec. 2, 1861, to July 18, 1862.

Case 28.—Age seventeen; roseola, engorgement of the inguinal glands; later, mucous tubercles of the genitalia and ulcers of the throat; decoction of sarza, sweating, derivation from August 18, 1861, to October 3, 1862.

"In examining the tables which we have just given, an idea may be had of the results of these different methods. What strikes at first sight is, that we see so rarely any tertiary forms amongst those who are treated in this manner. With the exception of two or three, all the cases cited as relapses belong to the secondary series, and are generally of slight importance. The majority of these cases disappear even by a simple local treatment, and would have probably got well without any. There is a great difference between the character of the cases of syphilis which are now found at the hospital and those with which it was crowded a few years back. Although constitutional syphilis has certainly become much more frequent in the last few years than it was before, and in spite of the increase of town population, we find now at the hospital almost solely new cases of secondary disease, which are submitted for the first time to treatment. *The very rare cases of tertiary syphilis are met with among patients who have passed through a mercurial course in other parts, especially abroad. Formerly, on the contrary, obstinate tertiary cases formed the majority of the cases treated at the hospital. This happy result has been obtained by syphilisation and by the other methods; and it appears that we may conclude that the exclusion of mercury from therapeutics is the cause of it.*

"It is very possible that a mercurial treatment short enough may make the symptoms disappear, but experience shows also that they return very often and quickly; and we will cite M. Ricord, who tells us that it is necessary at least to give a mercurial treatment for six months, followed by a treatment of iodide of potassium for three months, to cure syphilis and to cure it without doubt."

Such are a few quotations of the modest *brochure* published by Dr. Bidenkap, of Christiania; and after its perusal the mercurialist must be indeed incurable who does not at least begin to doubt of the specificity of that much-praised article of the Pharmacopœia, mercury. It is to be hoped that, in London or some of our provincial towns, the same harmless methods of derivation and sweating may soon take the place of mercury.

Midwifery Diplomas.—The Berlin Obstetric Society has recently conferred the diploma of honorary membership on the following gentlemen:—Dr. Greenhalgh, of St. Bartholomew's Hospital; Dr. Murphy, of University College; Dr. Eastlake, of the British Lying-in Hospital; and Dr. Leishman, of Glasgow.

Capital Punishment within Gaols.—The Bill just brought in by Mr. Hibbert, Mr. Bonham Carter, and Viscount Enfield for the execution of capital punishment within the precincts of the goal, very properly places upon the surgeon of the gaol the duty of reporting the due performance of the sentence. The following is the certificate proposed to be signed by him:—

"I, A. B., being the surgeon in attendance at the execution of C. D., at the gaol of , do hereby certify that I this day witnessed the execution of the said C. D. at the said gaol, and that the said C. D. was hanged by the neck until dead.

"Given under my hand, this day of , A.D. ,
"at the gaol of , in the county of ."

Similar certificates, of course, are to be attested by other properly appointed authorities.

Medicated Collodion.—The 'Medical Gazette of Lombardy' (No. 41) informs us that Dr. G. Finco, of Padua, uses with success, in cases of condyloma, applications of collodion containing corrosive sublimate. The periodical alluded to records the case of a man aged fifty-six who bore around the anus a large number of these tumours, which had all increased in size since the application of nitrate of silver. Dr. Finco applied, with an aquarelle brush, to the two largest growths, a solution of five grains of bichloride of mercury in ten drachms of elastic collodion, and in twenty-four hours they disappeared almost entirely. In the course of sixteen days, upwards of sixty condylomata were thus removed. The composition of the fluid is very nearly the same as that recommended in the treatment of zona by Messrs. Debout and Devergie.

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 8, 1865.

CHEAP WINE.

In a recent article on the subject of Cheap Wine, we stated our opinion that the period had not yet arrived in this country when good, sound, and strengthening wine can be obtained at a shilling a bottle, at least in the ordinary course of business. That such may sometimes be met with by accident, we do not deny, as when the seller is ignorant of the treasure he possesses, and parts with it at less than its proper cost; but in by far the great majority of cases the so-called cheap wines, we believe, will be found dear at the price, and are sold here because they are unsaleable in their own country. Theoretically it may be admitted that to drink unadulterated wine, like unadorned beauty, "adorned the most," is the most genuine taste in which we ought to indulge. There is something exceedingly beautiful and poetic in the idea of quaffing a liquid derived from the pure juice of the grape, mellowed into flavour by the mere power of the sunbeam, and ripened into excellence by imprisonment in a bottle or cask. That such wine does exist there is no doubt, and there are certain favoured spots on the globe, and there are certain exceptional seasons, which afford this generous fluid; but, as we have before remarked, it is very dear even at the place where it is grown, and is an extravagant luxury. The celebrated wine of Johannisberg, on the Rhine, costs twenty shillings a bottle at the castle of the estate where it is made; but inferior wine on the very same hill may be had for four shillings a bottle; and the Johannisberg wine sold, or rather said to be sold, by the wine merchants exceeds by far the whole produce of Prince Metternich's vineyards!

Mr. Shaw, in a very entertaining and instructive book, entitled 'Wine, the Vine, and the Cellar,' tells us that he dined a few years ago at an inn in the village of Margaux, in the Médoc, within a stone's throw of the celebrated estate which grows the Château-Margaux, and the wine was so bad that it could be drunk only after the addition of water. To show, also, how the delicate French wines are affected by season, it is stated on the same authority that in Bordeaux, a few months ago, the author tasted Château-Lafitte of 1858 which could not be bought for less than 100*l.*, and the same growth of 1860 which could be had for 5*l.* a hogshead.

Those who think that genuine French wines with high-sounding names can easily be obtained in this country may be interested to know that it is proved by published returns that there are twenty-five houses in the United Kingdom which import 1,750 hogsheads of the best wine of the Médoc; while the official statement of the average annual production of Châteaux-Lafitte, Margaux, Latour, and Haut-Brion, shows it to be 1,760 hogsheads; thus leaving ten hogsheads for all the other wine merchants in this country, for all France, and for all Europe, Asia, Africa, and America. But it is broadly insinuated that if a thousand wine merchants will each send the money for ten hogsheads of any of the above fine wines and of any vintage, their orders will not be declined.

We believe that we are not far wrong in assuming that the greater part of the light wines brought over to this country are poor and bad ones, and that since the reduction of the duties the inundation of bad wines has been enormously increased. This is the chief reason why the financial measure of Mr. Gladstone in reference to wines has turned out to be a failure, because the English public cannot be persuaded to drink thin sour wines, even although they are offered at a shilling a bottle. Some people like them, it is true, and they are quite right to indulge in them if they please; but we cannot go the length of agreeing with those who think that delicate persons and invalids who require wine are likely to find the article they want at the grocers' shops near Leicester square or in a *café* in the Seven Dials. The fact is, that the mere name of a wine is often fictitious, and is calculated, and ndeed intended, to mislead, for labels are very cheap and may be easily pasted on any article. The very circumstance that certain parties are pushing the sale of what are called the light wines in Great Britain has deluged us with all the refuse of the foreign markets, but John Bull makes a wry face, and not without reason, when the draught is offered for his acceptance.

The climates of France and of Germany, although favourable in certain spots for the cultivation of the vine, are very uncertain even at the best; and the delicate flavour of the wines is enhanced or diminished by a thousand circumstances, some of which are, and others are not, under the control of human art. The cultivation of the vine itself, the choice of an appropriate spot for its growth, the grafting together of different varieties of the plant, the gathering and selection of the grapes, the management of the fermenting process, and the storing in casks or bottles, are all matters requiring very great skill and care, and involving proportionate expense; but, even when all precautions are taken, the treachery of the weather may disappoint the hopes of the wine-grower, and render his vintage comparatively worthless. A cold autumn may prevent the grapes from ripening, a too hot and dry one may wither up all the fruit, a wet one may prevent the development of the vinous elements; and, indeed, it is only in certain years that all favourable circumstances conspire to mature the grapes and to render their juice convertible into first-class wine. It is, therefore, absurd to expect that wine must necessarily be good because it is called by some well-known and pretentious name, for, even admitting that it may be genuine and really obtained from the place from which it takes its title, yet the vintage may have been a bad one, and the wine may have been spoiled.

We know that it is now almost vulgar to speak in praise of port-wine, and that this beverage, so highly prized by

our forefathers, and by ourselves in our younger days, is now falling into the cold shade of neglect and disesteem; but still, in a Medical point of view, we must say a word in favour of the drink in question, and we doubt whether its therapeutical use will ever be replaced in this country by any of the recent introductions from France, Germany, or even Hungary. It is true that port-wine is not always a genuine article: it is fortified by brandy; it is tinted by elderberries to make it dark-coloured, and sometimes by log-wood to make it look tawny; it is blended with other wines, some better, some worse than itself, in order to modify its flavour or to improve its qualities; and yet, medley as it is, what is there like it to improve the condition of the convalescent, the weary, or the anæmic, only supposing that the patient has not injured his palate and deranged his digestive organs by too much previous indulgence in its use? Admitting, too, that there is bad port-wine in the market, and that some of the liquid so-called is not wine at all, we may assert pretty confidently that the better class of wine merchants do not deal in an impure article, but honestly derive their supplies from the banks of the Douro, where the soil and the sunshine are peculiarly propitious for the growth of a rich and luscious wine, which, with some necessary additions to preserve its body, is suited to the British market. It cannot be denied that there is more uniform goodness in ports and sherries than in most other wines, because the soil and the climate of Spain and Portugal appear to be peculiarly well adapted to the cultivation of the grape. It is true that good port or good sherry cannot be procured at the cheapest rate for less than from three shillings to three shillings and sixpence a bottle, but still, even at this price, we think it quite as cheap as the so-called cheap wines, which may probably be had for less than half the price, but are not nearly half so good.

In making the above remarks, we by no means assert that we might not, and ought not to, have a better and a cheaper supply of port-wine than we at present possess, and that a far greater quantity of sherry than we now have might not be obtained genuine from Spain. Compared with the immense territory adapted for wine-making in Spain and Portugal, very little is as yet appropriated to that purpose; and the effects of jobbing and corruption in the Peninsula, and of unequal and vexatious duties at home, prevent the British public from obtaining so much wholesome wine as they ought to import.

While thus adverting also to the great and unquestionable superiority of Spain and Portugal as wine-growing countries, we by no means deny that good and wholesome wine may be derived from other sources. We understand that there are some wines grown at Vöslau, near Vienna, which are good and sound and are said to be well adapted for hospital use; but with the merit of these wines we and the British public generally are at present unacquainted.

New Appointment.—Lumley Earle, M.D., has been appointed Honorary Medical Officer to the Birmingham and Midland Free Hospital for Sick Children.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

The number opens with some clinical remarks "On the Use of Stimulants in Fever," by Dr. W. Williamson, Physician to the Aberdeen Infirmary, who has, since writing the paper, unfortunately fallen a victim to the disease of which it treats, having contracted the fever while engaged in attending patients. The paper gives a general view of the different plans now advocated in the treatment of fever, and shows that neither excessive stimulation on the one hand, nor depletion on the other, are to be exclusively recommended. A recent report of Dr. Wilks, of Guy's Hospital, apparently showing that fever could be treated without stimulants, is ably criticised by Dr. Williamson, who proves, from the paper itself, that stimulants *were* used in some of the cases, and that in one the cure seemed to be due to the administration of brandy. Dr. Williamson conceives that each case should be treated according to the indications it presents; and that while some cases, especially among young persons, will do well without stimulants, in other instances stimulation is called for as a necessary medication.——Dr. J. Marion Sims continues his clinical notes "On Uterine Surgery," his present subject being "Painful Menstruation." He shows that the great majority of married women suffering from painful menstruation are affected with some mechanical constriction or other abnormal condition of the uterus or its cervix. Sometimes there is contraction or flexure of the canal of the uterus; sometimes there is a fibroid tumour in the uterine wall. The remedial measure recommended by Dr. Sims in most cases is the operation of cutting open the os and cervix uteri, which Dr. Sims states that he and a colleague in a New York hospital have performed more than five hundred times with very great success.——Mr. Henry Thompson contributes a paper "On the Modus Operandi in Successful Lithotrity;" and among the general principles to be observed he insists that mechanical contact with the bladder and urethra whether from instruments or from rough fragments of calculus, is to be reduced to the smallest possible extent. Hence, he argues that the stone should be pulverised as much as possible, and the fragments passed by the natural efforts, and that the plan recommended by some authorities, of drawing away large fragments from the bladder, is objectionable.——Dr. Charles Clay continues his paper "On Ovariotomy and Ovariotomists," his remarks consisting of an elaborate review and criticism of a late book on the subject published by Mr. Spencer Wells. Dr. Clay's remarks are intended to show that Mr. Wells' success is not so great as that gentleman attempts to prove, and that in the points of practice in which the latter differs from Dr. Clay, the results do not establish the value of the principles laid down. The principal difference in practice is the long incision performed by Dr. Clay, and the short one performed by Mr. Wells; and Dr. Clay insists that his own plan, namely, to make a *sufficient* incision, is the best.——Dr. J.

G. GLOVER contributes a short paper "On the Therapeutics of Chronic Catarrhal States," and advocates in such cases the employment of dilute nitric acid combined with spirits of nitrous ether. He gives a few cases illustrating the success of this treatment.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. BENCE JONES continues his lectures "On Diseases of Suboxidation," the oxalic acid diathesis being reviewed in the present paper. Oxalic acid is defined to be "the last acid in the descending scale of ternary organic substances that is produced before perfect combustion sets free carbonic acid and water." Its production is a purely chemical process, and may be occasioned by a series of changes wrought either from the food or from the tissues of the body. In the vegetable world it is the most widely-spread of all acids. In the human system it may be produced from the different albuminous constituents. The crystals of the oxalate of lime are readily detected by their characteristic and distinguishing shapes. The symptoms of the diathesis are very well marked, flatulent dyspepsia being a leading one. The presence of the crystals of the acid may be suspected when sudden changes take place in the quantity of the urine passed in twenty-four hours.——Dr. BEALE has an original communication "On Nutrition." The process of nutrition consists in—first, the passage of the pabulum through the formed material when it reaches the germinal matter; second, the conversion of some of its constituents into germinal matter; third, conversion of previously-existing germinal matter into formed material; fourth, oxidation of oldest parts of the formed material.——Dr. DRUITT contributes a paper "On the Use of Hot Water as a Remedy for Profuse Perspiration," no matter what may be the cause of the unpleasant condition.——Mr. STARK, Army Medical Officer, describes "A Method of Applying the Gypsum Bandage."

THE 'DUBLIN QUARTERLY JOURNAL OF MEDICAL SCIENCE.'

The first of the original communications is from the pen of Dr. BARTON, and contains "Remarks upon Excision of the Knee-Joint." In this article it is shown that, taking all the cases together, there is a very high rate of failure—34 per cent. in the entire number. The conditions which are necessary to the success or advisability of the operation are:—The joint must be past all hope of being benefited by any simpler mode of treatment; the patient be under the age of forty; be not at an age when operation would arrest growth of the limb, or if at such a tender age the epiphysal line must be most carefully avoided and the excision practised above or below it; the patient must have sufficient vitality of constitution in order to insure processes of repair; not too great an extent of suppuration, nor too extensive disease of the bones; no necrosis of, nor abscess in, the head of the tibia. If disease of the joint has begun in the articular cartilage, the case is especially favourable for the operation, but is not needed if acute inflammation of the joint, terminating in abscess, or certain kinds of injuries involving the knee-joint, is the lesion or lesions. A case and its treatment are then recorded.——Dr. CUMMINS makes some "Remarks on Scarlatina." Comment is made upon the various forms which the disease assumes in the same house and family, and even under apparently the same circumstances; whence it is concluded that "we cannot attribute the different types of scarlatina entirely to a varying intensity of the poison which causes it," and that there is some principle of the blood which determines the amount of its reproduction within the system. The author divides this affection into epidemic sore-throat, typical scarlatina, typhoid scarlatina, congestive scarlatina, malignant scarlatina. Allusion is made to the fact of pericarditis being sometimes attendant upon the disease. In the treatment, the bisulphite of soda, chlorate of potash, and the muriated tincture of iron are advised. Sleeplessness is best relieved by the application of a few leeches to the temples, in the same manner as it is when occurring in cases of typhus. This treatment was advised in the latter complaint, and for the first time by the eminent Irish physician, Dr. Corrigan.——Dr. BANON contributes a paper "On the Surgical Treatment of Vesico-Vaginal Fistula." A review of the operation from its commencement down to the present period is given, and cases treated by the author are brought forward.——Dr. SMYLY continues his "Notes in Medicine and Surgery." The present are upon Dr. Morell Mackenzie's method of treating enlarged tonsils by means of what he terms the "London paste," a composition of caustic soda and lime. Dr. Mackenzie's instrument consists of "a small shallow spoon or receiver, into which the escharotic is put." "In most cases Dr. Smyly believes it to be very superior to any cutting operation."——Mr. TUFFNELL contributes a paper "On the Immediate Treatment of Fracture by Fixed Apparatus." In it is shown that most hospitals of the United Kingdom do not put up broken limbs in a "fixed material" till some time has elapsed after the occurrence of the fracture. The fixing material advised for use is composed of the white of eight eggs and half a pound of flour; lint or old linen composes the inner lining; and strips of the same, torn three inches in width and long enough to reach from the head of the tibia to the sole of the foot, are likewise requisite. The difference from the common method of applying the fixed apparatus is, that the strips are arranged parallel with the length of the limb instead of being made to circumscribe it in a circular manner.——Dr. BANKS has a contribution "On the Loss of Language in Cerebral Disease." The history of the literature of the subject is traced, and many cases, especially of interest to those making a particular study of cerebral affections, are adduced.——Dr. HAYDEN has an article entitled "On Supra-Renal Melasma." He shows that of the entire number of cases which he has collected 70·27 per cent. were males and 29·73 per cent. females; that the youngest patient was eleven, and the oldest eighty-one years of age; that 56·75 per cent. were affected between the ages of twenty and forty.——Dr. WRIGHT contributes a paper "On Trichiasis," and Dr. COLLIS "On Cleft Palate;" the latter being accompanied with beautiful illustrations of the various instruments used in the necessary operations. The second part of the Journal is taken up with Reviews and Bibliographical Notices. The third part embraces Reports, Retrospects, and Scientific Intelligence.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The annual meeting of this Society was held at the Society's premises, 53 Berners street, on Wednesday evening, the 1st inst. Mr. Partridge, the President, took the chair.

The ballot for the election of officers and council for the ensuing year took place. The following is the result of the election:—*President*—James Alderson, M.D., F.R.S. *Vice-Presidents*—Frederic Weber, M.D.; William Richard Basham, M.D.; Samuel Armstrong Lane; John Simon, F.R.S. *Treasurers*—Henry Alfred Pitman, M.D.; Spencer Smith. *Secretaries*—Henry William Fuller, M.D.; John Birkett. *Librarians*—Alexander Patrick Stewart, M.D.; Luther Holden. *Other Members of Council*—Andrew Whyte Barclay, M.D.; Edmund Lloyd Birkett, M.D. Stephen Jennings Goodfellow, M.D.; Edward Meryon M.D.; Henry Oldham, M.D.; Oscar Moore Passey Clayton Holmes Coote, George Critchett, Charles Hewitt Moore Alfred Poland.

The Auditors' Report, which had been previously circulated, was taken as read.

Dr. GREENHOW: I beg to move that the auditors' accounts be adopted. I feel that I can move this resolution with great propriety. As one of the auditors I have gone into the accounts; the accounts speak for themselves, and it is not necessary that I should make any remark further than to point to the fact that we have this year rather a larger balance in the hands of the banker than we had last year. Last year we had 235*l.*; now we have 345*l.*

would venture to make one further remark; the auditors were a little confused by the state in which the account from the publisher was brought before us. It was made out, I am aware, in the way in which these gentlemen usually make out their accounts, but it was so complicated that it was only with the greatest difficulty, and after devoting a great deal of time to it, that the auditors were able to ascertain its accuracy. I would suggest that in future years this account of the publisher should be examined by the Council before being sent down to the auditors, in which case the auditors would have nothing to do but to see that the account tallied with the statement laid before them. The Report requires no further remarks. With these remarks I beg to move the resolution.

Mr. HAWKINS: I have much pleasure in seconding that proposition; but before it is put I wish to make one or two observations with regard to this account. I see on the receipt side there is, "Composition fee in lieu of further payment or subscriptions, fifteen guineas." Now when the law was made with regard to the composition fees there was a distinct provision that those fees should be invested at once. Of course, if they are not invested there is no security to those who pay their life subscriptions that they shall have the advantages of the Society as long as they live. I feel some little interest in the sum, Sir, because I believe it is my own fifteen guineas (laughter); and therefore I am very anxious to see that it goes to the right place. If the whole affair was wound up, then the only people who would have any interest in the property would be the life owners, and they would have to come upon the property for their division. If the composition fees are not invested, of course I shall not be able to appear as a creditor. I do not wish to move any resolution, but I wish to add as a rider to the resolution that the attention of the Council be called to the law which I have named—that all composition fees be invested at once. That fee was paid early in last year. Then, Sir, on the other side there is a balance in hand in "February, 1865." Now, this is an account purporting to end at the end of the year—December 31. Some two or three years ago the Council came to the Society and begged them to alter the mode of keeping their accounts from March to March, as they formerly did, and asked that they should be made up at the end of the year. One year, therefore, we had the account only for three quarters. Now, we have nothing to do with what the balance in hand in February was. That is not a matter of importance to us at all; but what we ought to know in this account is, what the balance was at December 31. The audit took place in February, but it might have taken place at any other time. I should like to add to the resolution that the attention of the Council be called to the necessity, according to law, of investing all composition fees, and that in future the balance shown in the hands of the treasurer shall be made up to the time at which the account finishes, and not to any other time.

Mr. SPENCER WELLS: I have also to move a sort of rider to the resolution which has been moved by Dr. Greenhow. I simply wish to call the attention of the Council to a matter mentioned at the last annual meeting. I mean the sum paid to the Society by the Pathological Society and the Obstetrical Society. It is called in the account "contribution." Now, Sir, when I called attention to this subject last year, you, from that chair, as I found reported in the Journals at the time, said that you would rather the rent were less than that difficulties should arise between the Societies. I do not know whether in the report which will be presented to-night we shall have any recommendation that this rent should be diminished; but I do think that we should let the new Council know that our feeling is against this large contribution. I see the sum is 63*l.* from the Pathological Society and 42*l.* from the Obstetrical Society, for fifteen meetings which the Pathological Society held, and for ten meetings which the Obstetrical Society held, that being at the rate of four guineas for each evening that these Societies occupy these rooms for two hours. I think this sum is too large, and that if it were reduced to one-half, or at the rate of two guineas for each evening, it would fully meet all the requirements of the case. I see by the account that the whole expenditure of this Society for house rent, taxes, lighting, warming, furniture, repairs, amounts to 266*l.* a year. The rent we receive for the rooms held by the Society for the Relief of the Widows and Orphans of Medical Men and for the stables, and the contributions from the Pathological Society and the Obstetrical Society amount to 187*l.* a year. Taking that amount from our total expenditure for the purposes I have named, there is only 79*l.* at which we stand for the whole permanent accommodation of this house and rooms. It would be quite fair to add to that sum the sum for the yearly interest of the thousand pounds which was expended on this house and property, and also some contribution towards the thousand pounds against the lease expires; but, adding all those things together, we shall still stand at a lower rent than the two societies pay us for the nights during which they occupy the room only two hours. I do not think that is fair to the other societies, and it would be more creditable to us if we stood upon terms of mutual obligation than, as we now do, supported by those two societies. I think it is undignified to stand before the Profession supported by those societies, and it would be more fair to them if we accepted from them only a fair and proper contribution, instead of demanding these high terms, which I think are causing ill feeling between us and them. I do not come here at all as a delegate from those societies, but I simply express my own individual opinion as a member of this society, and I give credit for candour to all other gentlemen who think differently. I do not see that there ought to be any warmth of feeling or sulky feeling about the matter. I believe that the gentlemen who support this high charge do so because they think it is the best thing for the Society, and I give them credit for the motive. I shall move as a sort of rider to the resolution, "That the attention of the Council be directed to the propriety of reducing the sums paid by the Pathological and Obstetrical Societies to thirty guineas and twenty guineas, in place of the sixty guineas and forty guineas which is now paid."

Dr. C. J. B. WILLIAMS: I beg to second that resolution. The remarks made by Mr. Spencer Wells and reiterated by myself on the occasion of the last meeting appear to me equally to apply to the present occasion. I did hope, from some of the words which were spoken at the last meeting, that the high charge—I think I used the term extortionate charge—would be reconsidered. I never thought that the sum was regarded as such; but I believe that when it is fairly considered it will be seen that to ask the sum of sixty guineas a-year from a society pursuing kindred objects, and a society, I may say, which has distinguished itself in the same subjects as those to which this Society is devoted, and yet without in any degree interfering with us—such a society is not one which should be mulcted and sponged by heavy financial considerations on the part of this Society. I entirely think that the career of the Pathological Society of London is one of the brightest pages in the history of our science. I know of no society which has flourished and been productive of so much utility in so short a space of time, and which now, in so many ways, proves its utility and its hold on the affections of the Profession; and I think, such being the case, it is really the duty of this Society to hold out the right hand of fellowship to support it and aid it, instead of trying to squeeze to the very utmost what can be got out of its coffers. It appears to me that it would reflect credit on this Society if it aids it, not in an eleemosynary way, but considering that it works for the same end; and I think we ought to be proud of its co-operation. I am quite sure that the feeling with regard to the kindred Society will be of the same kind. If it is continually to be mulcted to this amount, I think probably, sooner or later, it must separate itself from this Society and establish itself elsewhere; and as a member of the Medical and Chirurgical Society I think that will be greatly to be deprecated; for although we have not succeeded in effecting the amalgamation contemplated, yet there is something like fraternity between these Societies, and I think it is very desirable that the appearance of co-operation should be kept up. As a

member of this Society, I should be very anxious to see the Pathological Society hold its meetings in the rooms of this Society, and on terms more in accordance with the great object which both Societies have in view—the furtherance of the best interests of the Medical Profession.

Dr. WEBSTER: Mr. President, I am very sorry that this subject should have been again brought before us, particularly after the discussion which has previously taken place. I should like to ask the Council whether there has been any representation on any application made from those societies upon this subject. If so, of course you will tell us what has been said; but I do not think that an individual member should come forward and advocate particular societies unless this subject has come to the Society officially. I have no doubt whatever that if there has been a representation from those societies to the Medical and Chirurgical Society, they will give it the attention it deserves. There is one expression which Mr. Spencer Wells has used, and which I regret. He talked of this Society being undignified in receiving the money mentioned. I do not think there is anything undignified. If I may presume to give my own opinion, I think it seems that the other societies are sueing *in forma pauperis*. They are excellent societies, doing a great deal of good; but I do not think it is a matter of much consideration to them whether they pay thirty guineas or sixty guineas. I should like to know whether there has been any official application. That is the proper way of discussing these matters. I am quite sure that this Society would take the matter into consideration if that has been the case. It has been said this evening that we should foster and aid these societies. That was done in the beginning. There was then a small rent charged; but when they became flourishing and numerous and rich, it was considered just to this Society that they should pay a proper rent for the accommodation furnished. If a better accommodation can be obtained, why the other societies will be perfectly justified in accepting it. I know there are members who think that this Society ought not to have any tenants at all, but I must say that I do not think so; I should be very glad to remain on friendly terms with the other societies, and aid them in their objects; but I do not think the rent is too high. I hope that what I have said will not be disagreeable to the feelings of anybody who has spoken on this subject.

Mr. HAWKINS said the meeting were going from the real question; the discussion which was commencing had nothing to do with the accounts, or with the question of investing the composition fees.

Dr. PITMAN, the Treasurer, said he thought he should be able to explain why the composition fees had not been invested. The fact appeared on the face of the accounts that they had not been able during the year to make use of the spare funds of the Society, so as to add to the capital stock, and when that had been the case it had always been stated on the accounts that the capital stock which had been purchased included all composition fees. In looking at the previous year's accounts he found that there were composition fees which were not invested, and as he was in a position to purchase 500*l.* worth of capital stock, he stated that that included the composition fees not only in that year, but in the year preceding, which had not been invested. As there was only the fifteen guineas which had been mentioned received last year, it seemed that it might be desirable, as the Society were able to enter into a new year, and there might be other sums to invest in the same way, to reserve it and invest them all at once. There was no special law requiring that they should be invested within any specified time. The sum for fees received during the year was a very small one to invest, and he found that when that had been so, the practice had been to reserve it. He, of course, proposed to continue that practice. It was not his intention that the composition fee of fifteen guineas should be merged in the general funds of the Society. Another question had arisen with regard to the accounts. It had been said that there was a balance stated up to February, when the accounts should be made up to the end of December. He really did not see that that was the case. The accounts were audited in February, and the amount of stock standing in the names of the trustees at the time was stated, the receipts and payments being up to the end of December, 1864. The balance then standing at the bankers' was 345*l.* 17*s.* 2*d.* There had been some misconception as to that being the balance in hand to February. No payment had been made out of that 345*l.* since December.

Mr. HAWKINS said that there must be a clerical error if December was meant. With regard to the composition fee, it was intended that it should be invested in the year in which it was paid. Inaccuracies had arisen in former years; but he apprehended that the receipt of that fifteen guineas ought not to be considered, for really the receipts were fifteen guineas less than appeared.

Dr. PITMAN said that on his entering office he followed the practice of his predecessor, though, perhaps, that was not so desirable as the course Mr. Hawkins had laid down.

Dr. BARKER said he should like to make a remark upon Dr. Pitman's statements with reference to the practice of his predecessor, he (Dr. Barker) being that predecessor. The reason why the composition fees were not invested was, in the first of the two years the Council thought proper to spend them, and in the second year it was impossible to invest them because there were no trustees.

Dr. PITMAN: Then I am accurate as to my statement.

Mr. HAWKINS wished a rider to be appended to the resolution calling the attention of the Council to the necessity of investing all composition fees.

The CHAIRMAN, in answer to Dr. Webster's inquiry, said that there had been no application made by the Pathological Society or the Obstetrical Society for the reduction of their rent. He thought the arguments which had been used were hardly correct. It was no duty of the Medical and Chirurgical Society to make the reduction. The Pathological Society had the means of investing sums, and he had no doubt they would increase. They could afford to indulge in an illustration of their printed volume, which the Medical and Chirurgical Society had never ventured upon. The real test of the accommodation given was whether the Pathological Society could obtain similar accommodation for the same money elsewhere. (Hear, hear.) He should be sorry, indeed, for the Society to enforce an unjust demand from any other society: one's personal feelings would be rather to fix the rent below the value. He did not concur in the opinion that he had heard murmured that it was not a great credit and honour to the Society to have other similar institutions meeting under the same roof.

Dr. MARKHAM said he was very happy to second the proposal of Mr. Hawkins. He thought the matter a very important one.

Mr. QUAIN said a complaint had been made of the publisher's accounts not being intelligible. He had been in the habit of receiving publishers' accounts for some years, and he never could understand one of them, and he never knew any one who could. (Laughter.) He despaired of the Council doing it; and he did not think it would be wise of the Council to undertake to give a translation of the Society's publisher's accounts.

Dr. GREENHOW said he had no objection to add Mr. Hawkins's rider to his resolution.

The resolution with the rider was then agreed to.

The CHAIRMAN said that the suggestion of Mr. Spencer Wells, which had been seconded, had not been disposed of.

Mr. SPENCER WELLS said he had simply to move that the attention of the Council should be called to the large sum paid as a contribution by the Pathological and by the Obstetrical Societies.

Dr. WYNN WILLIAMS asked whether those two Societies had not saved more money during the past years than the Medical and Chirurgical Society?

Mr. QUAIN said he was in the Council at the time that the Pathlogical Society obtained the use of the rooms, and he protested against the rent they paid, believing that it was unreasonably low. He would not use expressions corresponding to those which had been used, but he believed there was a little packing of the Council at the time.

protested against this Society being used for the purpose of any other society in an unfair way. The money obtained for rent was not spent by the Council on themselves. They devoted it to the purchase of books and promoting the benefit of the Society.

Mr. HAWKINS said he extremely regretted, for the sake of the Pathological Society and the Medical and Chirurgical Society, that persons had been so ill-advised as to bring the subject again before the meeting. He must with great deference protest against the language which had been used by Dr. Williams when he spoke of this Society as "sponging," as "mulcting," and as "extortionate." No member of any other society had a right to come there to advance his society at the expense of the Medical and Chirurgical. The societies which had been named had published their accounts, in which it appeared that they were most prosperous, and he thought it would be a most absurd and impertinent thing on the part of this Society if they were to offer to lower the rent, which their tenants were now willing and well able to pay. The Medical and Chirurgical Society were bound to provide himself and others who had paid composition fees with a library and a room for meeting as long as they lived, and a vast sum of money had been laid out upon the premises. Many things were wanted by the Society. They were in need of very valuable works which were not strictly Medical—atlases, cyclopædias, and the like. He believed at the present time they did not possess a complete edition of the 'Philosophical Transactions.' He would move as an amendment that the Council be recommended not to allow any other Society to meet in its rooms. Such a resolution would put an end to such remarks as had been made, and which were exceedingly unpleasant. He believed the Pathological Society to be all that Dr. Williams had said it was; but he thought nothing would be more lowering to their dignity than for this Society to go to them and offer to reduce their rent. He thought the best thing would be for the Council to say at once that in consequence of the extremely unpleasant discussions which arose, they could not let their rooms to any other society. If there was to be a reduction to any of their tenants, it should be made in favour of the Society for the Relief of the Widows and Orphans of Medical Men, which was in the nature of a charity. They came at a time when rent was an object to the Medical and Chirurgical Society, but as that was not so much the case now, he should say that if their charter would allow it, that the charitable society should have the use of its rooms without payment of rent.

Dr. MARKHAM said he did not quite agree with the amendment of Mr. Hawkins, but he hoped that the Society would not be from time to time pestered with such discussions as had arisen, not now for the first time, but year after year. Many members knew that for several years the question had been brought before the Council. It had been most fully and warmly dismissed in the Council, and a long discussion, which was on record on the minutes, had taken place, the result of which was a decision that no change whatever should be made in the present rent. For two years the Pathological Society had come forward in two positions: first, in the position of begging and praying that we should out of kindness grant them something; and, secondly, in the position of sturdy beggars, who were threatening that they would take away their Lares and Penates—not always of the most sacred odour. He was a member of the Pathological Society himself, and he was surprised that they were still occupying those rooms after the observations made last year. He had no doubt that the Pathological Society had made inquiries with reference to other premises, and found that they could not get equal accommodation for the same money. Mr. Spencer Wells had not shown either that this Society was charging an extortionate price, or that the Pathological could obtain as good accommodation at the same rate or more cheaply. What right has the Pathological Society—a very rich and flourishing one, which magnified itself by the extensive plates in its 'Transactions'—to ask the Medical and Chirurgical Society to do for it what it could not do for itself?

Dr. QUAIN said it was not his intention to make any remarks in this discussion, but when Dr. Markham had said that the Pathological Society appeared there last year in the form of a pauper, and this year in the character of a sturdy beggar, he felt bound to get up and deny the facts. The Pathological Society did not appear there at all. (Applause.) There had been no application for them. Mr. Spencer Wells appeared there as a fellow of the Medical and Chirurgical Society, thinking it would be right to recommend to the Council what he had suggested; but the Pathological Society did not appear at all. It had been said that the subject had been brought forward year after year, but he thought that must be inaccurate; for though the Pathological Society had been in existence seventeen years, it was not until the last two years that they had paid more than thirty guineas for the accommodation they had. They could not have appeared there to sue for the reduction of the rent which had never been demanded from them. There was no packing of the Council when the Pathological Society first came, but the rent was decided on in a fair way. Suddenly the proposal was made that the societies should amalgamate. He would most willingly have joined that movement, but there was no method of carrying it out. The Pathological were willing to accept the proposal, but they found it impracticable. Instantly they got notice that the rent would be raised from thirty to sixty guineas a year. That was a literal fact. The Medical and Chirurgical Society tried to establish a pathological section, but failed to do so. The Pathological Society had been successful in its object. If the Medical and Chirurgical reduced their rent to what it was before, they would gladly avail themselves of the benefit.

Dr. C. J. B. WILLIAMS said that Mr. Hawkins had put the matter in so personal a point of view that he should not think it necessary to answer his remarks. He would, however, say that he stood there and argued as a member of the Medical and Chirurgical Society, irrespective of his connexion with any other. The remarks of Dr. Quain had rendered unnecessary an explanation which he should have given.

The CHAIRMAN said he wished to correct one observation that Dr. Quain had made. When the Pathological Society first came, the Medical and Chirurgical Society, whether justly or otherwise with regard to their funds, stretched a point, and accommodated them for an almost peppercorn rent. Perhaps Mr. Hawkins would not think it necessary to press the amendment, because to negative Mr. Spencer Wells' motion would answer the purpose.

The motion was then put, when there appeared four in its favour and a large majority against it.

The Honorary Secretary, Dr. FULLER, read the report of the Council for the past year. It stated that the number of members at the present time was 627. This was a smaller number than that reported last year. The difference, however, was not attributable to any actual decrease since that time, but arose from the names of certain foreign and non-resident members who had been dead for some years, but whose decease had not been communicated, being removed from the roll. There was really an increase of five upon the correct number at the corresponding period of last year. Twenty new Fellows had been elected—twelve resident, seven non-resident, and one foreign. 348 works had been added to the library, exclusive of continuation of works already begun and periodicals.

Dr. WEBSTER moved "That the Report of the President and Council, just read, be received, adopted, and circulated in the usual way." The Report was a very satisfactory one, and he hoped it would not lead to a discussion foreign to the spirit in which it had been drawn up, and that the time of the meeting would not be occupied with extraneous matter. It had been stated that the number of the Society had apparently diminished. That, of course, must occur occasionally in a numerous body; but the Society should be aware that this session more new members had been elected than on any previous occasion. The Report referred to the large sum which had been expended on the

library; but there was one fact which was not mentioned —that 73*l.* had been laid out on one volume; and he believed that the Society now possessed the best collection of Medical portraits ever made. He thought the 73*l.* had been well spent.

Dr. WEGG seconded the resolution.

It was then carried unanimously.

The CHAIRMAN said: I have to announce that at the last meeting of the Council the following resolutions were carried with a view principally to bring them before the notice of the present meeting, which would be essential to their being carried out, and to obtain the opinion of the meeting upon their desirability:—"Resolved that the 'Proceedings' of the Society in their present form be discontinued;" and, secondly, "Resolved, that the 'Proceedings' as at present published be for the future published as an appendix to the end of the volume of 'Transactions,' omitting the abstracts of those papers which are published *in extenso* in the 'Transactions.'" Many different opinions have been expressed as to the utility of the 'Proceedings.' They involve a certain degree of expense; but that is of minor importance. However, the Council would be happy to have your opinion upon that matter.

Dr. FULLER said that when the 'Proceedings' were first decided on it was imagined that it would be possible to get them out every six weeks or two months, so as to keep the Fellows generally *au fait* as to what was going on. Practically it had been found impossible to do so, and it was found that the 'Proceedings' were rarely issued more than twice a year. The first part was not published till the session was half over, and the second part not till the session was nearly terminated. In addition to that, the papers were published in the Medical Journals the week after they were read, and therefore the 'Proceedings' were unnecessary. Many of the Fellows had expressed a very strong opinion as to the uselessness of the 'Proceedings.' They involved an expenditure of 55*l.* a year, taking the average of the last seven years; that including printing, binding, and postage. Many had complained that, being in the form of a pamphlet, they got laid aside, and were not available for reference afterwards.

Mr. HAWKINS said that, as one of those who promoted the publication of the 'Proceedings,' he must say that he received with extreme regret the recommendation of the Council for their discontinuance. Till they were established there was no record at all of the proceedings of the Society, except such papers as were culled from those which were read, and were thought worthy of publication in the 'Transactions.' There was no record (and how glad would they now be to have such a record!) of the various presidential addresses which had been delivered. Many of the unpublished papers, too, would now be valuable as a sample of the early writings of men who had afterwards become famous. With regard to the expense, it should be recollected that the 55*l.* carried a portion of the expense of the postage of the circular and accounts, which were sent with the 'Proceedings.' There was no doubt that the first intention of those who promoted the 'Proceedings' had not been carried out. Dr. Fuller had said that it was impossible to do so. He (Mr. Hawkins) did not understand the word "impossible" in such a Society as that. If it could be done in the Royal Society it could be done in this Society. The 'Proceedings' ought to be issued every month. It was true that the papers were reported, and well reported, in the public Journals; but the Society should not be wholly dependent on such records. Unless the country Fellows of the Society subscribed six guineas for the 'Transactions,' they would be without a record. If the 'Proceedings' were discontinued, the country members of the Society would have no record of what was being done unless they subscribed six guineas for the 'Transactions.' The question had recently arisen whether the country Fellows might attend the annual meeting. It was decided two years ago that they might do so. He believed the discontinuance of the 'Proceedings' would be a false economy, but they should be got out more quickly than at present. He should move "That the Society is of opinion that the publication of the 'Proceedings' should not be discontinued."

Mr. MOORE seconded the proposition. He believed that the Society had previously expressed its approval of the continuance of the 'Proceedings.' There was now an addition to the proposal, which was that abstracts of papers not approved by the Council should be published with the papers which were approved. He thought, however, that that course would be objected to by the writers of the papers which were not approved, however eager the officers might be to make the abstracts.

Dr. BALFOUR said he completely concurred with Mr. Hawkins in disagreeing with the manner in which the 'Proceedings' were published. There could be no reason why they should not be published at the end of every month, for there was a rule that no paper should be read before an abstract of it was given in. He hoped the Council would undertake to publish the 'Proceedings' monthly.

Some further discussion took place, and the motion expressing an opinion that the publication of the 'Proceedings' should be continued, and that they should appear more frequently, was then carried.

The PRESIDENT, in the course of the annual address, gave a brief review of the lives of the following Fellows of the Society who had died during the year:—Mr. Samuel Cartwright, F.R.S., Dr. Charles Hall Clark, Dr. James Bird, Dr. Thomas Sunderland Harrison, Dr. Richard Roscoe, Mr. Samuel Maclean, Mr. John Drummond, Dr. Archibald Robertson, Dr. Robert Dundas Thomson, Dr. William Senhouse Kirks, and Dr. Jones Quain.

It was moved by Dr. QUAIN, seconded by Mr. DIXON, and unanimously resolved—"That the best thanks of this Society be given to the late President, Mr Partridge, for the able and efficient manner in which he has presided over the meetings of the Society during his term of office."

The PRESIDENT: I beg to thank you very shortly, but very heartily, for the kind resolution which you have just passed. I shall be happy always to promote the interests of the Society.

Dr. C. J. B. WILLIAMS moved "That this meeting desires to express its cordial thanks to the retiring officers of this Society and the other members of the Council for their interest in the advance of the Society during their year of office."

The resolution was seconded by Dr. MARKHAM, and carried unanimously.

It was moved by Mr. HAWKINS "That the cordial thanks of the Society be presented to the members of the Scientific Committee on the Uses and Effects of Chloroform—viz., Mr. T. B. Curling, Chairman; Mr. Bryant, Mr. Cartwright, Dr. Farre, Mr. Gascoyen, Dr. Harley, Mr. Prescott Hewett, Dr. Mackenzie, Dr. Marcet, Mr. Moore, Mr. Paget, Dr. Priestley, Dr. Quain, Dr. Sibson, and Dr. West; Mr. Sibley and Mr. Callender, Reporters; and Mr. Birkett, Hon. Sec. (*ex officio*), for the very able and zealous manner in which they have carried out their investigations, and also to the authorities of University College for the courtesy and readiness with which they have assisted in advancing the inquiry." He remarked that the total expenses of the committee amounted to only 28*l.* 9s. 7d. He thought the Fellows would agree with him that it they had been three times that amount the money would have been well expended.

Mr. SPENCER WELLS seconded the motion.

The PRESIDENT in submitting it to the meeting said it was quite unnecessary to add a word on the subject for the purpose of expressing the gratitude of the Society to those who had taken so much pains to prepare such a valuable report.

The resolution was carried unanimously.

The meeting then separated, and the next was announced for the 14th March.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 23rd ult.:—

William Hughes Clark, Bernard-street, Russell-square; Lionel Dixon Spencer, Newcastle-on-Tyne.

The following gentleman also on the same day passed his first examination:—William Matthews Bobart, Derby.

The Bowen Fund.—The surplus of 49*l.* 10s. 6d., which remains after the payment of all expenses, is to be appropriated to the Medical Benevolent Fund.

Ayr Lunatic Asylum.—A new lunatic asylum is about to be erected at Ayr, at an estimated cost of 17,500*l.*

University College, London.—The half-yearly meeting was held on Wednesday week; Mr. F. Goldsmid in the chair. The report, which was adopted, stated that the receipts from fees of students and school pupils amounted to 10,896*l.* 10s. 4d., not including a balance of 20*l.* received from fees of students during the previous session. After defraying all incidental expenses of the session there was a balance left to the credit of the college establishment of 12*l.* The number of pupils in the college during the session was 773. The amount of invested property was now more than 12,000*l.*, yielding an income of nearly 600*l.* per annum. The debt had been reduced from 7,900*l.* to 4,500*l.* to the end of October last. Legacies of 2,000*l.*, free of duty, for investment, and 600*l.* for general purposes, were payable during the course of the year. The reversionary property in which the charity was interested might be estimated at upwards of 70,000*l.* The great event of the past year was the bequest of the residuary purely personal estate of the late Mr. Edward Yates. This was estimated at upwards of 40,000*l.*, subject, however, in part at least, to an annuity of 1,500*l.* A moiety of this income is to be applied for the benefit of convalescent patients.

Queen Mary on the Sale of Poisons.—The recent letter of the Queen to the directors of railway companies recalls to our mind a letter of another Queen—Mary of evil memory—to the College of Physicians, requesting them to carry out more efficiently the Act 32 Henry VIII., c. 40, and also to "call and convent" before them "the Wardens of the Grocers and al the Apothecaries," and "streightly to charge and commande by authoritie that from tyme to tyme hensforthe neither thei nor anye of them do entreprice to sell or retayle any such wares, drugge or druggs as hath in theim any spice or venome of suspicion of poyson, or such other as by receivying of them at the handes of anie unlerned or of any malitiouse or evyll disposed persons maie by anie means grievously hurte or put in perille or daunger of lief anie of our Subjectes of what estate or degre soever he or thei be, Onlesse the seller of any of the said druggs be well assured of the honestie, true dealying and good intent and skill of the byar; And first examyn the same for what intent or purpose he buyeth the same, and therewithal to note the name of the byar and time of the buying; Or else that the said grocer or apothecarie have with him remaining the handwriting of some discrete, lerned and authorised Physician for his discharge. Willing and streightly commandyng the said grocers and apothecaries and every one of them not to faile herof as thei tendre our pleasure &c &c. Given under our Signet at our Manor of *St. James* the xxiii daye of *June* in the fourthe and fivethe years of our reignes" (1557). The above appears to be the first suggestion of a Poison Act in England.—'Chemical News.'

St. Cross Hospital, Winchester.—It is with much pleasure that we ('The Times') make an announcement which proves the interest that is felt in the restoration of the Church of St. Cross Hospital, and the desire that is manifested to bring it to a successful issue. When the Bishop of Winchester visited the work in November last it was observed by his Lordship, and many others who were present, that the admirable effect produced by the very small dash of colour introduced at the east end of the church was such as to render a further and judicious application of the same kind very desirable, especially as there were such evident remains of similar work. The funds, however, contributed by "Z. O." and the public were insufficient to justify such an attempt, and the hospital, it is well known, has no surplus fund at disposal. Under these circumstances a gentleman of high position in the county, a lessee of the hospital, who was present on the occasion, has undertaken, at his own expense, the decoration of the eastern wall after a pattern carefully prepared by the architect, Mr. Butterfield, and approved by the Master. The concluding paragraph of the letter in which this very handsome offer is made is well worthy of attention:—"That this work of restoration should be brought to a successful issue in a manner worthy the subject is a matter of not merely local interest, but one which has a claim on the sympathy of the whole county. As one who has an interest in all that concerns this county, I therefore trust that I may be permitted to offer as a gift to the church the decoration of the east wall, according to Mr. Butterfield's design. It would give me the highest satisfaction if others should be induced thereby to apply to the two side walls of the choir similar decoration, so that all this portion of the church may be brought into harmony." It only remains to add that the generous offer has been gratefully accepted, and it is expected that this special work will be commenced forthwith. We hope that other friends will follow so good an example and undertake the side walls of the choir under the direction of the same eminent authority.

The Townley Case.—The 'Gazette des Hôpitaux,' of February the 25th, observes that the suicide of George Victor Townley under the influence of insanity, as recorded in the London 'Times,' completely establishes the accuracy of the Medico-legal opinion expressed by Dr. Forbes Winslow at the trial at Derby.

Testimonials to a Medical Officer.—In proof of the high esteem in which Dr. Pinchard, Surgeon, of Cottenham, Cambridgeshire, is held by the inhabitants of Waterbeach, Landbeach, and Milton, and in return for his kindness and attention to the poor, testimonials consisting of a handsome tea-service—one article by each village—valued at about 30*l.*, was recently presented at Waterbeach. Dr. Pinchard has been a resident at Cottenham for upwards of twenty years, and there is not an inhabitant but what has the greatest regard for him. Dr. Pinchard, at the conclusion of his address, said,—"I beg to thank you kindly, sincerely, and affectionately, and it is with the greatest pleasure and enthusiasm I receive these splendid and handsome presents, testimonials of your genuine-heartedness, good feeling, and esteem, and I beg to return you my most hearty thanks and delight in accepting them. I assure you I shall always look upon them with the greatest pleasure as the brightest ornaments of my house, and hope that they will be handed down from generation to generation as mementoes of your good feeling." The Vicar presided, and the testimonials were supplied by Mr. Reed, of St. Andrew's street, Cambridge.

Medical Gossip in Paris.—A little Medical news will have some interest, or at all events some amusement, for your readers. An old *pathy* is just now being revived in Paris. *Metallopathy* was much practised five-and-twenty years ago, but has been almost forgotten, although occasionally referred to by great names. It means the cure of nervous affections by the application of metallic plates to the seat of pain. Besides the immediate relief of pain, other wonderful effects are reported to follow the application of the metal, but I need only mention the former most important result. The reviver of the practice is Dr. Dufraigne, who relates the following extraordinary cure:—He had invited a dinner party, and among the guests was a lady, who, just as the company were about to sit down, was seized with a violent headache. A happy thought struck the doctor. He sent for the cook, who came with a copper stewpan, which the doctor held to the lady's forehead for ten minutes, after which she was perfectly cured, and sat down to her dinner as lively as the rest. A second attack at home some days later was cured in the same simple way. The relative advantage of ether and chloroform as anæsthetics is now being again discussed. In Naples, ether is preferred, and it is used in a peculiar way. Some of the fluid is poured upon rags in a bag or bladder, and from this the patient takes large and frequent inspirations. Insensibility very soon ensues, and is attended, it is said, with no danger, although the ether vapour is inhaled almost without air. In Paris, also, it seems to be believed that the use of chemically-pure ether is quite free from all danger,

which is more than can be said for chloroform. Some of the works on experimental physiology and Medicine which have been rewarded by the Academy of Sciences will be found well worthy the attention of physiologists and Medical men, particularly that of M. Saphey "On the Structure of the Ovary," and M. Zenker "On the Trichina Disease."—Letter in the 'Chemical News.'

Photography and Physic.—At the recent annual meeting of the London Photographic Society, Dr. Henry G. Wright was appointed one of the vice-presidents. The yearly Report of the Society has the following paragraph in allusion to this election:—"In introducing the name of the newly-elected vice-president, the Council would refer to the number of photographers of eminence among the ranks of the Medical Profession. Many of them, like Dr. Wright, have been chiefly led to the study of the art through a recognition of its value in exactly delineating disease, without that irksome length of time required for a sketch even approximately accurate. The names of Dr. Diamond, of Dr. Arthur Farre, of Dr. Julius Pollock, of Dr. W. Budd of Bristol, of Professor Beale of King's College, deserve especial mention. And the beautiful microphotographs of Dr. Maddox and of Dr. Duchesne testify the importance of photography in demonstrating with unimpeachable accuracy the appearance of minute structures as revealed by the microscope. The time is probably not far distant when physiology will depend on photography for reliable illustrations of the subjects on which it treats.

Chlorodyne.—The following recipe will furnish a preparation having the pharmaceutical properties of chlorodyne, according to Dr. Ogden:—℞ Muriate of morphia, grs. viii.; water, fl. ʒss.; perchloric acid (25° B.), gtt. xx.; chloroform, fl. ʒjss.; tinct. of Indian hemp, fl. ʒj.; hydrocyanic acid (U. S. P.), gtt. xii.; molasses, fl. ʒss.; oil of peppermint, gtt. ij.; oleoresin of capsicum, gtt. i. To the morphia and water in a small flask, add the perchloric acid, and heat until a clear solution is obtained; then add the molasses, previously warmed to render it fluid. Heat the mixture, and agitate well. When cold, add the other ingredients, and mix thoroughly.—'American Journal of Pharmacy.'

An Epidemic of Acute Bronchocele.—M. Bresson, first-class assistant-surgeon, describes in the 'Recueil de Mémoires de Médecine et de Chirurgie Militaires' an epidemic of acute bronchocele, which recently prevailed amongst the children of the soldiers of the 9th Regiment in garrison at Saint-Etienne. Bronchocele is not epidemic in this locality; the disease was never before observed in the barracks now occupied by the 9th Regiment, and none of the men of the corps have ever been affected with goître. A prompt cure was effected in one-half of the little patients, and in all the following remedies proved eventually efficacious:—Iodide of potassium and iron were exhibited; the tumours were painted over with tincture of iodine; and in rebellious cases blisters were applied. The children were in addition instructed to wear loose collars and soft neckerchiefs, and were strictly forbidden to run up the staircases or speak loud. The ration of wine allowed to each was increased, and a dish of roast meat was added at supper-time to the usual fare.—'Journal of Practical Medicine and Surgery.'

New Employment for the Medical Profession.—The following extraordinary statement, if true, does not speak highly for the public estimation of morality in which the district concerned is held, however it may testify to the sensitiveness of its fair sex on the subject of their reputations. "The following advertisement recently appeared in the 'Inverness Courier':—'To the Editor of the 'Inverness Courier.'—'Dores Free Manse, Feb. 7, 1865.—Sir,—Two females from Lochend called on me this night with a view to the publication of the accompanying document as an advertisement in the 'Courier.' I hereby give my concurrence to the foresaid proposal. Have the goodnes to send the document to Dr. Campbell, that he may insert one or two words which are wanting in his certificate, which must have been hurriedly written. Yours very truly, A. Macpherson.'—'A rumour having been circulated tending to affect the character of the fair sex of Lochend, in reference to the body of a child lately found in Loch Ness, the inhabitants of the district deemed it expedient to get their character adjusted by Dr. Campbell, from Inverness, who, on Monday last, met all the young and unmarried females of the place in the vestry of the Free Church, and certified as to their character being free from reproach. A reward of 5*l.* is hereby offered to any party who can give correct information to the Rev. Mr. Macpherson, Dores, of anyone attributing the perpetration of the crime to any of the females within the bounds of Lochend. Lochend, January 25, 1865.'—'I hereby certify I have examined anumber of young women of Lochend, and have no reason to believe that any of them have been recently confined.—W. A. Campbell.'"

Efficacy of Sulphur in Saturnine Disease.—We read in the hospital reports of the 'Bulletin de Thérapeutique, that Dr. Gibout recently admitted into his wards two patients suffering from *colica pictonum*, for the relief of which sulphuric acid lemonade and the *Traitement de la Charité* proved equally unavailing. At the suggestion of Mr. Lutz, the dispensing chemist of Hospital Saint-Louis, Dr. Gibout prescribed for each an electuary, consisting of half an ounce of flowers of sulphur and an equal quantity of honey, to be taken in the course of the day. In a very few days the colic yielded to this very simple treatment. The efficacy of the remedy doubtless depends on the aperient action of the sulphur, and on its chemical affinity for lead.

APPOINTMENTS FOR THE WEEK.

Wednesday, March 8.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Surgeons, 4 p.m.—Prof. Huxley, "On the Mammalia;" Royal College of Physicians of London, 5 p.m.—Gulstonian Lectures: Dr. Edward Smith, "A Critical and Experimental Inquiry into our Knowledge of Urea in its Relation to Nutrition, Food, and other Physical Agencies in Health, and to Certain States of Disease;" Medical Society of London, 5 p.m.—Anniversary Meeting at the Albion Tavern; Hunterian Society, 7½ p.m.—Meeting of Council—8 p.m., an Open Meeting; Obstetrical Society of London, 8 p.m.—Mr. Rouse, "Marks on the Neck of a New-born Child."—Mr. A. Harris, "Membrane expelled some Days before Labour."—Dr. Meadows, "Remarks on a Case of Monstrosity;" Microscopical Society, 8 p.m.—Dr. Greville, "On Diatomaceæ."

Thursday, March 9.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Hofmann, "An Introduction to Chemistry."

Friday, March 10.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Mammalia;" Royal College of Physicians of London, 5 p.m.—Gulstonian Lectures: Dr. Edward Smith, "A Critical and Experimental Inquiry into our Knowledge of Urea in its Relation to Nutrition, Food, and other Physical Agencies in Health, and to Certain States of Disease;" Royal Institution, 8 p.m.—Prof. Ramsay, "On the Eozöon (or earliest known Fossil)."

Saturday, March 11.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Marshall, "On the Nervous System."

Monday, March 13.—*Operations* at St. Mark's Hospital, Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, March 14.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

The Medical Circular.

HOSPITAL REPORTS.

(By Dr. G. de Gorrequer Griffith.)

CHARING-CROSS HOSPITAL.

Cases under care of Dr. Willshire.

(Continued.)

Cases of Jaundice.—Of these there were two—one an old woman, in whom the jaundice set in on account of a gall-stone, in its passage from the gall-bladder, blocking up the bladder-duct of that viscus and creating an obstruction to the flow of bile; the other was a young woman, who, from a fright, had suddenly been attacked with the ailment.

Icterus, or jaundice, has received the different names of morbus regius, morbus arquatus, and aurigo, and is occasioned by an over-secretion or over-excretion, by absorption of bile after it has been excreted, or by a want of separation from the blood, owing to some defect in the secerning powers of the liver. Drs. Graves and Stokes, of Dublin, affirm that one of the commonest causes of icterus is inflammation of the duodenum; it is not, however, necessary for such a lesion to exist, inasmuch as cases present themselves frequently in which either that portion of the bowel is not at all implicated or is merely slightly irritated. Other causes are, inflammation, congestion, and other organic changes occurring to the hepatic structure; functional derangements of the liver likewise occasion jaundice; as do also excessive heat or even long-continued exposure to a degree of heat greater than usual, miasmata, emotional excitements of an elevating or depressing nature, especially if they be suddenly induced, inflammation or other derangement of the stomach, and hysteria.

Duodenitis causes jaundice by effecting a closure of the ductus communis choledicus, or by lighting up inflammation in the liver-structure itself, or in the channels through which the bile flows, whereby these channels are closed, owing to the thickening originated in their mucous lining.

That form of jaundice which we find attacking newly-born children, and which is hence called icterus neonatorum, is probably occasioned by inspissated meconium becoming lodged and impacted in the intestines, and thence pressing upon the common duct, or by irritation and congestion of the liver sympathetic with the intestinal irritation. It is readily relieved by the administration of medicine to act upon the bowels, and to unload them.

KING'S COLLEGE HOSPITAL.

Cases under the care of Mr. Henry Smith.

OVARIAN TUMOUR.

M. W., æt. fifty-two, resident of Maidstone, was admitted into the female surgical ward.

Date of Admission.—April 9th, 1864.

History.—The patient states that she was married at the age of twenty-seven, and had a child in the course of eighteen months; another after an interval of four years, but none since. She had good times with both her children, and has never had a miscarriage. She has always enjoyed good health, though from the nature of her employment (being at times a washerwoman, hop-picker, and labourer in the fields) she has been obliged to work very hard; never has had any serious illness, her only cause of complaint being a sick headache.

Until about three years since she menstruated quite regularly; at that time the menses ceased, and she supposed she was undergoing the change of life. For twelve months after the stoppage of the menses she had no inconvenience or pain, and was quite well. She had begun to menstruate at nineteen years of age. Two years since, she began to experience a pain in the lower part of the right side of the abdomen, and at the same time was troubled with leucorrhœa, which was very copious in quantity and very persistent in the time of its duration. The pain was soon followed by a swelling in the right side of the abdomen; constant sickness was also present. She was under the impression that it was dropsy, and did not take much notice of it. About twelve months since, the pain in the right groin became so intense, that she applied for Medical relief, but found no ease from the pain. Last November was the first time that any examination was made, and then it was discovered that she laboured under an ovarian tumour. She was admitted into the Maidstone Hospital, the tumour being as large as it is now.

On Nov. 21st she was tapped, and six and a half pints of greenish fluid drawn off. The cyst filled again in a very few days, and she has had nothing done since then, although she thinks that the tumour has increased in size. She has been in constant and increasing pain up to the date of her admission.

Present Condition.—A tumour, which causes protrusion of the abdominal walls, engages the entire of the lower part of the abdomen. The circumferential measurement of the abdomen is thirty-three and a half inches: there is a considerable prolapse of the uterus, which occasions considerable pain. The bowels usually act regularly; the urine at times dribbles away unconsciously, and at all times she finds it hard to hold it for any length of time. She is very thin; the eyes are very much sunk; but, otherwise, she looks well. There is no appearance of anæmia.

Her appetite is bad, and accordingly she is ordered

℞ Quinæ disulph., gr. ii.;
Acid. sulph. dil., ℥ x.;
Tinct. aurantii, ℥ xx.;
Aquæ ℥i.; ter in die.

Three months ago she had œdema of the legs, but it remained only a few weeks. The anterior lip of the os uteri is much thickened, and is also slightly abraded, and there is still a good deal of discharge. When the tumour was tapped, it did not altogether disappear.

It seems, however, to be unilocular.

April 25th.—She has had a subacute attack of peritonitis, which lasted only a few days, and is now better. Poultices were applied. She has not at all increased in size. Has been ordered

℞ Ammon. carb., ℥ij.;
Acid. citric., ℥ij.;
Tinct. opii, ℥ss.;
Aquæ, ℥viij., ℥j. 4tâ quâque horâ.

Some albumen is discoverable in the urine, which also has a very offensive odour.

May 4th.—She died early this morning.

Cause of death supposed to be renal disease.

5th.—Post-mortem examination thirty-four hours after death:—

The body is much emaciated; the abdominal cavity is almost entirely occupied by the diseased right ovary, which forms a mass quite as large as the uterus, gravid with a fœtus of eight months' growth; the tumour has a very broad pedicle, extending down into the pelvis and involving the upper part of the uterus. It is also adherent in this situation to a tumour of the left ovary, which is about the size of a child's head, and which completely fills the pelvis.

The large tumour consists of a multilocular cyst, composed of one very large and three or four smaller cavities. The large cyst contained a quantity of yellow, turbid fluid, and its inner surface was studded with villous processes. The fluid in the smaller cavities, as also that in the smaller (left) tumour, is clear and colourless, and the lining membrane is smooth. The warty growths on the internal surface of the large cavity of the larger cyst, when placed under the microscope, shows an appearance very closely resembling colloid cancer.

The pelvis of the right kidney contains a few clots of blood, floating in a fetid, purulent fluid, and was everywhere dilated into sacs; the left kidney is in a similar condition, and its pelvic mucous membrane exhibited

several dark gangrenous-looking patches. The ureters are both dilated.

The apex of the left lung is firmly adherent, and contains a tubercular cavity about the size of a pigeon's egg, the cavity being surrounded by several small tubercles. The lower lobe of the left lung is in a state of grey hepatisation, and exudes a quantity of sanio-purulent fluid when cut; it readily breaks down under the finger, and sinks in water as soon as it is placed in it.

GENERAL CORRESPONDENCE.

REVELATIONS OF QUACKERY.

LETTER XI.

To the Editor of the Medical Circular.

SIR,—Here is a pretty business! As you know, in consequence of a press of professional engagements, I was much hurried and, indeed, behindhand with my last letter. Well, in my hurry, I actually omitted all notice of one of the most notorious and time-honoured of all the quack firms; indeed, I might describe them, in more senses than one, as the fathers of the present race of quacks. I humbly ask their pardon for omitting them from the illustrious phalanx submitted last week to the admiration of the Profession and the public; yet, on second thoughts, it is better as it is, for these eminent men deserve a niche to themselves, standing as they do pre-eminent amongst their class for the audacity and success with which, for a period of upwards of forty years, they have carried on the numerous quack establishments they have from time to time opened and conducted.

The firm I allude to is that of

MESSRS. PERRY AND CO.,
19 Berners street, Oxford street.

Your readers have already had a taste of these gentlemen's quality and peculiar mode of carrying on their fleecing operations—I beg pardon: their special mode of practice. I need not, therefore, dwell upon this point They advertise a book called 'THE SILENT FRIEND,' and also some different patent medicines. The real names of the parties forming this firm is "Jordan," a family that has been most prolific in creating quack establishments. Years since a member or some members of this family carried on a dental establishment under the name of Mons. Mallan, in Newman street, and also quack firms under the style of Messrs. Lucas and Co., and Messrs. Cooper and Co. These firms have long ceased to exist, and now the establishments conducted by them are—Bright and Co., Harvey and Co., and Perry and Co. Also, in years past, a scion of this illustrious house was associated with Dr. Kahn when he opened his museum in Tichborne street; and I fancy it was from the able instruction of this individual that the *pseudo*-German doctor asked for and obtained the enormous fees he did from his dupes; for certain it is, his style of fleecing his patients was truly after the Jordan or Perry method, as disclosed in my ninth letter. The now or whilom senior partner of this firm is said to be enormously rich, and resides in a handsome private house in Bedford square.

But there is an episode in the career of one of the members of this family so pregnant with instruction and so illustrative of the utter recklessness and heartlessness, as it appears to me, of the senior members of the family, that I cannot help adverting to it here. The individual I refer to is, I have been told, the son of one and the grandson of another of the original firm of Perry and Co. This unfortunate young man, it appears, studied for the Medical Profession, and in due season he became a member of the Royal College of Surgeons of England, and also obtained his diploma from the Royal College of Physicians of Edinburgh. He thus obtained an honourable *status* both in society and in the Profession. A useful and even noble career was thus placed before him, and whatever might have been the offences of other members of his family against society, I trust that no one in or out of the Profession would have been disposed to visit the "sins of the father on the son;" on the contrary, I would hope that all would rather have held out an encouraging hand to the young aspirant to Medical honours. But, alas! it would seem that the inveterate quackery and rapacity of the seniors could not resist the opportunity which thus presented itself of associating with their schemes and quackery one possessed of a legal qualification to practise. Hence was started the museum at the establishment in George street, and the name of this unhappy young man was connected with it, and a quack pamphlet entitled 'Bright's Manual,' and since then with Messrs. Bright and Co., as also with Messrs. Harvey and Co., already referred to. At length this melancholy association of the young man with the museum and pamphlet was brought under the notice of the Council of the Royal College of Surgeons, of the College of Physicians in Edinburgh, and of the Medical Council of Education, and the sad result was that his name was ordered to be struck off the lists of the registers of these institutions.

For my own part, I cannot help feeling the greatest pity for this young man at thus being, as it were, cut off from the Profession. I know not what was the course pursued before these extreme measures were adopted; but, had I had a voice in the matter, before I would have sanctioned this terrible punishment, I would, in consideration of his youth, have sought the offender and pointed out to him the sacrifice he was making by thus lending himself as a stalking-horse to others. Had he then, and notwithstanding, persisted in the unfortunate and degrading association, on his own head must have rested the ultimate result. What a forcible illustration is this episode in the career of one member of the family of the remorseless greed of others! The most savage animals protect their young. These men, it would appear, in their cupidity, devour theirs.

I found my last week's letter so far exceeding the ordinary limits that I was obliged, towards its close, to make a bare, hurried enumeration of the names of the quacks remaining to be noticed after my reference to, and remarks on, Dr. Kahn. But there are one or two amongst them that must not be allowed to pass thus unnoticed. W. Hill, Esq., M.A., and Dr. Watson, of the Lock Hospital as he announces himself, are in an especial degree worthy of a word or two.

I have already shown how H. James, Esq., and Dr. Hammond hunt in couples; how the Percy house, Bedford square address of the one equally answers to No. 11 Charlotte street, Bedford square, of the other of these two worthies; and here, before referring to Messrs. Hill and Watson, I must just pause to give your readers a piece of information which I myself have only at this moment of writing acquired, respecting the aforesaid H. James, Esq. A young man has just called to consult me, and, in relating to me the particulars of his case, he informed me that he had been under the care, as he supposed, of the notorious Dr. Henery. Not deriving any benefit from this man's treatment, he subsequently called to consult Dr. Hammond, of 11 Charlotte street, Bedford square. To his extreme surprise, the party who here appeared as Dr. Hammond was none other than the same individual he had been under at the residence of the so-called Dr. Henery, and whom he had supposed to be Dr. Henery. Upon the patient asking this person how he could be Dr. Hammond, seeing he had previously passed as Dr. Henery, these two gentlemen in one said his real name was "James," that at the time the patient saw him at Dr. Henery's he was conducting that person's business, and now, in consequence of his great experience and skill, Dr. Hammond entrusted his patients to his care. However, as about this time occurred the *exposé* of Dr. Henery, the patient's eyes were opened, and this saved him from becoming again the dupe of these parties. He (the patient) had, like the Liverpool boy, been fleeced out of two guineas for a "curative belt." Now, a similar connexion to that subsisting between these men, James and Hammond (if that be their real names), appears to exist between Hill and Watson, *alias* Rackey. One residence in their case equally does double duty, like the residence of the former worthies. Thus, the Berkeley

house, South crescent, Russell square, is also known as No. 1 South crescent, Bedford square.

To the uninitiated in the dodges of this class of men, and the different kinds of victims they seek to entrap, this double residence stratagem must appear "passing strange," but it is easy of explanation. These men and their like not only advertise in the metropolitan, but also in the country papers, thus seeking to obtain both patients resident in London, who may call upon them, and also patients resident in the country, who *will write to them.* Now, in respect to the first, as no name is placed on the doors, patients calling and asking for Hill or Watson are alike shown in, and see one or the other; and of course, if they fail in obtaining a cure from Hill, and afterwards resolve on consulting Watson, they do not fall a second time into the trap, on going and finding the residence of the one is that of the other. But not so with country patients, who communicate by letters with these jugglers. They, failing in obtaining relief at the hands of the one are not unlikely to fall into the hands of the other, and thus be victimised twice over by the same parties.

Really, Sir, the ingenuity and chicanery displayed by these men are something perfectly marvellous; and if we did not know of the misery they cause to hapless sufferers, they would be not a little amusing.

With these remarks, I think I may leave the other worthies I have referred to in my last letter to the tender mercies and judgment of your readers, who, after the "*Revelations*" I have made in regard to their *confrères*, will be doubtless able to form a tolerably correct estimation of them.

But there is another class of advertising charlatans and impostors to whom I must briefly refer. I allude to the numerous pseudo-physicians and surgeons whose filthy handbills are constantly thrust into the hands of passers along the streets. These men, for the most part, seek their victims amongst the labouring classes; and if their frauds are not carried on on such an extensive scale, they are, nevertheless, equally to be avoided.

Then there are the Retired Philanthropic Physicians, the "Patients who have been cured," *et hoc genus omne*, who with such rare disinterestedness incur large weekly expenses in advertising to forward to sufferers the means of self-cure on "receipt of two postage stamps." In a few words, one and all, from the highest to the lowest of these men, have only one common aim—viz., to fleece the sufferers who are credulous enough to seek their aid.

In my next letter, which will in all probability be my last for the present, I shall give publicity to some letters written by one or two of the quacks to their patients, and which illustrate their mode of conducting their correspondence with "*country patients.*" If my space will admit, I shall conclude my "Revelations" by offering some comments on the whole scheme of frauds I have exposed; otherwise I may have to claim a further space in your columns.

DETECTOR.

DR. SIEGLE'S LARYNGEAL INHALER.

To the Editor of the Medical Circular.

SIR,—I take the liberty of requesting you to allow me, as a stranger, some space in the pages of your valuable Journal. What I wish to say concerns a paper "On Inhalation and Inhalers," lately read by Dr. Morell Mackenzie, at a meeting of the Medical and Chirurgical Society.

I will here not omit to remark that, nearly three months ago, I sent a description of the "Inhaler" invented by Dr. Siegle, of Stuttgard, and a short history of the different apparatus which preceded it, to the 'Lancet.' I requested that, if the Editor did not intend it for publication, it should be returned to me at once. On the 17th of last December my communication was acknowledged. Perceiving, however, that it was not made use of, I wrote at the end of seven or eight weeks, requesting the return of my manuscripts, but no notice was ever taken of this up to the present time.

I feel myself, however, now called on, as a personal friend of Dr. Siegle, to defend the acknowledged excellence of his inhaler—acknowledged throughout Germany and France, where his apparatus has been received with the utmost favour—against the blame which Dr. Mackenzie has endeavoured to throw upon it here, and which can only be accounted for by supposing that he does not understand the apparatus.

Dr. Mackenzie's paper began thus (or, at least, it is thus reported in the Medical Journals):—"The author, &c., enters into an account of the apparatus invented by Dr. Siegle, of Strasbourg, and himself, which he thus describes:—'It consists of a little kettle,' &c."

First, I may remark, that Dr. Siegle is of Stuttgard, and not of Strasbourg; secondly, I will ask how such words are to be understood, otherwise than that Dr. Siegle and Dr. Mackenzie together invented one and the same apparatus, which he is about to describe? Everyone to whom I pointed out the words understood it so.

To prevent any misunderstanding, therefore, I beg to state that Dr. Siegle has not the honour of any acquaintance with Dr. Mackenzie, and, to the best of my belief, has never had even the pleasure of hearing his name, and that Dr. Siegle invented his "Inhaler" *alone.*

Dr. Mackenzie's description of Dr. Siegle's pulveriser can give no one any idea of the real apparatus (I regret that the attempt to do so here would take up too much space), and he entirely omits to mention the principal advantages it possesses over other apparatus: 1st. The warmth of the stream of pulverised fluid, which belongs *only* to Siegle's invention (the cold stream agrees with very few patients, as every Medical man knows who has ever tried it); 2nd. The extraordinarily fine subdivision of the medicated stream, which no other apparatus can compare with, and which is a *necessary condition* for its penetrating into the finer bronchial tubes and air-cells. Among other advantages, the medicated fluid in Dr. Siegle's pulveriser comes in contact with nothing but glass and steam; the latter is the motive power, and the apparatus, therefore, works alone. Dr. Mackenzie's addition of a graduated glass, &c., to Siegle's inhaler is totally unnecessary, and no improvement whatever (which it seems very strange that he did not perceive), for the quantity of medicine to be used is, of course, always measured into the medicine-glass before the inhalation commences, and any very slightly diminished pressure from a diminishing quantity of fluid can be instantly rectified by increased steam pressure, the steam pressure being regulated by a thermo-barometer, which is an integral part of Siegle's apparatus.

It is stated in a note, that Dr. Siegle's pulveriser is *unfortunately* patented. Why *unfortunately?* It can scarcely be regarded as unfortunate that this inhaler can only be manufactured according to the directions of the inventor; and Dr. Siegle has entrusted the manufacture of it in England to Mr. C. W. Krohne, 241 Whitechapel road, where Dr. Mackenzie himself, no doubt, obtained it.

Dr. Mackenzie afterwards gave a description of an apparatus constructed by himself. Having examined this apparatus, I find it to be a syringe, working by means of a circular spring. The stream of liquid is directed against a projection, and as the stream is too large to be pulverised entirely, it is so arranged that it runs back into the apparatus. This is fortunate, as it would otherwise moisten everything in its neighbourhood. (This, in fact, still occurs when the stream accidentally misses the opening through which it is intended to pass.)

The pressure is not at all uniform, for the force of a simple circular spring necessarily becomes weaker at each moment of its action, as the tension diminishes.

I remarked only one striking novelty in Dr. Mackenzie's invention, namely, the bottom of the glass cylinder in which the medicated fluid is compressed is covered with sealing-wax, and the piston which causes the pressure (and through which the medicated fluid flows back) is composed of leather and india-rubber. May I ask what medicines are intended to be used in this inhaler? What chemical substances are not decomposed by sealing-wax, leather, or india-rubber? Certainly, neither acids, salts, nor alcoholic solutions can be made use of in such a pulveriser.

I must confess, that in no inhaling apparatus (and I have seen many) have I ever seen anything like this.

Of course, the pulverised fluid is cold, and to attempt to use warm fluid would be to assist the decomposition, without materially increasing the temperature of the fluid when pulverised.

The subdivision of the pulverised fluid is not at all fine compared with what many other apparatus effects—Sales-Girons' old one, for instance—without even mentioning Siegle's inhaler; the extraordinary fine pulverisation which this effects I am ready to prove to any one interested in it, by ocular demonstration.

I trust these remarks may not be useless for Medical men who may wish to try inhalation in their own practice, and who are as yet unacquainted with the different apparatus which have been constructed up to the present time.

I am, &c.,
CARL T. SCHMID, M.D., L.R.C.P.

38 South Audley street, W.

POOR-LAW REFORM.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your giving insertion to the accompanying letter, in order that the Poor-law Medical Officers may know that I am not unmindful of their interests. During the last three months, I have been in correspondence with members of Parliament; but in the face of a general election there is evidently an indisposition to bring in a bill for Medical relief. One M.P. writes: "I shall see Mr. Villiers on the subject of your bills and see what support we may expect from that quarter;" and in a postscript he adds: "I feel that it would be next to useless to attempt the passing of a bill or bills unless the Government would give some support; unfortunately, the Profession is so disunited, that all governments can take advantage of us in our individual exertions, *not so the law.*" From this gentleman I have not heard since January 31, the date of the above letter, although I have addressed three letters to him.

I am, &c.,
RICHARD GRIFFIN.

12 Royal terrace, Weymouth,
March 7, 1865.

12 Royal terrace, Weymouth,
March 6, 1865.

MY LORDS AND GENTLEMEN,—On the 2nd of September, 1864, I had the honour to receive a letter from you, in which you say, "The Poor-law Board beg to inform you that the subject to which you refer has been under their consideration, but that they have not yet come to a decision as to the measures which it may be desirable to recommend the guardians of the different unions to to take with reference to the resolution of the Select Committee on Poor Relief, as regards the supply of expensive medicines. The question, however, will receive the attention of the Board forthwith." It is now just twelve months (March 11, 1864) since the Select Committee on Poor Relief recommended "that in future cod-liver oil, quinine, and other expensive medicines shall be provided at the expense of the guardians, subject to the order and regulations of the Poor-law Board," and six months have elapsed (September 2, 1864) since your Honourable Board said "the question, however, will receive the attention of the Board forthwith;" and yet no order has been issued. I therefore trust you will not think I am too pressing in urging this question again upon the immediate atttention of your Honourable Board. If you are in any difficulty about the matter and desire to have a deputation of Medical Officers to confer with you on the subject, I will willingly call them together for the purpose on any day you may name, after allowing me two clear Saturdays to intervene, as it is only through the medium of the Medical Journals that I can announce the fact to them. I was in hopes your Honourable Board would bring in a bill this session to regulate the payments of your Medical Officers, and not allow the present capricious mode of fixing the salaries and giving some officers extra Medical fees and others none to continue. It is perfectly clear, from the several amendments of the Select Committee, that the Committee itself was far from being unanimous on the subject of Medical Relief; and even their ultimate decision, "that there are no sufficient grounds for materially interfering with the present system of Medical Relief," clearly proves that there are grounds for interfering, although not *materially* doing so. I therefore trust your Honourable Board will yet place the whole system on a proper footing.

I have the honour to be, my Lords and Gentlemen,
Your most obedient servant,
The Poor-law Board. RICHARD GRIFFIN.

MEDICAL GOSSIP.—NO. XI.

PROFESSIONAL MISTRUST—THE INCOGNITO OF EDITORS—MR. ERNEST HART AND THE 'LANCET'—BURNING *v.* CUTTING — DR. GREENHALGH AND THE ORATION AT THE LONDON MEDICAL SOCIETY—A NIGHT WI' THE PATHOLOGICAL.

In my last letter I drew a sad picture of the incredulity which prevails among us respecting each other's sayings and doings. It would seem that no man is believed unless he authenticates what he wishes to say by calling witnesses to its truth, and this I illustrated by examples in the Journals of the week. Mr. H. Thompson related nineteen cases of lithotrity, and found it necessary to name the gentlemen who witnessed them, or he felt that he would not have been believed. Mr. Spencer Wells openly declares in his book that no ovariotomist is worthy of credit unless his cases are verified by the testimony of others or performs his operations in public. And now, in the very next week's Journal, comes Mr. Holmes Coote to prove that I have not libelled the Profession in ascribing to its members this mutual distrust. Hear him:—

"During the years 1861-2, there were seventeen cases of lithotrity in St. Bartholomew's Hospital, and of these three died. *I do not relate cases which have occurred in private practice, because exception might be taken to returns which are not public.*" In other words, he feels he should not get credit for what had been done in private. "Statistics must be regarded with great caution unless coming from trustworthy sources. Many are simply fraudulent; others feebly untrue; others, again, intelligible, and bear the impress of truthfulness."

These latter, I presume, are when witnesses of vegetable or farinaceous derivation—the Brussels sprouts and the pancakes from Philadelphia, à la Thompson—are forthcoming. But enough of this blot for the present.

Why do the editors of Medical Journals strive to preserve their *incognito?* Does the appointment detract from professional status? Does it imply hostility to all the world? Does it injure them in the practice of their Profession? All these questions may be truly answered in the negative. What Medical man, authors especially, does not rejoice in having an editor for a friend or a guest? Even a publisher finds a ready welcome everywhere. Ask Mr. Ernest Hart to relate to you the magical power of his card when subscribed "Editor of the 'Lancet,'" on his late visit to Paris. Why, it gave him the *entrée* everywhere. I am not quite sure that, if left at the Tuileries, it would not have brought him an invitation to dine with the Emperor; whereas, plain Ernest Hart would have been as barren of results as John Smith. Generate hostility indeed! That editor is a dullard who cannot, in his vocation, make true and lasting friends in all directions. As to injury in the practice of the Profession—look around you for an answer. I could enumerate a dozen men who played their cards so well, whilst editors or helps of editors, as to be now in the enjoyment of large and lucrative practices. Shortly, Mr. Ernest Hart may be among them; notwithstanding such stinging reviews of his book as we read in the 'Dublin Medical Press;' notwithstanding that his light so shines in the ophthalmic department of the 'Lancet' as to extinguish all other lights.

Having a statistical bent of mind, I have turned over the pages of the 'Lancet' for 1862 and 1863. I find in the former

year, when our young oculist was *not* the "chef de clinique" of what he facetiously designates as the "Ophthalmic Department" of St. Mary's Hospital, not a single, solitary case in ophthalmic surgery is reported in the 'Lancet'; but that, in 1863, when he *was* at the head of the "department," no less than eleven out of the nineteen reported cases were "under the care" of that gentleman. How wonderfully, and suddenly too, must the "department," then, have increased in efficiency!

In the "Notices to Correspondents" in the 'Lancet' for January 28, we find an article headed "An Editorial Puff," and further on we have "The Puff of Gratitude" adverted to. Now, this word "puff" appears to me susceptible of considerable extension. A dictionary is not so dry a volume as some people imagine. I have found a good deal of amusement in the article "puff," in Webster. It appears to signify: 1st. "A sudden and single emission of breath from the mouth." Professional puffs of loquacity differ from this in their being not single, but repeated. We hear them continually at the various Medical societies, not unfrequently in general society, as we gather from our lady friends asking us, "Have you heard of the wonderful cure Dr. ——— has effected, after our poor friend had been given up by the entire Profession?" Another definition of Webster might not be inapplicable to gentlemen of the type of the one that has inspired us with the above reflections—it is: "a fungous ball, filled with dust," which scatters its "dust" in the eyes of the Profession, to promote a "tumid or exaggerated commendation.—*Cibber.*"

Whilst I am on the subject of puffs, I must say I don't much like the title of Dr. Morell Mackenzie's pamphlet, 'On Enlarged Tonsils and their Treatment without Cutting." It resembles in its general tenor the advertisement I have often seen, headed "Ought Piles to be Cut or Tied? &c." Such a method of courting popularity from the public, by appealing to their fear of being "cut," is unworthy of Dr. Mackenzie's really solid scientific attainments. It lowers him in the eyes of the Profession, and detracts, I am sure, from his own self-respect. Does it elevate him in the estimation of the public? I question it; the most successful men in our Profession have scorned such ephemeral artifices. I say this in every spirit of kindness, and trust that Dr. Mackenzie will see the force of my remarks, and not err in future in the same direction.

I see the 'Lancet' is getting nearer and nearer to the coffee- or rather the eating-houses, than ever; in fact, it is becoming quite a "culinary organ." I do hope, however, it will not stop at "jerked beef:" why not an article "On Trichiniasis in its Relation to Pork Sausages"? or "On Mytton o Gymru"? This might lead by an easy transition to "The Only Good Sauce," and "Taylor Brothers' Mustard," which, we are informed, "Dr. Hassall has subjected to a rigorous microscopical examination and chemical analysis." I should not now feel surprised at the conductors of the 'Lancet' one day evincing their gratitude to "Mr. Miles (Alfred Webb Miles), the originator of the WORLD-FAMED TROUSERS," for his constant pecuniary contribution to their columns, by inserting a communication on "Sartorial Philosophy." Why not? Are not chest-expanding braces and self-supporting breeches essential to the sanitary comfort of mankind? Who shall say where Medical science stops and trade begins? Do not half the Profession pursue their calling as a trade?

And now, to return to the Editors, I will ask how it is that these appointments are not put up to public competition? Why should proprietors of Journals pay their editors? Why should not editors pay their proprietors? Looking around at the advantages which arise from such berths, I am perfectly sure the present custom is a mistake—Dr. Markham, of the 'British Spurious,' ought to be paid, because he is editing an unreadable and unread print, which can bring no grist to *his* mill; but Mr. Ernest Hart, of the 'Lancet,' the editor, whoever he may be 'Medical Times,' and you of the MEDICAL CIRCULAR, ought to pay liberally for your appointments. There is no doubt of it. It is, each of you, your own fault if you do not attain eminence, and its concomitant, wealth, as the result of your labours.

By the bye, in the 'British Spurious' of the week, I observe a confirmation of my own opinion of 'Beneficence in Disease,' a pamphlet by Joseph Toynbee, F.R.S. The author is said by the critic to have failed to prove the "beneficence of disease," and fails in consequence of having confused together the symptoms of disease and the disease itself. As I said in a former letter, he is "muddled in his philosophy." He calls cough and vomiting, *diseases* instead of symptoms—the whole affair is "confusion," "obscurity," and "twaddle," showing that the writer is out of his depth, and really does not know what he is writing about.

Another "Vigilans" is in the field. Dr. Greenhalgh, the retiring President of the Medical Society of London, in the absence of the appointed orator, Dr. Smiles, who was prevented by domestic affliction from officiating, delivered himself of an admirable admonitory discourse, the gist of which was to eschew quackery in all shapes; never to follow the example of many high in the Profession, who, not content with appending their names to testimonials, add their qualification and appointments; never to allow cartes to be exhibited in shop-windows, with autographs and qualifications annexed. Dr. Greenhalgh remembered with disgust, and congratulated his audience on their discontinuance, the memoirs and what were called portraits of living Medical men in the Medical Journals. The latter were mere daubs, horrible to behold. I believe your Journal particularly offended in this respect. I wonder whether you bespattered with praise and bedaubed on wood our friend Dr. Greenhalgh. The faults of omission are sometimes greater than of commission. Now, I, for one, regret the cessation of those life-like sketches of Medical men, and would much like to see them resumed. Still, Dr. Greenhalgh's discourse was excellent.

Perhaps you will think me vain in supposing that the learned doctor had taken a leaf out of my book. However it may be, as he has shown such an aptitude for the work, I hope he will occasionally favour me with topics for discourse when he sees me flagging in my hebdomadal duty. By the bye, how much better it would be for the Society if they agreed to give only four days for the preparation of an oration. This was the brief period allotted to Dr. Greenhalgh, and to this fact I attribute his great success. He was at first aghast at the little time he had to prepare his discourse, still, as President, he could not allow the Fellows to be disappointed, and he sat himself down manfully to the task. The phases of quackery are legion in our Profession, and, once upon the theme, he could have gone on till the middle of next week. His apologies for its imperfections were needless, for I believe his audience would rather the soup had got cold on the table in the adjoining room than that he should have shut up his caustic remarks. Commend me to an oration prepared *currente calamo*, instead of those usually delivered, the embryos of twelve months' gestation, which make one yawn and yearn for the dinner which follows them.

VIGILANS.

P.S.—A clever friend has sent me the following amusing account of a visit to the Society which lately drew from me a word of caution in your "Notices to Correspondents":—

"A NIGHT WI' THE PATHOLOGICAL."

I was very much amused the last time I was there. What do you think a gentleman said? He referred to a case in which rupture of one of the heart's chords took place, and he said he was "very pleased" to find, at the post-mortem, that one of his patient's chords *was* ruptured. It reminded me of the adage, "What is sport to you is death to me." Then another gentleman exhibited some fluid from a renal cyst, which he ingeniously compared to "chalk-mixture;" but the best fun was, that, immediately afterwards, Dr. Leared exhibited some what he called "pink urine," which *I* compared to "confect. aromat. in cinnamon-water." The Pathological Society's rooms upon the night of a meeting present a very singular appearance—a sort of cross between the shop of a "charcutier," an optician's, and a wholesale druggist's. Then there's a pyramid of crockery on hand, to serve up the delicate morsels on, which are always first

thrust under the President's nose for him, in virtue of his office, to take the first sniff. Disagreeable post that of President of the Pathological Society! Why is not Rimmel engaged to throw on a stream of "bouquet de milles odeurs" previous to the meeting, and more especially *after* it? I don't think much of these new scented sprays for the purpose: one of Shand and Mason's powerful steam fire-engines would be more appropriate. The members of the Pathological Society might, by anyone with a taste for classification, be divided into several distinct sections. Some are, so to say, pathological marine store-dealers: their chief commodity appears to be old bones, or rather "reliques," which they have sawn off the ends of some poor devil's ulna or radius. These "reliques" sometimes lead to the inference that the "bone of contention" is not a mere metaphorical mode of expression after all, if one might judge from the gentlemanly, but canine ferocity with which these members sometimes quarrel over their bones. Others appear as if they kept "jemmy-shops" for the sale of lights and livers and other little titbits to supply the "Restaurant à la Cagmagerie." This reminds me of a gentleman, last meeting, referring to a friend of his who was a "collector of gall-stones." After such a delicate predilection, collectors of postage-stamps and monograms sink into insignificance. Such a collector, I suppose, must have a select circle of jaundiced friends: to him a "white-livered rascal" means a dearest friend. *De gustibus*, &c. The "marchands de tripes" are not unrepresented; principally by the typhoid- and typhus-men. The Fine Arts find their exponent in an enterprising dermatologist, who regularly favours the Society with one of his cutaneous photographs, representing some unusually nasty-looking person in a stage of active desquamation. By the bye, this gentleman is evidently a man of business: four advertisements every fortnight for nothing! He has the merit, moreover, of having originated a new method of bringing out a work "in parts," every part being successively handed round at the Societies for approval. This is what Mr. Foster or Messrs. Christie and Manson, in referring to their "Art Sales," call giving you a "private view." The "laryngoscopists" are also in full force, each one trying which shall glide down the Profession's throat first, trying to trip each other up, like the little boys on a slide.

A not uninteresting feature is the extreme solemnity and sententiousness with which some of the members pronounce the funeral orations over the fragments of humanity. What a variety of shrouds are used! Some gentlemen bring their morsels done up into a neat parcel, in a huckaback towel, or a sheet of brown-paper. What an agreeable surprise for some hysterico-sentimental damsel to pick up such a parcel, if it dropped out of the sexton's pocket on his way to the Berners-street cemetery! I calculate it would fall down again with a velocity in which the spaces, by an outrage on the ordinary laws of gravitation, would increase even more rapidly than the squares of the times—like a hot potato. Other forms of shrouds illustrate the adage that "variety is charming." Bottles appear to be much in request, from transparent jars of huge dimensions to tiny one-ouncers. Mr. Teevan appears to have a private shooting-gallery: skulls riddled through and through by Minié balls are his *specialité*, although, jokes apart, it is only right to say his results are most interesting and important.

A meeting or two ago one of the members exhibited something which he said a patient of his father's had spat up: *he* said they were bronchial casts; they looked to me like those verminous decorations with which Dr. Coffin and the "herbalists" dress out their shop-fronts. By the bye, worms appear lately to have fallen in the market; they are at a decided discount. I have not seen a single worm at the Society for a long while. I suppose the recent hard frosts are not favourable to their evolution. They prefer remaining in their old house at home, to indulging in any peristaltic, but dangerous, promenades. There's no place like home!

[While giving insertion to the lively and amusing letter of "Vigilans," we by no means hold ourselves responsible for the opinions he entertains or the statements he makes. We do not know, for instance, that Mr. Ernest Hart is the editor of the 'Lancet.' If he does perform that function, it is a private matter between him and the proprietors of the Journal, but if he has inscribed on his card his editorial position, all we can say is we have never seen his card so inscribed; perhaps "Vigilans" has, and we take the statement as he makes it. The reasons why editors generally choose to prefer preserving their incognito are numerous, and one among them is, that they would be supposed possessed of such enormous wealth if their names were made public, that they would be liable to continual demands upon their charity. We have heard of a Medical editor lately who was called upon by the Commissioners of the Income-tax for a fabulous sum supposed to be due out of his salary, but when the real amount he received was made known the official retired abashed. The reason why editors are paid is that Medical Journals, like other Journals, are mercantile speculations, and that the labourer is worthy of his hire, the labour being always very great and the hire generally very small. Dr. Markham stands on a very different pedestal from other editors, as he is appointed by a public committee, and is a recognised officer of the British Medical Association; he is, therefore, amenable to criticism like Lord Palmerston or Lord Russell, or any other public character. In all other instances, the editorship of a Medical Journal is a matter of private arrangement, with which the readers have no concern, unless he performs his duties unfairly or dishonourably, in which case they have a right to require reparation at his hands.—ED. MEDICAL CIRCULAR.]

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

MARCH 6.

MILITARY HOSPITALS.

Lord DALHOUSIE called attention to the condition of the Military Hospitals at Netley and Woolwich. He detailed the circumstances under which Netley Hospital was erected, at the close of the Crimean war, and contended that in every respect it had proved most successful. It was intended for the reception of invalid soldiers returning from foreign stations or the colonies, and suffering from wounds or the effects of climate. The site of the hospital had been described as unhealthy, and strong efforts had been made to defeat the objects of the establishment. But those efforts had failed, and from a recent inspection of the building he was satisfied it answered its purpose admirably. The condition of the new hospital at Woolwich, on the contrary, he thought very unsatisfactory. It was not suited to the purpose either of a general or regimental hospital. The Government would avoid many errors if it would be guided by the opinion of the military Medical officers.

Lord DE GREY admitted that the hospital at Netley had proved successful, and thought it would be better to suspend opinion as to the establishment at Woolwich till it had been tested by use. He pointed out that many of the evils discovered during the Crimean war had arisen from a too rigid adherence to the regimental system. It therefore became expedient to establish the general hospital at Netley. But in case of war one establishment of the kind would not be sufficient. A second general hospital had therefore, been built at Woolwich. As to the system of consulting civilians on matters relating to the health of the army, it had been found advantageous, and he did not think the time had yet arrived when it could be dispensed with.

Lord ELLENBOROUGH said the one great object to be kept in view in building an hospital was the health of the inmates. This, he feared, was not always the case. Soldiers, too, were bound to take some care of their own health. If, when properly told what to do, they did not the rules of common sense, they must suffer accordingly.

After a few words from Lord DE GREY and Lord GRANVILLE,

Lord LONGFORD said no improvements in the administration of the army could be thoroughly carried into effect till all the military departments were collected under one roof.

The Duke of CAMBRIDGE thought that expensive fittings, both in hospitals and barracks, should be avoided, though questions as to damages by the soldiers had recently been very liberally treated by the Government. He bore testimony to the success of Netley Hospital.

HOUSE OF COMMONS.

MARCH 7.

DISEASES IN CATTLE.

Mr. LESLIE asked the Under-Secretary of State for the Home Department whether or not the Government intended to re-introduce the Cattle Diseases Prevention, and Cattle, &c., Importation Bills, as amended by a Select Committee of the House last Session.

Mr. T. G. BARING said the Select Committee of last Session recommended that the House should not proceed with the Cattle, &c., Importation Bill. With regard to the Cattle Diseases Prevention Bill, such difference and even conflict of opinion was exhibited before the committee, that the Government did not intend to introduce any measure on the subject.

MARCH 8.

SEWAGE UTILIZATION.

Of this Bill Lord R. MONTAGUE moved the second reading.

Sir G. GREY said he entirely concurred in the principle of this Bill.

After a few remarks by Mr. F. POWELL, the Bill was read a second time and ordered to be referred to a Select Committee.

REVIEW OF BOOKS.

Hand-Book of Skin Diseases for Students and Practitioners. By Thomas Hillier, M.D. Lond., Physician to the Skin Department of University College Hospital. Pp. 367. London: Walton and Maberley, 1865.

The number of books which have lately emanated from the Medical booksellers, on the subject of skin-diseases, is a convincing answer to the statement sometimes made that this class of maladies is insufficiently studied and inadequately described. It seems to us, indeed, that there is a kind of plethora of instruction on the subject, and that, as far as books go, no one need be ignorant of anything known in connexion with dermatology. As the subject-matter of all these volumes is necessarily the same, and as no absolute novelty of diagnosis or treatment has been announced in any of them, the point of interest for the Medical reader to ascertain is, the peculiar feature in which one differs from another, or the special claim preferred by each author in contradistinction to his fellow-labourers in the same field of inquiry.

Dr. Hillier, in his preface, tells us the reason why he has added another volume to the existing works on skin-diseases. In his capacity of Physician to the Skin Department of University College Hospital, it has fallen to his duty to deliver a course of clinical lectures to the students, and, while so engaged, he has often been asked what was the best English book to read on the subject. To this question he was, he says, unable to give a satisfactory answer, and he, therefore, determined to write a book such as he could recommend to the student, for the existing books, in his opinion, were "either out of date, diffuse, inaccurate, or incomplete." Without altogether agreeing with Dr. Hillier in this wholesale condemnation of all the existing English books on skin-diseases, we think that he was quite justified in putting forth his claims to notice in a treatise on that subject; and his object, he says, has been to furnish to students and practitioners a trustworthy, practical, and compendious book, which comprises the greater part of what has long been known of cutaneous diseases, and of what has been brought to light more recently by English, French, and German dermatologists, as well as to embody the most important results of his own experience in reference to those maladies.

Dr. Hillier has performed his task with great ability; and while we do not go so far as to assert that it is superior to any of the existing treatises on the subject, it is certainly equal to any of them. The great difficulty of authors in writing on skin-diseases is to make clear, by verbal description, the appearances presented by the various morbid conditions of the skin, and a difficulty, no less formidable, is to classify these diseases in such a manner as to satisfy the demands of the nosologist, and, at the same time, to adhere to the characters impressed by Nature, who often seems to defy systems of classification altogether. The multitude of systems invented by dermatologists proves the difficulty, if not impossibility, of a complete scheme of classification; and when we state that Dr. Hillier's is founded upon an enlarged view, not merely of the artificial characters, necessarily invented to assist the memory, but also of the pathological nature of each affection, we feel that we have awarded to it a due amount of praise. The descriptions of the different groups of diseases are very clear and distinct, and the treatment recommended is founded upon philosophical principles combined with the results of experience.

SCHOLARSHIPS FOR NATURAL SCIENCES AT SIDNEY COLLEGE, CAMBRIDGE.—Among other scholarships to be competed for at this college on Oct. 10th next are two of the value of 40*l.* each annually for Natural Science. Electricity, Chemistry, Geology, Anatomy, an intelligent knowledge of any one or two of which, added to a fair knowledge of Classics and Mathematics, would probably ensure a scholarship. It may be held with another scholarship if the candidate be fortunate enough to obtain another. Information, however, is to be obtained from the Rev. J. C. W. Ellis, tutor of the College.

THE EXAMINATION OF THE SPINSTERS OF LOCHEND.—This scandal has drawn the attention of the Free Church General Assembly. At a meeting held at Edinburgh, Dr. Candlish called attention to the extraordinary advertisement lately published by the Free Church minister of Lochend in the 'Inverness Courier.' The advertisement, it will be remembered, stated that all the young and unmarried women of Lochend had assembled in the vestry of the Free Church to get their characters "adjusted" by Dr. Campbell, in consequence of an imputation arising from the circumstance that the dead body of an infant had been found in Loch Ness, the certificate being that the Medical man had examined a number of young and unmarried women of Lochend, "and had no reason to believe that any of them had been recently confined." Dr. Candlish hoped that the local presbytery would lose no time in investigating the case, and should they fail in their duty he had no doubt that the next General Assembly would take cognisance of the matter.

ROYAL INSTITUTION OF GREAT BRITAIN.—GENERAL MONTHLY MEETING, MONDAY, MARCH 6, 1865.—William Pole, Esq., M.A., F.R.S., Treasurer and Vice-President, in the chair. The decease of His Grace the Duke of Northumberland, K.G., F.R.S., the President, on the 12th February last, was announced from the chair. Ernest L. S. Benzon, Esq.; I. J. Unwin Clarke, Esq., junior; Henry H. S. Croft, Esq.; Woronzow Greig, Esq., F.R.S.; Richard Belgrave Jackson, Esq.; John Macpherson, M.D.; Farquhar Matheson, Esq.; Henry Wilkes Notman, Esq., F.R.G.S.; Charles Rogers, Esq.; James Vaughan, Esq.; Lieut.-Colonel G. F. Whitelocke, were elected Members of the Royal Institution. The Chairman announced the following addition to "The Donation Fund for the Promotion of Experimental Researches":—Henry Bence Jones, M.D. Sec. R. I. (2nd donation), 20*l.*; S. R. Solly, Esq. (3rd annual donation), 20*l.*; Adam Murray, Esq., 5*l.* The presents received since the last meeting were laid on the table, and the thanks of the members returned for the same.

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 15, 1865.

THE DIAGNOSIS BETWEEN INSANITY AND CRIME.

It is often a question of the greatest difficulty to determine, in relation to certain criminal acts, whether the accused person is or is not responsible for their performance. An individual who has attracted no particular notice on account of eccentricity suddenly commits some horrible crime, taking away the life of one who was, or ought to have been, dear to him, or falling upon some hapless stranger, and gratifying an unaccountable propensity for human blood. Although such instances of homicidal insanity are well known to psychologists, the peculiar phase of mental disease which they betoken is not so well understood by the general public, including even judges and jurymen, who, however upright and honourable in their endeavours to perform their duties to the community, are really incapable, by reason of their want of acquaintance with the subject of mental disease, of coming to right decisions in many such cases. In the case, however, to which we shall presently refer, there really seems to us to be very little difficulty at all, supposing that the facts are truly reported; and the parties deserving of punishment are rather those who permitted a lunatic to proceed to the commission of a horrible murder, than the wretched culprit himself, who is condemned to die for the offence. The whole case, as reported in the public papers, appears to be a mockery of public justice, and a disgrace to the boasted science and enlightenment of the nineteenth century. As the performers in the tragedy appear to have been all persons in a somewhat humble sphere of life, there was no great array of forensic eloquence in the course of the trial, and, as far as we can learn, little Medical evidence of any importance. It is, indeed, a disgrace to our laws, that while they provide, and very properly, compulsory Medical aid to paupers who are ill, they afford no Medical assistance whatever to wretched lunatics who are charged with murderous acts before the criminal tribunals; and thus the rich lunatic is pretty sure to escape, while the poor one is hanged.

At the Derby Assizes, last Thursday, a man named Potter was indicted for the wilful murder of his wife. His appearance seems to have been so peculiar as to have attracted the notice of the newspaper reporter, who tells us that "his somewhat sullen and morose demeanour and quick restless glances indicated a weak mind." He lived in Derby, and his household consisted of himself, his wife, his lodger, who was a tailor, and three children. He had for some time entertained great jealousy towards his wife, whom he accused of improper intimacy with the lodger, his suspicions being, we are told, entirely unfounded. Acting upon this groundless suspicion, he was in the habit of abusing and ill-treating his wife. On a certain evening in last December, a married daughter of the prisoner's went to his house a little after eight o'clock, and found her mother at home alone. Shortly afterwards the prisoner came in, appearing calm and quiet. The wife then went out to get the beer for supper, and as she did so the lodger came in. The prisoner thereupon jumped up in an excited manner and ran after his wife to the public-house. On finding her there he caught hold of her and tried to drag her out. The daughter interfered and released the mother, who thereupon ran into the street. The prisoner followed, and losing sight of her returned to his house, and taking up a candle searched the house to find her. He then returned into the street, without his coat or cap, and walked up and down asking for his wife, and saying he should like to cut her throat. The wife, who had concealed herself in an entry, again sent her daughter for the police, saying that their lives were not safe. The police, however, declined to interfere unless they saw the prisoner actually ill-use his wife, promising, however, to be on the look-out. On going back the daughter found the prisoner still walking up and down the street, and refusing to let any one enter the house, which he kept locked. He again alluded to the alleged intimacy between his wife and the lodger, and on his daughter reproaching him for so doing he chased her down some of the streets of Derby. The daughter again complained to a policeman, who brought the prisoner out of a public-house into which he had gone, and persuaded him to go home. The prisoner did so, and unlocked the door, but still refused to admit his wife on account of her alleged infidelity. The prisoner, his daughter, and the lodger then went in with the policeman, but found the door of the lodger's bedroom locked. The prisoner would not give up the key, and the door was broken open. The policeman then left, and, as the prisoner seemed calm and quiet, his wife, who had then been kept out of her house for two hours, was sent for and came in. On the lodger going to bed the prisoner shook hands and said, "Good night," and "God bless you." He then in a calm tone asked his wife to go to bed, and wished his daughter also to sleep there, which, however, she refused to do, having an infant at home. The prisoner then said to his wife, "Come, my wench, let us go to bed." They then went upstairs, the prisoner wishing his daughter "Good night." After they got up the daughter heard the prisoner lock the bedroom-door on the inside and try it. She waited till the clock struck twelve, and, all being quiet, let herself out at the side door and went home. The lodger, who had gone to bed and to sleep, heard nothing more until he was roused, but a neighbour heard Mrs. Potter cry "Murder!" three times in a weak voice, and told his mother, who went out into the yard and called out, "What are you doing?" "What are you about?" but receiving no reply returned to the house. About a quarter of an hour afterwards, at half-past twelve o'clock, the same person heard the noise of some one walking about in the prisoner's house. About one o'clock a police-sergeant, who was on duty in Traffic street, met the prisoner, who was walking about in an excited state, and said to him, "Come, James, why don't you go home? You'll be starved to death." He replied, "I won't go unless you go with me." When the

got near the house the prisoner said, "The —— —— has locked me out; I can't get in." The officer tried both the doors and found them fast, but observing the front shutter and window open told the prisoner he could get in there. The prisoner refused to do so unless the policeman went in with him, which he did. When they got in they could find no matches, and the policeman went to a neighbour's to get some. On his return, he found that the prisoner had again got through the window into the street. They went in again together, lighted a candle, and went upstairs. The prisoner pushed the door of the front bedroom open and said, "There's nobody here." He next went to the top of the house and said, "There's nobody here." He then came down again, and pushing the door of the back bedroom open, said, "Look in here." The officer said, "No, you go in," and on his appearing reluctant to do so, gently pushed him in. On entering a naked leg was seen hanging out of the bed. The policeman went up and found the prisoner's wife dead. On being told of it the prisoner repeated, "Dead, dead, dead! oh dear, oh dear!" and shortly afterwards added, "It was the man on the stairs did it." The lodger was then aroused, and stated that having sat up very late working the two previous nights he had slept heavily, and heard nothing. A surgeon was sent for, and upon examination a wound was discovered below the woman's right breast, which penetrated to the heart, and had caused her death. In a corner of the room was found a sword-stick, the blade of which fitted the wound. There were no marks of blood upon it, but the point of the blade was discoloured as if it had been held in the flame of a candle.

The above graphic story we have told without any comment, and it hardly requires any remarks on our part. It will be observed that everything was done in strict accordance with the law: the poor woman and her daughter implore the policeman to interfere to prevent murder; but that functionary declines to take any steps, as he did not see any violence committed. The man had only been walking up and down the street asking for his wife, and saying he should like to cut her throat, and had dragged her forcibly out of a public-house, whither she had gone for the supper beer. He reiterates his groundless charges against his wife's fidelity, and on being remonstrated with on that account by his daughter, she also is chased by him through the streets of Derby. The rest of the violent acts speak for themselves, and the consummation is that the policeman is brought into the poor woman's bedroom by the husband himself, and it is found that she has been stabbed to the heart by the blade of a sword-stick. No imputation whatever rests upon the murdered woman or the unfortunate and unconscious lodger, and no allegation is made that the prisoner was under the influence of liquor. The law comes in *after the murder has been committed*, and the policemen testify to all the scenes of the ghastly tragedy, the catastrophe of which they must have foreseen, but were powerless to prevent. It probably never struck them that a man who entertained a groundless suspicion of his wife's fidelity, and, acting on that groundless suspicion, attempted to murder her, was in all likelihood insane; and they therefore quietly allowed him to complete his design.

For the defence it was contended that the prisoner was not in a fit state to understand the nature of the act he had committed. It appeared that he had always been very eccentric in his manner, occasionally staring fixedly at one or other of the inmates of his house, upsetting the table without any apparent reason, and breaking the furniture. He would mutter to himself, and, when spoken to, would often turn away without making any answer. Some six or seven years back he had been struck with a jug, and since then his conduct had been more strange than before, and he had complained of his head. Eleven months back he had, as he supposed, an illness, and thought he was about to die; but the surgeon who attended and examined him could find nothing the matter with him, notwithstanding which the prisoner insisted on keeping his bed for three weeks. Lately he had complained much of sleeplessness. He was very low in spirits, and his aptitude for business had so diminished that he had lost his occupation. On two occasions he had gone to one house when sent to another to make a distress, and at another time had left without any cause a house of which he had been put in possession. On the morning preceding the murder he was found counting a pound's worth of silver, and counted it three times wrongly. On one occasion he had pursued his wife and daughter into a neighbour's house, and had gone up to the window making grimaces and gesticulating in such a strange manner that the neighbour with whom she had taken refuge advised her to have him sent to an asylum.

The jury, *after deliberating a quarter of an hour*, returned a verdict of *Guilty*, and the prisoner was sentenced to death.

So much for the state of psychological science and practice in the nineteenth centuary. As the condemned prisoner is a poor man, and the newspapers are engaged in the Parliamentary debates, he will most likely be hanged; and, if the matter is noticed at all, we shall, perhaps, be told that this is another triumph of common sense over the dreamy absurdities of the mad-doctors.

Since the above was in type we have received some additional particulars connected with this trial, and they are subjoined. We copy the 'Times'' report:—

"Mr. Gisborne, the surgeon of the gaol, who, it will be remembered, was called for the defence upon the recent trial of Townley at this place, on this occasion appeared to give evidence for the prosecution. He stated that he attended the prisoner two or three years ago for dyspepsia, and had since seen him in the gaol, and examined him for the purpose of forming an opinion on his sanity. He had noticed a peculiarity of manner in the prisoner, but saw no reason to consider him insane. The peculiarities he noticed were contortions of the face and hesitation in answering questions. Those symptoms were not, in his opinion, indicative of insanity, and he believed the prisoner to be sane.

"On cross-examination, this witness admitted that contortions of the face and hesitation might, when coupled

with other symptoms, be indicative of insanity. Lowness of spirits, melancholy, sleeplessness, groundless jealousy, especially when directed against those most nearly connected with the patient, were also indications of insanity. He considered the prisoner a man of feeble mind—a man of weak intellect—and very obstinate, with some portion of cunning. Those characteristics frequently accompanied insanity. In the conversation he had had with the prisoner the latter answered rationally to nearly every question that was put to him. The exceptions were questions relating to his crime. As to that, at one time he said that the lodger Stone had killed his wife, and at another that she had done it herself. He was uniformly positive that he had not done it himself. Making mistakes in matters of business and counting small sums of money wrong were symptoms of intellectual deficiency, and where defect of intellect existed the will was enfeebled. When he said that he considered Potter sane he meant that he could distinguish between right and wrong, and draw correct inferences. The appearances presented by the prisoner were quite consistent with his knowing the nature of his act and the consequences of it. They were also consistent with the existence of insanity.

"The other Medical witness, Mr. Greaves, of Derby, was called for the defence, and stated that he had attended the prisoner on the occasion mentioned already, when the prisoner lay in bed three weeks with nothing the matter. His conduct on that occasion might be accounted for by supposing that he was then in an early stage of insanity. Nothing else would satisfactorily account for it, fits of madness were sometimes intermittent, and the condition in which the prisoner was on the evening of the 22nd might very probably be the precursor of such a fit. The evidence given was entirely consistent with the notion that the prisoner at the time of killing his wife was labouring under a fit of insanity. The existence of an insane delusion was consistent with quiet behaviour at times; at other times it might cause great excitement and violence. A person subject to causeless jealousy, sleeplessness, the making of frequent mistakes in business, and low spirits would be likely to be attacked by a fit of acute madness. During such a fit the patient had scarcely any or no control over his actions.

"On cross-examination, this witness said that he did not know the prisoner suffered from dyspepsia. Lowness of spirits was frequently a result of dyspepsia. The prisoner did not complain of his head when he attended him. The symptoms spoken of in the evidence were consistent with the prisoner's knowing the nature of his acts.

By the Judge.—By homicidal mania I understand a state of mind in which a man can't prevent himself from killing somebody. The mere fact of a man killing another would not in my opinion, be any evidence of insanity. I could not judge of a man's mind from that act alone. I should judge from the whole of his conduct both before and after.

"It will be seen that the fact that the woman died by the prisoner's hand was virtually admitted, and that the whole contention turned upon the state of the man's mind. Upon one side the previous history of the prisoner, the fact that insanity had already shown itself in three other instances, and his delusion as to his wife's intimacy with Stone, were dwelt upon. The very circumstances of the crime, it was contended, pointed to insanity. The frantic violence, the subsequent calm, the friendly feeling the prisoner had always expressed for Stone, his parting from him on the fatal night, all showed madness. For what purpose had the prisoner so earnestly besought the daughter to sleep there that night, unless it was that deep down in the very springs of his life the man felt his enemy approaching him—felt the coming madness throwing its shadow before, and desired to have some one there to protect him from himself? The very mode in which the act had been committed was that of an insane man. After the fatal thrust was given the prisoner must have arranged the body, which was found with the wound covered up by the clothes, which were laid smoothly and evenly up to the chin. Who but a madman could have done this? Again, who but a madman would have insisted on taking the policeman home to find the dead body of the murdered woman? Again and again he had opportunities of escaping, and again and again he refused to avail himself of them. His conduct on approaching the house, if it were not that of a madman, was that of a being scarcely human in its brutality. In conclusion, the jury were earnestly exhorted to divest themselves of all feeling. It was not indeed a case to enlist their sympathies. The details were brutal, horrifying, yet, after all, it must not be forgotten that this poor man was human like themselves, and in most urgent need of dispassionate judgment upon his actions.

"Mr. Boden, in reply, pointed out that all the symptoms described were consistent with sanity. The law on the subject had been laid down by wise and great judges, and the real question for them was, did the prisoner know the nature and consequences of the act he was committing? Mr. Stephen had dwelt in a very powerful manner on the circumstances attending the death of the deceased; but brutal as those circumstances were, when dispassionately considered they showed, no doubt, a weak intellect, but one not incapable of distinguishing right from wrong.

"His Lordship, in summing up, laid down very distinctly to the jury the law affecting the case. If the prisoner had taken away the life of his wife from a motive of jealousy, whether well or ill-founded, that was murder, if at the time he knew the nature and consequences of his act, although his delusion as to his wife's infidelity might partake of the nature of insanity. In adverting to the facts of the case, his Lordship observed that the prisoner's defence had been conducted with a force and ability which was a great consolation—if anything could be a consolation—in dealing with a case of that kind. He then proceeded through the evidence. The question for the jury was whether, driven mad by jealousy, the prisoner had taken his wife's life in a fit of insanity, or whether, from a causeless jealousy, in a spirit of wickedness, he had intentionally, and with a knowledge that he was doing wrong, stabbed her to the heart. First, were they satisfied that the hand of the prisoner took away his wife's life; if they were satisfied of that; secondly, did he at the time know what he was doing, and that he was doing wrong. If they were satisfied of both those facts they should find him guilty of murder. If they thought that he did not know either what he was doing, or that he was doing what was wrong, they should acquit him on the ground of insanity. He trusted that they would find a verdict in accordance with the very truth of the facts as they presented themselves to their minds."

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. JENNER continues his lectures "On the Principles and Practice of Medicine," his subject still being *Bright's* disease. He now describes the symptoms observed during life in cases where Bright's disease exists, the kidney being sometimes the seat of mechanical congestion, sometimes of acute passive congestion, and sometimes of acute active congestion. The different conditions observed are passed under review, as the presence of anasarca, the colour of the skin, the specific gravity and chemical composition of the urine, the disturbance of the digestion, &c., and the secondary diseases dependent on uræmic poisoning, brought under notice, as pericarditis, pleurisy, peritonitis, amaurosis, epileptiform convulsions, coma, &c.——Mr. MARION SIMS continues his "Clinical Notes on Uterine Surgery," his subject still being painful menstruation. In the present communication, he advocates the operation of dividing the os and cervix uteri in preference to di

the cervix by sponge tents. The only danger to be apprehended from the operation, according to Dr. Sims, is the supervention of hæmorrhage, which has proved fatal in a few cases; but this result may be avoided with ordinary care.——Mr. HENRY THOMPSON communicates a paper "Respecting the Instruments used in Lithotrity," and describes two of the lithotrites used to reduce the calculus to the proper condition for passing from the bladder. With regard to washing out the bladder for the removal of *débris*, Mr. Thompson does not approve the process, inasmuch as they will generally pass off readily by themselves. ——Dr. H. F. A. GOODRIDGE, of Bath, contributes a paper "On a Case of Typhoid Fever, with Perforation of the Bowel on the Eleventh Day," the course of the fever being traced and its duration accurately calculated.——Dr. CHARLES R. FLEURY relates "A Case of Syphilitic Asthma," cured by iodide of potassium.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. BENCE JONES continues his lectures, "The Consequences of Oxalic Acid" being brought under consideration in the present number. The great consequence is the formation of the mulberry calculus in either the bladder or the kidney. In 450 distinct deposits forming calculi, Dr. Jones states, oxalate of lime occurred 163 times. Imperfect oxidation to a greater or less degree gives rise to no less than eight out of nine cases of stone. Owing to the roughness of the mulberry calculus, this kind of stone is more apt than other kinds to cause blood to flow from the kidneys or bladder. When oxalic acid accumulates in the blood it occasions symptoms so nearly similar to those produced by an overdose of morphia, that they are not distinguishable. As regards "The Treatment of the Oxalic Acid Diathesis," it may be said that it is comprehended in the promoting of the processes of oxidation. The dietetic treatment is embraced in a few words—meat in moderation and weak spirit. In the treatment of oxalate of lime, it is of importance to give, as drink, rain or distilled water, and, as medicine, the nitro-muriatic acid.——Dr. WEBER'S "Holiday notes on Continental Spas" are also continued; Bagnères-de-Luchon being the subject of the present paper.——Dr. CHAPMAN publishes "A Case of Epilepsy, Painful Menstruation, and Periodical Vomiting successfully treated, chiefly by Means of Ice." The patient was a young lady, aged twenty-one; tall, thin, pale, and feeble; subject to frequent attacks of fits—true epilepsy—and intense pain during the menstrual period: had begun to menstruate at the age of twelve, and had suffered from the blue disease from her birth till she attained her sixteenth year. The ice was applied to the back three times daily at first, and subsequently not so frequently. The distressing symptoms were alleviated, then removed; the health became improved, and finally became quite good.

ARMY MEDICAL DEPARTMENT.

The Director-General of the Army Medical Department presents his compliments to the Editor of the MEDICAL CIRCULAR, and begs to enclose a list of the candidates who were successful at the competitive examination in August last, and who have passed through a course at the Army Medical School, showing the combined results of the examinations.

6 Whitehall yard, London.
March 6, 1865.

Names.	Studied at.	No of Marks.
Jameson, W. H	Edinburgh	5,247
Harvey, R.	Aberdeen & Glasgow	5,020
Whipple, J. H. C.	London	4,813
Cleghorn, J.	Edinburgh	4,640
Tomlinson, W. W.	Dublin	4,545
Price, W. S. M.	Dublin	4,497
Duffy, G. F.	Dublin	4,490
Bennett, J.	London	4,369
O'Dwyer, T. F.	Cork	4,310
Boileau, J. R. H.	Dublin	4,305
Cook, H.	Cork	4,302
Carpenter, W.	Dublin and Galway	4,295
Campbell, G. McI.	Aberdeen	4,202
Foster, J. F.	London	4,190
Farquharson, R. A.	Aberdeen	4,160
Keir, W.	Aberdeen	4,040
Corban, L.	Cork	3,925
Taite, F.	Dublin	3,925
Taylor, W.	Glasgow	3,895
Smith, P. A.	Cork	3,887
Shepherd, P.	Aberdeen	3,882
MacLean, J. McK.	Edinburgh	3,855
Power, P. G.	Cork	3,855
Hedley, W. T.	Edinburgh	3,793
Purcell, T. A.	Dublin	3,782
Kemp, R. D.	Aberdeen	3,756
Handy, S. W.	Dublin	3,705
O'Sullivan, E.	Dublin and Cork	3,699
Hale, A. E.	Birmingham	3,690
MacCreery, J.	Dublin	3,646
Gillespie, H. C.	Cork	3,630
Spurway, C.	London	3,530
MacConnell, W.	Dublin and Belfast	3,528
Hector, J.	Aberdeen	3,520
Eames, W. L.	Cork and Edinburgh	3,512
Shaw, C. E. M.	London	3,494
Dunn, A.	Dublin	3,490
Stone, V.	Edinburgh	3,469
Macaw, K.	Belfast and Glasgow	3,460
Riordan, W. E.	Dublin	3,426
Bourke, T.	Dublin	3,417
Murray, J.	Aberdeen	3,405
Kelly, J. B.	Dublin	3,399
Bourne, D. C. G.	Dublin	3,397
Welsh, J. T.	Edinburgh	3,396
Hughes, J. H.	Galway and Dublin	3,337
Jones, J. W.	Dublin	3,331
Walker, S. E.	Birmingham	3,292
Blake, J. F.	Dublin	3,290
Robinson, A. B.	Dublin	3,284
Thorburn, D. A. S.	Edinburgh	3,247
O'Brien, E. R.	Cork and Dublin	3,178
MacCully, J.	Belfast and Dublin	3,170
Jagoe, W. H.	Dublin	3,170
Blake, W.	Dublin	3,163
Smith, C.	Dublin	3,135
Duhy, J.	Dublin	3,116
Haward, E. T.	London	3,097
Grose, D. C.	Dublin	3,040
Dickinson, T.	Galway and Dublin	3,040
Barrie, A.	Glasgow	3,038
Doake, S.	Belfast	3,027
Flood, S.	Dublin	3,000
West, G. B.	Dublin	2,993
Canny, D. J.	Dublin	2,975
Vallance, E.	London	2,969
Candy, J.	London	2,861
Ryan, J. B.	Dublin	2,785
Hutchinson, C. F.	Dublin	2,735
Eustace, E.	Dublin	2,705
Peatfield, Y. J.	London	2,693
Coulton, J. R.	Dublin	2,619
Backhouse, C.	Dublin	2,600
Ward, E.	Dublin	2,581
Maturin, J.	Dublin	2,537
Renton, D.	Edinburgh	2,455
Healy, C.	Dublin	2,392

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEB. 28, 1865.

Mr. PARTRIDGE, F.R.S., President.

Mr. J. W. HULKE read a paper on a

CASE OF ICHTHYOSIS OF THE TONGUE.

Ichthyosis is a term provisionally applied by the author to an affection of the mucous membrane of the tongue, which consists in hypertrophy of its epithelial and papillary tissues. It is characterized by yellowish-white, raised, tough, leathery patches, which are clinically distinguished from syphilitic nodes, condylomata, and cancer. Mr. Hulke had seen but one case, which he relates.

Mr. BIRKETT, in 1853, saw a patient, an old sailor, who had a similar affection to that described by Mr. Hulke. It had existed many years, and was merely an annoyance.

Mr. HOLMES COOTE remarked that he had published a similar case in Holmes's 'System of Surgery,' but had not given a name to the affection. It occurred in an old woman. There was no evidence of syphilis; it was not cancerous, but merely a thickening of the epidermis.

Dr. STEWART said that the year before last a gentleman from India came to ask him if an affection of his tongue was syphilitic or not. After due inquiries, there was no ground for the slightest suspicion of that as a cause. He had had syphilis four years ago, but had got well of it, and then married. Mr. Henry Lee saw him, and thought he was free from syphilis. All sorts of detergents were applied, and the solution of the chloride of zinc had no effect. Dr. Neligan had described a similar condition of the tongue in a case which, after slight irritation, ended in cancer. His (Dr. Stewart's) patient was still in good general health.

Mr. PAGET said the affection described by the author was sufficiently rare to warrant each member giving his individual experience. He referred to a specimen in the museum of St. Bartholomew's Hospital taken from a patient who died of cancer of the tongue, with disease of the lymphatic glands. Although ultimately the disease was cancerous, it had for ten years resembled the condition described by the author of the paper. This patient also used to pare down the growth as if it were a corn. He (Mr. Paget) did not wish to imply that the form of disease was more likely to end in cancer when this patient became old than many other diseases of the tongue which were accompanied by irritation. Mr. Hulke's case was the first of the kind placed on record, and was interesting as suggesting that diseases of the tongue should be studied in connection with those of the skin. Mr. Paget then related a case which was, he believed, an instance of ringworm on the tongue.

Mr. C. H. MOORE alluded to a case in which it was difficult to distinguish cancer of the tongue from other affections of that organ. He referred to a case then under his care in Middlesex Hospital, in which there was an ulcer of the tongue, and opposite the growth was a patch of disease like that described by the author. There was also a similar patch on the cheek. Although it was clear that Mr. Hulke's case was not yet one of cancer, yet it would be a bold thing to assert that cancer would never occur in the part diseased. Although at present only an hypertrophy, it might afterwards become cancerous.

Mr. HULKE then briefly replied. He had no doubt, he said, that the patches Mr. Moore spoke of in his patient's case resembled the masses on the tongue of his (Mr. Hulke's) patient; yet the clinical history of the two cases was very different.

(To be continued.)

ANNUAL ADDRESS.

The PRESIDENT then delivered the annual address. After alluding to the continued prosperity of the Society, both as to its scientific labours and the matter of its finances, he proceeded to give obituary notices of the fellows who had been lost to the Society by death since the last annual meeting. Some of these had been contributors to the 'Transactions,' and had otherwise adorned their Profession by their eminent career. Amongst them were some who had long retired from active practice, and others who had been stricken down in the prime of life and in the midst of their labours for the advancement of professional knowledge. The list included the following names, to some of which an abstract of the notices given has been appended. Samuel Cartwright, sen., F.R.S., F.L.S., who died on June 10th, 1864, at Nizell's House, near Tunbridge, aged seventy-six. Mr. Cartwright was born at Northampton, and, without the aid of any pecuniary support or countenance from family or friends, had attained by industry, perseverance, and professional skill, the highest eminence as a dentist. His life was traced from its commencement, and particular reference made to the energy of character and physical power which enabled him to bear the extraordinary exertions imposed upon him by his extensive practice. He was apointed Dentist in Ordinary to George IV., and numbered amongst his friends and patients the most eminent persons in every class of life. He was a fellow of the Royal and of most of the scientific and Medical Societies in London, and was the first President of the Odontological Society. He had retired from practice since 1857. James Bird, M.D.Aberdeen, F.R.C.P., died at his house at Gerrard's Cross, Bucks, on July 10th, 1864, aged sixty-seven. The greater part of Dr. Bird's professional life had been passed in India, where he was Physician-General of the Bombay Army. He had long retired from practice, but took an active interest in all that concerned military medicine, surgery, and hygiene. He lectured on these subjects at St. Mary's Hospital, and had been vice-president, treasurer, and Lettsomian lecturer to the Medical Society. The President gave a summary of his contribution to the literature of military hygiene and sanitary reform. Robert Dundas Thomson, M.D., F.R.S., died August 17th, 1864, aged fifty-three, at Dunstable House, Richmond. Dr. Thomson was the son of a Scotch minister in Berwickshire; and his chemical studies were pursued under his uncle, Dr. Thomas Thomson, and subsequently under Liebig at Giessen. In early life he made a voyage to India and China; on his return he resided for a time in London, afterwards went to assist his uncle in the duties of the chemical chair at Glasgow. and subsequently settled in London, where he was appointed Lecturer on Chemistry at St. Thomas's Hospital. On the establishment of Medical officers of health, he was the successful candidate for St. Marylebone, and devoted himself assiduously to the duties of his office. He organised a system of inspection which was adopted by his colleagues in their parishes; and on their forming an association he was elected their president. He became a great authority in all sanitary matters, and applied his chemical knowledge to the elucidation of numerous physiological and hygienic inquiries. His health failed him during the last two years, and he died of malignant disease of the alimentary canal. John Drummond, R.N., Inspector-General of Fleets and Hospitals, died at Dover, Sept. 17th, 1864, aged seventy-two. Samuel Maclean, F.R.C.S. Ireland, died Oct. 18th, 1864, at the age of forty-six. Mr. Maclean practised at a dentist in Wimpole street. Richard Roscoe, M.D. Edin., M.R.C.P., formerly Consulting Physician to the Westminster General Dispensary, died on the 3rd of October, at Humberstone, Leicestershire, aged seventy-one. Thomas Sunderland Harrison, M.R.C.P., F.L.S., formerly Lecturer on Midwifery at the Charlotte street School of Medicine and Senior Physician to the Farringdon Dispensary, for many years a magistrate of the county of Somerset, died at Bath, on the 22nd, 1864, aged sixty-four. Archibald Robertson, M.D. Edin., F.R.S., Lond. and Edin., died at the West End, Clifton, Oct. 19th, 1864, aged seventy-four. Dr. Robertson was for many years Senior Physician of the Northampton General Infirmary. In early life he had served for a long period in the Royal Navy. He retired from practice some ten years ago, but continued a warm friend and supporter of the British Medical Association, over which he had presided at Northampton. Charles Hall Clarke, M.D. Lond., died at Stoneyhurst College on the 14th of January, 1865, aged forty-nine. Dr. Clarke was the son of a clergyman at Reading. After graduating in Medicine at Edinburgh

1839, he went to Bath, and was there elected one of the physicians to the United Hospital. He subsequently established himself in practice as a physician at Florence, and, having become a Roman Catholic, was appointed Physician to Stoneyhurst College, which appointment he held at the time of his death. William Senhouse Kirkes, M.D., F.R.C.P., died Dec. 9th, 1864, at Lower Seymour street, aged forty-one. Dr. Kirkes was born in 1823 at Holker, in Lancashire. In 1841 he entered the Medical School at St. Bartholomew's, and the memory still remains there of his industry, talent, and blameless life. He became M.D. in 1846, and having successively been medical registrar, demonstrator, and assistant-physician to St. Bartholomew's, was elected full physician on the retirement of Dr. Burrows in 1864. The fifth edition of his well-known 'Handbook of Physiology' appeared in 1863. He was the author also of numerous papers in the Medical Journals, and of a paper "On Embolism" in the Medico-Chirurgical 'Transactions,' which was the first English essay on the subject. At the time of his death he was on the committee recently appointed by Government to investigate the subject of Syphilis. His last illness commenced whilst engaged on that committee, whither he still persisted in going, and in a few days he fell into a state of constitutional collapse, with symptoms of pleuro-pneumonia and pericarditis. His mind remained remarkably clear up to a few hours of his death. Some extracts from a letter from Dr. Burrows were read, stating that he had never known a more perfect character, and speaking of his ardent and indefatigable exertions, both as a student and a teacher, his conscientious discharge of duties, amiable disposition and Christian principles, and his perfect submission in his last illness to the Divine will. Jones Quain, M.D., died Jan. 30th, 1865, aged seventy-one. Dr. Quain was a native of the South of Ireland. He graduated in Arts and Medicine at Trinity College, Dublin, and afterwards received his M.D. degree there. After spending some time in Paris, at the close of his college career he came to London and became one of the anatomical teachers at the Aldersgate School of Medicine, during which time he published his admirable 'Elements of Anatomy,' which was such an improvement on the systems previously used in the schools, and which (enlarged by a succession of able editors) has now reached a seventh edition. In 1831 he accepted the Professorship of Anatomy and Physiology in University College, and soon established his claim to rank amongst the most able of the lecturers on anatomy in the metropolis. On his resignation of the Professorship in 1835 he was appointed to a seat in the Senate of the University of London, and since that period lived a retired life, mostly in Paris, devoting himself to literary and scientific studies. The President then added a few remarks relative to the improvement of the Society's residence. He stated that the hope of obtaining apartments amongst other learned and chartered societies at Burlington House had for the present failed; and he made various suggestions as to changes and improvements in the premises of the Society, for the consideration of which he thought the present was, for several reasons, not an unfavourable time. The President concluded by thanking the Fellows for the considerate kindness and support which they had always shown him during his occupation of the presidential chair, and had no doubt the Society would continue its prosperous career under the auspices of the eminent physician and accomplished gentleman whom they had that day chosen to succeed him.

The result of the ballot for officers and Council for 1865-66 was announced by the President as follows:—President: *Dr. Alderson, F.R.S.—Vice-Presidents: *Dr. Weber, Dr. Basham, *Mr. S. Lane, *Mr. John Simon, F.R.S.—Treasurers: Dr. Pitman, *Mr. Spencer Smith.—Secretaries: Dr. Fuller, Mr. J. Birkett.—Librarians: Dr. Stewart, *Mr. Luther Holden.—Other Members of Council: *Dr. Barclay, *Dr. E. L. Birkett, Dr. Goodfellow, Dr. Meryon, *Dr. Oldham, *Mr. O. M. P. Clayton, Mr. Holmes Coote, *Mr. Critchett, Mr. C. H. Moore, *Mr. Alfred Poland.

* Those gentlemen to whose names an asterisk is prefixed were not on the Council, or did not fill the same office, last year.

Votes of thanks were given to the retiring President for the able and efficient manner in which he had presided over the meetings of the Society, to the retiring officers of the Society, and to the members of the Scientific Committee on the Uses and Effects of Chloroform.

THE PATHOLOGICAL SOCIETY.

TUESDAY, FEBRUARY 21.

DR. PEACOCK, President.

The PRESIDENT, in taking the chair, remarked that having had occasion to consult the index to the volumes of the Society's 'Transactions,' by the Hon. Secretary, Mr. Holmes, he wished to express his opinion that it had been admirably prepared and was of great value, and that the Society was greatly indebted to that gentleman, and to Mr. Prescott Hewett, for having borne the expense of publishing it.

Dr. WILKS brought forward a specimen of

RUPTURE OF ONE OF THE AORTIC VALVES FROM INJURY.

A young man, aged nineteen, fell from a height on to his side, and was immediately brought to Guy's Hospital. He had struck his abdomen and lacerated his intestines, which caused his death in three days' time from peritonitis; he also had great oppression of the chest and difficulty of breathing, as if he had received other injuries; but the heart was not examined by auscultation. On post-mortem examination, besides the laceration of the intestines, which had been the immediate cause of his death, one of the aortic valves was found to be torn completely through from its edge to its base; not through the median line of the valve, but towards its side, as if it had been forcibly dragged away from its attachment. As there was no direct violence to the chest, Dr. Wilks supposed that the rupture occurred by a sudden and irregular contraction of the aorta, whereby the valve was unable to sustain the increased and irregular pressure of the blood upon it—a condition so unlike the ordinary regular and equal force to which the valves are subject.

Dr. WILKS also exhibited a specimen of

RUPTURE OF THE AORTA FROM INJURY.

A man on lifting a heavy cask was struck by the latter, in its fall, on the upper part of the chest, and was instantly killed. On examination of the body it was found that the upper piece of the sternum had been broken through, and the blood was effused beneath. The heart was uninjured, as also was the aorta on its front aspect. Posteriorly, however, a transverse laceration was found, which half encircled the vessel, commencing at the under part of the arch, and proceeding upwards to the origin of the left carotid artery. Dr. Wilks said it might be a question whether the laceration was caused by a sudden contraction of the aorta, or whether it was caused by a simple bursting of the vessel from external pressure. He believed it arose from the last-mentioned cause; otherwise, it might be difficult to show why a sudden and irregular contraction of the aorta should in one case cause a rupture of one of the valves, and in another a laceration of the aorta itself. Dr. Wilks said the case illustrated a fact which was constantly coming under notice—the injury of a deep-seated part from falls and superficial blows. In the case of the heart, a difficulty had often arisen in the mind of the Medical man, who could not explain how the organ could be ruptured on its posterior surface without any broken bone being present to account for the accident.

The PRESIDENT said that Dr. Quain had published three cases of rupture of the aortic valves, and he (the President) two cases. He had also collected others, in one of which only had the rupture been due to direct violence. He did not know any case in which the curtain of the valves had been torn down in the middle as in Dr. Wilks' specimen. Such cases were not common, and it was not easy to say how much disease and how much injury had to do with the rupture. Dr. Peacock related an instance in which rupture of the aorta occurred in a patient who had been crushed by the weight of a heavy casting mould. The rupture was, he thought, due, not to direct injury, but to

the sudden effort. The rupture was between the position of the ductus arterius and the origin of the left subclavian artery, ordinarily the narrowest part of the thoracic aorta.

Mr. SPENCER WELLS thought the Medico-legal bearings of such cases ought to be considered. He related a case in point which occurred some years ago in his practice as a naval Medical officer. One man struck another. The man struck ran to a place where water was to be had, and quickly died. An autopsy was made and the cause of death was found to be a rupture of an aneurism of the aorta into the pericardium. The question as to whether the aggressor was to be punished for manslaughter, or simply for striking, depended entirely on the Medical evidence. It was decided that there having been pre-existing disease, the punishment should be for a blow only. Probably in civil law the culprit would have been found guilty of manslaughter.

Dr. SANDERSON said he thought it more likely that the rupture of the aorta occurred during diastole than during systole.

Dr. WILKS said that was what he meant to imply.

Mr. GAY then brought before the Society an infant five months old who had

MALFORMATION OF THE GENITALS.

The pubic region was much developed, and resembled that of a female child. The penis was irregularly developed. It was turned on its axis, so that it looked upwards and to the left. There was partial hypospadias. The prepuce was irregularly developed; the crura penis were not to be traced. Below was a scrotum, into which one testis had descended.

Mr. HOLMES said that the chief point was whether the abnormal conditions could be remedied. The prepuce seemed to be larger on one side than on the other, and it would be interesting to see if the position of the penis could not be improved by removing a piece of skin.

Mr HENRY SMITH said it had struck him that there was a redundancy of skin, and that Surgery might be of use in remedying the deformity. He was glad that a surgeon so experienced as Mr. Holmes had made the suggestion.

Dr. HARLEY thought the origin of the deformity was very simple. The preputial orifice had been occluded, and the prepuce had burst at its side. The site of the natural orifice was marked by a small cicatrix, and the present opening was due to rupture.

Mr. GAY said he should hand over the case to Mr. Holmes, and should be glad to hear the result of treatment from him.

Mr. HOLMES then exhibited a piece of intestine from a patient who had been operated on for

STRANGULATED FEMORAL HERNIA.

The condition represented by the preparation was, Mr. Holmes said, not uncommon, but was not spoken of in books. A man was admitted into St. George's Hospital for femoral hernia. It had been strangulated two days, but the symptoms were not urgent. Seven years before he had been operated on, and had since worn a truss, but the truss had not fitted him, and the gut had slipped down under it. At the operation the intestine was found to be much thickened, and as the ring was very narrow there was some difficulty in returning it. The patient died of peritonitis. The case was another argument against ill-fitting trusses.

Mr. J. Z. LAURENCE exhibited a

MELANOTIC TUMOUR OF THE ORBIT,

weighing 1 oz. 1½ dr., which he had removed ten months previously from a woman sixty-two years of age. The tumour had then been growing eight or nine months. The eye was protruded from its socket, but apparently not itself enlarged; it was insensible to light; the interior of the eye was illuminable, but no details could be observed. The patient had suffered great pain, which she referred to the temple and side of the head. Mr. Laurence removed the tumour, together with the eyeball, which was found to be firmly imbedded in its substance. The growth was enveloped in a firm pseudocyst of cellular tissue, and presented all the obvious and microscopical characters of melanotic cancer. The eyeball itself was free from all deposit whatever; the vitreous was fluid; the retina partly separated; the lens nebulous. The tumour recurred *in situ* in three months, when Mr. Laurence transferred the case to Mr. Weeden Cooke; in another three months the patient died, by which time the secondary tumour of the orbit had attained the size of a cricket ball and growths were found within the cranium. Mr. Laurence said he considered the case remarkable from the extremely acute course it had run, differing in that respect from the cases of melanotic cancer in the eye he had hitherto observed, and resembling rather encephaloid cancer of the eyeball as it occurs in children. Mr. Laurence, in corroboration of his opinion, instanced a second case of extensive melanotic cancer of the orbit, which he had removed some years ago; in this case no recurrence of the growth had taken place when he saw the patient one year and four months after the operation.

Dr. HILTON FAGGE showed several specimens of

BRONCHIAL POLYPUS.

The specimens were from a girl, seven years old, under the care of Mr. Fagge, of Hythe. She died suffocated by a cast blocking up the bronchi of the bifurcation of the trachea. The child had been for some time subject to fits of spasmodic cough, relieved by expectoration, when one evening she expectorated a cast, and afterwards one every day. After one of these attacks the child suddenly died. At the autopsy, a large fibrinous cast was found blocking the bronchi. It extended into the right bronchus and overlay the left. The layrnx and trachea were healthy. The structure of the cast was like that of those described by Dr. Peacock. In very few of Dr. Peacock's cases were the casts formed from coagulated blood. Dr. Fagge then mentioned a case which had recently come under his notice. The father of one of the students had in August an attack of hæmoptysis; for months afterwards he was troubled with cough. He then expectorated a cast, and got quite well.

In reply to a Member, Dr. FAGGE said he was unable to give any account of the condition of the mucous membrane, as he had not seen it.

The PRESIDENT did not know any case of sudden death from bronchial casts. The majority of cases were children. He dad not seen a case in a patient so young, the youngest of his patients having been ten years; the others were adults.

Dr. HILLIER wished to know if diphtheria had been prevalent in the neighbourhood. The cast might have been diphtheritic, although the disease had not extended so high as usual.

Dr. FAGGE said there was no epidemic of diphtheria.

The PRESIDENT suggested that drawings should be made of the specimens for the 'Transactions' of the Society.

Dr. BROADBENT gave particulars of a case in which, after death, casts were found occupying the bronchi of the whole of one lung; the other lung was tuberculous. He believed from the lamination of the casts that the material forming them had come from the air-cells.

After some remarks by Dr. HARLEY and Dr. GIBB, Dr. FAGGE said that he considered the casts from the child was from the mucous membrane, and was not coagulated blood.

The PRESIDENT said there was little likelihood of confounding casts formed by a secretion from the mucous membrane with casts from coagulated blood. The first, he said, were glistening and white, and were composed of concentric laminæ, whereas blood clots were never white, but more or less dark-coloured, and were not laminated.

Dr. WILKS said that Dr. Gull had long taught that casts were the result of the moulding in the tubes of materia poured out in the air-cells.

Dr. SANDERSON said that Dr. Fagge's case resembled precisely cases met with in epidemics of diphtheria. There did not appear to be any material difference in the symptoms during life. Dr. Murchison had recorded such a case. Many cases of the kind had occurred in an epidemic of diphtheria at Launceston.

Dr. DICKINSON exhibited some urine, and a drawing of the urinary sediment, from a man who had

INTERMITTENT HÆMATURIA.

The case was brought before the Society, not as any novelty in Medicine, for the disease had been described by Rayer in his work on diseases of the kidneys more than twenty years ago, and had occasionally been referred to by other writers, but from its comparative rarity it was thought that it might be interesting to the Society, more particularly as some similar cases had recently been brought forward by Dr. Harley.

Dr. Harley gave particulars of the further progress of his patient. He said that at first he had given him blue pill, and afterwards quinine and iron. The result had been very encouraging. He asked Dr. Dickinson if the quantity of urea was diminished or increased. In his patient's case it was double the usual amount; whereas in Bright's disease it was diminished.

Dr. Dickinson said that the amount of urea had not been ascertained by analysis, but from the specific gravity of the urine, which was sometimes as low as 1011, it might be supposed that it was not much increased. As to the effects of treatment, the man had been so often under the care of different physicians, that, as might be supposed, he had been the subject of every experiment on this head. But whether he was treated actively, with cupping on the loins, vapour bath, gallic acid or quinine, or whether he was left alone, the result was always the same. The hæmaturia ceased when the action of cold was withdrawn, and came on again with as much readiness as ever on the next exposure. Medicine appeared to have no influence on the disease.

Mr. Gay said that he had under his observation a case exactly similar in the symptoms, but the hæmaturia was ascribed to calculus, and not to cold, as it was invariably worse after exercise.

Dr. Dickinson said that his patient could take the most violent exercise without bringing on the hæmaturia.

PSOAS ABSCESS CONNECTED WITH TUBERCULOUS KIDNEY.

Dr. Dickinson brought forward the case of a young man who had been admitted with a psoas abscess in which the matter had proceeded from the kidney, which was stuffed with crude tubercle and pus. The matter had escaped from an opening in the back of the kidney at its lowest part, and had made its way into the psoas muscle, to which the kidney was adherent. It had resulted in an opening in the groin, and during life it was not possible to distinguish the disorder from the more common form of psoas abscess which follows from diseased vertebra. The difficulty of diagnosis was increased in this case by the fact that there actually existed caries of the spine, though not on the side on which the kidney was affected. The patient also had phthisis.

MEDICAL NEWS.

Royal College of Surgeons.—The following Members of the College having been elected Fellows at previous meetings of the Council, were admitted as such on the 9th inst.:—Charles Lindsay Cox, the Queen's Indian Army; diploma of membership dated May 18, 1838; Henry Hemsted, Newbury—Oct. 3, 1828; Henry Pitman, the Queen's Indian Army—April 13, 1840; William Yeoman Sheppard, Bristol—Feb. 18, 1842.

At the same meeting of the Council, Mr. Edward J. A. Trimmer, M.A. Cantab., was elected Secretary of the College in the vacancy occasioned by the decease of Mr. Edmund Belfour.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 2nd inst.:—Henry Cornelius Libbey, Dewsbury road, Leeds; Thornton Gerald Simpson, Westbourne road, Arundel square, Islington, N.

The following gentleman also on the same day passed his first examination:—William Evatt Wright, Guy's Hospital.

Medical Society of London.—The anniversary meeting of this Society was held on Thursday last. From the report read, it appeared that during the last year the Society had in many respects materially advanced in prosperity. The retiring President, Dr. Greenhalgh, delivered a spirited address "On Prevalent Forms of Professional Self-seeking," which will be read with interest when printed, as it will be by the request of the meeting. The silver medal for services rendered to the Society was awarded to Dr. Gibb, the retiring Secretary. The dinner subsequently was attended by about seventy persons, and passed off with success.

The Llewellyn Fund.—In addition to the sums already remitted from India to the Charing-cross Llewellyn Fund, Mr. Partridge, of Bombay, has transmitted by the last mail 100*l.*, collected amongst the Medical practitioners of that Presidency.

The 'Union Médicale' records the result of several prosecutions for the illegal practice of Medicine, in France, and shows that by the accumulation of the fines inflicted for each infringement of the law the penalties amount to a very considerable figure. Thus a man and his wife, who had both for a long time evaded punishment, were condemned to pay 90*l.* fine, for illegal practice of Medicine, besides costs and a second fine of 80*l.* for swindling, and were sentenced in addition to twelve months' imprisonment.

Chemical Researches on Caseine.—Messrs. Millon and Commaille lately forwarded to the Academy of Sciences the results of their researches "On Caseine." Fresh milk, diluted with four times its weight of water, and filtered, leaves on the filtering-paper a mass of globules which may be deprived of their fatty matter by ether, alcohol, or sulphuret of carbon. The residue consists of a heavy farinaceous substance greatly resembling caseine, precipitated from milk by acetic acid. Hence, milk contains two different kinds of caseine, one insoluble and the other soluble, and deposited on the addition to milk of acetic, sulphuric, nitric, phosphoric, or oxalic acid. Suspecting that the difference between the two caseines is referable to the combination of one identical caseic principle with various organic acids, Messrs. Millon and Commaille have instituted experiments on the subject. Caseine combines with mineral and organic acids, and yields combinations generally insoluble, manifested by the formation of a characteristic coagulum, which indicates the point of saturation. Acids in excess re-dissolve the precipitate; and this solubility, in an excess of acid, is remarkably well-defined. Prussic acid and tannin, however, do not precipitate the alkaline solution of caseine.—'Galignani's Messenger.'

Marylebone Police-Court: The Vaccination Act.—James Maunders, a cabman, was summoned before Mr. Yardley, at the instance of Mr. James George Gerrans, one of the vaccinators of the district, for "that he, being the father of a child, Richard Maunders, did unlawfully refuse and neglect to produce or cause it to be taken to the said James George Gerrans on the eighth day following after vaccination." The charge having been proved, defendant said he was at work, and could not help what had occurred.—Mr. Yardley: As this is the first case of the kind under the Act, I will not inflict the full penalty. I am bound to fine you (defendant), in order to show other people that, under similar circumstances, the law cannot be set aside. I order you to pay a fine of 5s., or, in default, be imprisoned for seven days.

Remuneration of Workhouse Medical Officers.—The cost of attending upon the sick in the thirty-nine metropolitan workhouses amounts to a little over 10,000*l.* annually.

Examinations.—The primary examinations for the present session in Anatomy and Physiology will take place at the College of Surgeons on Saturdays, the 8th, 15th, and 29th of April; and the pass examinations in Surgery and Pathology on the 22nd of April and 6th of May. At the College of Physicians, the next examination in Arts will be held on the 28th and 29th instant; that at the Roya College of Surgeons will not take place until June next.

Munificent Donation.—The funds of the Royal Free Hospital, Gray's-inn road, have received a donation of 1,000*l.* by a lady, through the bank of Messrs. Masterman and Co.

DECREASE OF MORTALITY IN PARIS.—Statistical returns show that the mortality has decreased in the city of Paris. A recent report, forwarded by a special committee to the Prefect of the Seine, states that in 1836 the proportion of deaths was 1 to every 36 inhabitants; in 1846, 1 in 37; in 1862, 1 in 39; and now, 1 in 40. The improvement is mainly attributed to the good effects of the law of 1850, relating to unhealthy lodgings, and to the widening and enlargement of the streets of the capital.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MARCH 15.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Surgeons, 4 p.m.—Prof. Huxley, "On the Mammalia;" Royal College of Physicians of London, 5 p.m.—Croonian Lectures: Dr. Peacock, "On some of the Causes and Effects of Cardiac Disease."

THURSDAY, MARCH 16.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Hofmann, "An Introduction to the Study of Chemistry;" Harveian Society of London, 8 p.m.

FRIDAY, MARCH 17.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Mammalia;" Royal College of Physicians of London, 5 p.m.—Croonian Lectures: Dr. Peacock, "On some of the Causes and Effects of Cardiac Disease;" Royal Institution, 8 p.m.—Mr. Balfour Stewart, "On the Sun's Surface."

SATURDAY, MARCH 18.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Marshall, "On the Nervous System;" Metropolitan Association of Medical Officers of Health, 7½ p.m.

MONDAY, MARCH 20.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MARCH 21.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

A Manual of Practical Therapeutics. By E. J. Waring, F.R.C.S. Second edition. London: John Churchill and Sons, New Burlington street.

Lectures on the Pathology and Treatment of Lateral and other Forms of Curvature of the Spine. By W. Adams, F.R.C.S. London: John Churchill and Sons.

On the Modern Treatment of Diseases of the Skin. By J. L., Milton. London: Robert Hardwicke, 192 Piccadilly.

Photographs of Disease of the Skin. No. VIII. By A. B. Squire, M.B. Lond. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post-office.

MR. S. ANDERSON SMITH.—The correspondence is inserted.

THE HARVEIAN SOCIETY.—The notice is received, but the dates appear to be incorrect.

MR. R. GRIFFIN.—The letter is inserted.

PURIFICATION OF THE PRESS.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—The following correspondence will show that the praise bestowed by the Medical Press on the 'News of the World,' for excluding objectionable advertisements, though premature, was well deserved.

Yours, &c., S. ANDERSON SMITH, F.R.C.S.

63 Burton crescent, March 9th, 1864.

TO THE EDITOR OF THE 'NEWS OF THE WORLD.'

SIR,—I was gratified in reading in the 'Lancet' of Feb. 18th:—"We are authorised to add to the list of papers from which objectionable advertisements are excluded, the 'News of the World,' &c.;" and I presume you are anxious to purify your pages, because I have seen in your paper for Feb. 12th an extract from the MEDICAL CIRCULAR in commendation of your conduct in this matter.

Therefore, I think it right to draw your attention to the enclosed advertisement:—

A NEW MEDICAL GUIDE, written by a Physician, for the Self-cure of Nervousness, Indigestion, Loss of Memory, Dimness of Sight, Lassitude, &c. Free by post to any address on receipt of a stamped directed envelope, addressed to Messrs. SMITH, 8 Burton cresent, Tavistock square, London, W.C.

Taken from your latest impression, and which you have been in the habit of regularly inserting for some time past. Should you not consider such advertisement (from the way in which it is worded) objectionable, I would suggest your applying for the work advertised, and then judge with what publications such a pamphlet should be classed.

I would also refer you to the report of an inquest held at the Chequers Inn, Higham, Kent, the details of which are reported in the 'Daily Telegraph' of Jan. 21, in the 'Weekly Dispatch' of Jan. 22, in the 'Lancet' of Jan. 28, &c.

I would not have troubled you with the communication had your columns been free, as are still those of many of the Journals, for the insertion of every class of advertisements.

Yours, &c., S. ANDERSON SMITH, F.R.C.S.

March 2, 1865.

'News of the World' Offices, 19 Exeter street, Strand, March 4, 1865.

SIR,—I am in receipt of your letter, and, in reply thereto, beg to state that, in the first instance, the advertisement was inadvertently taken for a long series, which, however, I am happy to state, expires the next week, after which the said advertisement will be refused.

Allow me to inform you that it has always been my aim to exclude advertisements of an objectionable character, and that for the future we shall observe a stricter supervision.

Yours, &c., JOHN BELL, pro CHAS. W.

S. A. Smith, Esq.

A QUESTION IN MEDICAL ETHICS.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—A lady calls upon my brother to consult him, but he is out of town. She leaves no message, and three days afterwards I am requested to attend, not as my brother's locum tenens, but solely on my own account. Neither of us had attended her before, but I had attended her nephew. Whose patient is she? P. C. D.

March 8, 1865.

[We think that the patient fairly belongs to P. C. D.—ED. MED. CIRCULAR.]

THE CRYSTAL PALACE.—The paper has been received.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—In your CIRCULAR of Feb. 15, No. LIX., in the article "On the Bromide of Potassium," it is said that "its presence in certain mineral springs explains its sedative action, and these springs may be usefully employed now that the cause of their action is known." May I respectfully ask where these mineral springs are?

Lampeter, S.W., Yours, &c., HOMO SUM.

March 6, 1865.

[Bromine in combination with potassium, sodium, calcium, or magnesium, is found not only in sea-water, and in sea-plants and animals, but also in many mineral springs, among which may be mentioned those of Kreuznach, in Prussia. Kissingen, Nauheim, Halle, in the Tyrol, Capo d'Istria, in Italy, and in many others.—ED. MEDICAL CIRCULAR.]

DR. SCHMID'S letter is inserted.

DR. LEARED.—If Dr. Leared will look in the book column of the 'Daily Telegraph,' he will see something to his disadvantage. We may as well explain, for the benefit of others, that we dislike seeing the advertisement of a respectable physician in close proximity to that of one of the obscene quacks. Let Dr. Leared and others send a protest to the proprietor of the Journal in question, and perhaps it will be amended. If such protest were supported by Messrs. Churchill, Hardwicke, and Renshaw, it could not fail to be successful.

THE ROYAL INSTITUTION.—The list and notice have been received.

HONESTAS.—The assumption of the 'Lancet' in taking credit for any public good effected by another Journal is consistent with its past history. It never was an honest servant of the Profession, and never will be. The death-blows which are now giving the quietus to the obscene quacks have been dealt by the MEDICAL CIRCULAR, and originated with us; nevertheless, we do not boast of it, but rather for the help we have received from the 'Lancet,' are grateful. The absurd pretensions of that Journal must often provoke a smile.

MR. GRIFFIN'S note is received, and he is thanked for the information it contains.

THE DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT.—The letter has been received.

F. W.—The question may be answered with a very limited amount of chemical knowledge. When iodine is added to turpentine, which is a hydrocarbon (H + C), hydriodic acid is formed (H + I) and carbon is set free, but the colour of iodine remains, probably from excess of the element. On the addition of strong solution of ammonia, hydriodate of ammonia is formed, and all the free iodine is converted into iodate of hydriodate of ammonia, and the whole becomes colourless. The addition of starch produces no colour, because the iodine is no longer in the free state, but in combination with hydrogen and ammonia.

MR. H. S. PURDON.—The paper has been received.

The Medical Circular.

As we published, on the 1st inst., an extract, copied from the 'Lancet,' from a letter written by Dr. Clay, of Manchester, we publish, from the same Journal, the following reply of Mr. Spencer Wells to the whole letter:—

RESULTS OF OVARIOTOMY.

To the Editor of the 'Lancet.'

SIR,—In your numbers for Feb. 25th and March 4th, Dr. Clay, of Manchester, has made an attack on me, which is "to be continued." I leave all the grave personal charges which he has made against me without notice at present; but the results of ovariotomy in the practice of different operators, who have each certain peculiarities in their mode of operating and after-treatment, are of such great scientific and practical importance, that it would be wrong to wait until the conclusion of Dr. Clay's paper without correcting the very great error into which he endeavours to lead your readers. He attempts to show that the following table represents the comparative rate of mortality in the practice of himself, of Mr. I. B. Brown, and in my practice. I omit his allusion to Dr. Tyler Smith's 25 cases, because this number is far too small to admit of fair comparison. His result is excellent—namely, 19 recoveries and 6 deaths; but I once had a consecutive series of 23 cases, with only 2 deaths and 21 recoveries. This, then, is the table which, on Dr. Clay's authority, will doubtless be quoted from your pages as showing the comparative results of ovariotomy in the hands of English operators:—

Dr. Clay...	1 death in	3¼
Mr. I. B. Brown ...	1 „	2⅔
Mr. S. Wells	1 „	2⅓

Yet the truth is that on either of the two different statements of the results of his own practice which Dr. Clay gives at pages 202 and 226 of your present volume, these results and those obtained by me up to last November are very nearly identical, while the mortality in my practice, compared with that of Mr. Brown, as stated by Dr. Clay (he does not say on what authority), is 11 per cent. in my favour, or as 32 per cent. compared to Mr. Brown's 43 per cent. If I were to include all the cases in which I have completed ovariotomy up to the present time, adding 9 cases (7 of which have recovered) to the 114 cases published in my first volume, our results would stand as follows:—

	Cases.	Recoveries.	Deaths.	Mortality per cent.
Mr. S. Wells's ...	123	83	40	32
Dr. Clay's	110	76	34	30
Mr. I. B. Brown's...	74	42	32	43

It is at once evident, therefore, how grossly unjust to me, and—what is of far greater importance—how likely to mislead anyone who may honestly endeavour to ascertain the results of opposed methods of practice, is the table by which Dr. Clay attempts to mislead your readers. The intellectual process—it cannot be called reasoning—by which the results in his table are obtained, is very curious. He starts by refusing to follow the arrangement which I have adopted of separating cases in which ovariotomy was completed from cases in which it was begun but not completed; and he insists upon confounding together all his "cases of peritoneal section," whether the section was made for ovariotomy, for the removal of uterine tumours, or for the Cæsarean section, comparing the totals of all these different operations with mine, and with the cases of completed ovariotomy only of Mr. Brown and Dr. Tyler Smith. In the very mildest language possible under the circumstances, this proceeding can only be characterised as an insult to the intelligence and common sense of your readers. To "tabulate all the cases requiring section of the peritoneum" together is simply preposterous. To classify cases of Cæsarean section, or cases of gastrotomy or gastro-hysterotomy for the removal of fibroid tumours of the uterus, with cases of ovariotomy is equally absurd. Nor can it be seriously argued that cases of complete and incomplete ovariotomy should be confounded together. One of the strongest arguments used by the opponents of ovariotomy was this very practice. They said, "Nobody who begins the operation can be sure of finishing it;" or "it is begun but not completed, and if the patient survive the case is called successful;" or "a part only of the tumour was removed, and a discharge was kept up for many months from the part left behind, yet the case is tabulated as successful;" or "the abdomen was opened, and no ovarian tumour was found." To meet all these objections I adopted the only plan by which we are likely to arrive at the truth, giving every case in which ovariotomy was performed, as well as every case in which it was only commenced, or was stopped at some stage of the process, but separating the two series of cases. The one case in which ovariotomy was performed twice on the same patient was placed alone, because a woman upon whom this operation has been performed must necessarily be in a very different state from other women who have never gone through it. In the volume assailed by Dr. Clay, this case and 114 other cases of completed ovariotomy are fully detailed, and then 10 cases of incomplete ovariotomy are also detailed, and are thus tabulated by Dr. Clay at page 226 of your last number:—

	Cases.	Recoveries.	Deaths.
Incomplete cases (2 partial relief)...	4	1	1
Tapping, followed by incision, &c...	4	0	4
„ incision, separation of cyst	1	0	1
Nearly all tumour removed	1	0	1
	10	1	7

Seven deaths and one recovery are all that he tabulates out of 10 cases; the "2 partial relief" in his parenthesis not appearing at all in his figures, although these figures are to serve in a comparison between his own results and mine. Dr. Clay has read my book very attentively. He has seen that one patient operated on in 1861 is still tolerably well; that another operated on in 1862 is "perfectly well;" that a third is still alive; and that of the 10 cases, only 3 died from the effects of the operation, while in 7 temporary relief was obtained: yet in his table he converts these 10 cases into 7 deaths and 1 recovery!

But even more extraordinary than this is the peculiar process by which Dr. Clay adds 3 to the number of deaths after my cases of completed ovariotomy. Five patients who recovered from the operation died (as I stated) at various periods from six weeks to two years afterwards. Dr. Clay says, "Three of these can scarcely be allowed as complete cures, and it would be unfair to class them as *deaths only* [the italics are his]; I shall therefore tabulate these cases as *three cures*, and again as *three deaths*, and allow them to counterbalance each other." By this feat of arithmetic, and by the addition of 5 cases of uterine tumours, he brings up the number of deaths to 54, and presents your readers with the following tabular view of the alleged results of my practice:—

Cases, 130 ... Recoveries, 77 ... Deaths, 54

Probably very few of your readers would even notice that 54 and 77 added together make 131; and still fewer would take the trouble to discover that 2 cases of temporary recovery are kept out of sight, that 3 deaths are added upon a principle quite peculiar to Dr. Clay, that 5 cases of uterine tumours are added, and that cases of complete and incomplete ovariotomy are all jumbled together, in this statistical comparison between the results of my practice and that of others. This vain attempt to conceal the true facts of the case may very safely be left, without comment from me, to the appreciation of your readers.

And here, Sir, I should stop, and trust that, as far as your power extends, the correction of the misstatements of Dr. Clay should be as widely circulated as the misstatements themselves have been. But one remark made by Dr. Clay at p. 202 of your number for February 25th

cannot be passed over, as it proves, conclusively, that his own general statements as to the results of his own practice differ very widely from his own detailed reports of his own cases. He says: "I have not had the mortification of closing the abdomen over an ovarian tumour which I could not extirpate in consequence of extensive adhesions." And in the same page (202) of your Journal, he gives a table which he says includes, up to the end of the year 1864, "all operations for the extirpation of uterine or ovarian tumours, whether completed or not; in other words, wherever there has been a section of the peritoneum large or small." In this table he only gives four cases of incomplete ovariotomy; and all these four cases, he says, recovered. He adds no death to his table for any one of these incomplete operations. It is quite impossible to reconcile these statements with the following five quotations from his pamphlet published in 1848, a copy of which may be seen in the library of the Medical and Chururgical Society, entitled "The Results of all the Operations for the Extirpation of Diseased Ovaria by the Large Incision from September 12th, 1842, to the Present Time."

1. In the account of his third case, at p. 16, Dr. Clay says: "To remove the mass was quite impracticable; the whole anterior surface of the tumour was adherent to the peritoneum, . . . and I was reluctantly compelled to close the external wound without affording any effectual relief." He now says he never closed the abdomen over an ovarian tumour "which he could not remove on account of extensive adhesions." This patient died on the sixth day. Why is the death not inserted in his table of cases of incomplete ovariotomy?

2. In the account of the tenth case (p. 37), Dr. Clay says: "On the sac being emptied, I discovered a large amount of solid matter, and, what was still worse, every part of the external walls of the tumour was so amalgamated by extensive adhesions to the abdominal parietes and viscera that any attempt at removal would be impossible." He now says he never closed the abdomen over an ovarian tumour "which he could not extirpate in consequence of extensive adhesions."

3. In the report of the ninth case (p. 35), Dr. Clay says: "Under such a complication of disease, it appeared anything but desirable to persevere in any further attempt at extirpation." And, in commenting on these two cases, he says at p. 38: "The satisfactory issue of these two cases gave great relief to my mind, as I anticipated a mode of relief to those cases in which an operation by extirpation was altogether hopeless from the extent and character of the adhesions," &c. He now says he never closed the abdomen over an ovarian tumour "which he could not extirpate in consequence of extensive adhesions."

4. In the account of his fourteenth case (p. 48), Dr. Clay says: "On opening the abdomen I found the sac with about six or seven pounds of fluid, moderately free, except that near its attachment to the right ovary a solid mass, of about four pounds weight, was so firmly adherent to the adjacent parts that I considered its removal would be attended with too much risk;" and at page 46 he says that in these three cases he "established ulceration," "because having made an incision with the view of extirpating, and finding the adhesions of so general a character, and so firmly formed, we judged it prudent not to proceed with the extirpation." He now says he never closed the abdomen over an ovarian tumour "which he could not extirpate in consequence of extensive adhesions."

5. In his twenty-fourth case Dr. Clay says he "made an exploratory incision, which happened to be exactly where the adhesion was very firm. I declined, therefore, proceeding further." He now says he never closed the abdomen over an ovarian tumour "which he could not extirpate in consequence of extensive adhesions." This case is especially noteworthy, as these adhesions afterwards proved *not* to be extensive, and the patient died three months after this first attempt, and six days after complete ovariotomy.

How is it, again, that in his table on your 202nd page, Dr. Clay gives only *four* cases of incomplete ovariotomy—all recoveries—when in the tables of Mr. Clay, of Birmingham, appended to Kiwisch, and published in 1860, we find attributed to Dr. Clay, on the authority of the 'British Record of Obstetric Medicine,' page 394, *one* case of partial excision, and *eight* cases—one of which was fatal,—in which ovariotomy was abandoned in consequence of adhesions?

The fact that such remarkable discrepancies between Dr. Clay's statements and the details of the few cases which he has published can be discovered after a very cursory examination, proves the necessity of demanding, in the interests of science and truth, that before his alleged result of 111 cases, with 77 recoveries and 34 deaths, can possibly be accepted as a standard of comparison with the results obtained by other operators, something more than his simple unsupported assertion should be offered. It may scarcely be believed, yet it is the fact, that of all these 111 cases, the details of only 27 have been published. In his 'Results of Ovariotomy' only 24 cases are published in detail. The 11 cases, from the 25th to the 35th inclusive, are all given in one page, and then we hear of no other case until one called the 79th is published in the 'Edinburgh Medical Journal' in 1857. After this we have no other case published until two, called the 109th and 110th, were published last October in the "Glasgow Journal." All the knowledge we have of 35 of the successful cases is only to be found in one quarter of a page of Mr. Clay's tables appended to Kiwisch; and another quarter of a page of the same tables suffices for 15 unsuccessful cases. Half a page of tabulated matter is really all the information published of 50 of Dr. Clay's alleged cases, except some equally useless lists in one of Dr. R. Lee's tables. Such meagre unauthenticated reports are absolutely worthless to the scientific inquirer; and for all purposes of comparison with the results of other operators, Dr. Clay can only be admitted as having operated on 27 patients. Four of these were cases of incomplete ovariotomy, and one a case in which the uterus was extirpated. So that his published reports of cases of completed ovariotomy are reduced to 22. We really have no trustworthy information respecting the other cases so prominently set forth in your pages, the alleged results of which we are asked to compare with those of operators all of whose cases have been published in detail. Dr. Clay takes credit for between 80 and 90 cases, the details of which he has not published, upon the strength of a few such unsupported assertions as those which I have compared with the cases which he *has* published; and he asks the Profession to accept the conclusions offered to them in the tables prepared in the very singular manner which it has been my unpleasant duty to comment upon. The verdict of the Profession cannot be doubtful.

I am, Sir, your obedient servant,

T. SPENCER WELLS.

Upper Grosvenor street, March 7th, 1865.

In reference to the above subject, we also copy the following paragraph from the 'Lancet' of the 11th inst., and beg to express our concurrence in the sentiments expressed:—

"THE OVARIOTOMY DISCUSSION.

"We publish this week a letter from Mr. Spencer Wells in reference to certain assertions recently made by Dr. Clay, and we hold over some other correspondence on the matter. Dr. Clay is entirely and personally responsible for every statement in his communications, which were inserted solely in reliance on his good faith, and because he is regarded as one of the chief authorities on the subject. We may add that it is always with extreme regret we notice the introduction of personal allusions in scientific communications."

GENERAL CORRESPONDENCE.

ON THE CLASSIFICATION OF DISEASES OF THE SKIN.

To the Editor of the Medical Circular.

SIR,—Now that so many different classifications of skin diseases are appearing, and which are founded upon pathological characters, in place of external appearances, the following statement, arranged from the classifications of Wilson, Neligan, and Buchanan, may not be uninteresting.

I am, &c., HENRY S. PURDON,
Belfast. L.R.C.P. Edin., L.R.C.S.I.

IDIOPATHIC INFLAMMATIONS OF THE DERMA.

Erythema simplex, fugax, læve, marginatum, nodosum, chronicum.
Roseola æstiva, annulata, autumnalis, infantilis.
Eczema simplex, impetiginodes, rimosum.
Herpes phlyctænodes, zoster, labialis, præputialis.
Pemphigus acutus, chronicus, solitarius, contagiosus.
Psoriasis guttata, diffusa, gyrata, inveterata.
Lepra vulgaris, alphoides, nigricans.
Prurigo formicans, mitis.
Acne simplex, punctata, indurata.
Ecthyma vulgare.

SYMPTOMATIC INFLAMMATIONS OF THE DERMA.

Strophulus intertinctus, albidus, confertus, volaticus, candidus.
Roseola variolosa, vaccina, rheumatica, arthritica.
Eczema solare, ulcera, mercuriale, rubrum.
Urticaria febrilis, evanida, perstans, conferta.
Erysipelas phlegmonodes, gangrenosum, erraticum.
Dermatitis simplex, escharotica, furunculus, anthrax, frambœsia.
Lichen simplex, lividus, pilaris, circumscriptus, agrius, tropicus.
Acne rosacea.
Rupia simplex, prominens.

SPECIFIC INFLAMMATIONS OF THE DERMA.

Erythema syphilitica, scrofulosa.
Roseola syphilitica, scrofulosa.
Eczema syphilitica, scrofulosa.
Herpes syphilitica, scrofulosa.
Pemphigus syphiliticus.
Psoriasis syphilitica, scrofulosa.
Lepra syphilitica.
Lichen syphilitica.
Acne syphilitica, scrofulosa.
Ecthyma syphilitica.
Rupia.

ULCERATIVE INFLAMMATIONS OF THE DERMA.—"SIR E. HOME'S CLASSIFICATION."

Ulcers in parts, which have sufficient strength to carry on the actions necessary for their recovery: Healthy ulcer.

Ulcers in parts, which are too weak to carry on the actions necessary for their recovery: Anæmic ulcer.

Ulcers in parts, whose actions are too violent to form healthy granulations, either from the state of the parts, or constitution: Irritable, gangrenous, or sloughing ulcers.

Ulcers in parts, whose actions are too indolent to form healthy granulations, either from the state of the part or constitution: Indolent and callous ulcers.

Ulcers in parts, attended with some specific diseased actions, either constitutional or local: Syphilitic and scrofulous ulcers.

Ulcers in parts, arising from a varicose state of the superficial veins: Varicose ulcers.

PARASITIC DISEASES.

Scabies: parasite, "Acarus scabiei."
Eczema pedicularis: parasite, "Lice."
Pityriasis versicolor: parasite, "Microsporon furfur."
Tinea favosa: parasite, "Achorion Schlœnleinii."
Tinea decalvans: parasite, "Microsporon audouni."
Tinea circinatus: parasite, "Trichophyton tonsurans."
Tinea tonsurans: parasite, "Trichophyton tonsurans."
Sycosis menti et capillitii: parasite, "Trichophyton tonsurans."

DISEASE OF ACCESSORY ORGANS.

Molluscum. *Nævus.* *Sudamina*
Crusta lactea. *Hyperidrosis.* *Plica polonica.*
Canities congenita, accidentalis, senilis.
Alopecia congenita, accidentalis, senilis, syphilitica.
Hypertrichosis. *Trichiasis.*
Onychia simplex, syphilitica, scrofulosa.
Purpura.

ABNORMAL FORMATION.

Verruca simplex, sessilis, syphilitica, scrofulosa.
Cicatrix accidentalis, traumatica.
Clavus mollis, fibrosus.
Ichthyosis simplex, cornea.
Ephelis lentigo, umbrosa.
Pityriasis vulgaris, capitis, loculis.
Elephantiasis. *Vitiligo.*
Lupus. *Carcinoma.*

ERUPTIVE FEVERS.

Scarlatina simplex, anginosa, maligna.
Rubeola vulgaris, sine catarrho, nigra.
Varicella conformis, lentiformis, globularis.
Variola discreta, confluens.
Vaccina. *Typhus.*

REVELATIONS OF QUACKERY.

LETTER XII.

To the Editor of the Medical Circular.

SIR,—According to my promise, I purpose to submit to your readers two or three letters written by the quacks and quack firms to patients who have been foolish enough to consult them.

Dr. Bolton, of Leicester, has forwarded three quack books, purporting to be published by Messrs. James Harvey and Co., of Weymouth street, Portland Place, and he has also remitted with them some letters, which were addressed to a patient of his by these parties. In sending these documents, he states:—"This, the big red book of Harvey and Co., was brought to me by a gentleman in the country, who believed himself *incompos matrimoni*, in consequence of congenital phymosis. Dilatation alone quickly corrected Nature's defect, and twenty minutes' chat dispelled the gloom of the incubus engendered by reading this vile volume. He had swallowed four pounds' worth of Harvey's coloured water. Went especially up to London to consult them in answer to letter No. 2, and, smelling a rat, escaped from an elegant drawing-room on paying a guinea, after declining to lay down 20*l.*, which was demanded. The next day he consulted me, and gave me the history of his London adventure, and produced the two red books with the two letters. When he called, Dr. Harvey was out, but after waiting an hour, 'the Doctor' drove up in an elegant brougham and two white horses, had only a few minutes to spare, as he was summoned to 'Lord ———.' Twenty pounds was his fee for the case," &c.

"44 Weymouth Street, Portland Place, London.
"October 25, 1864.

"SIR,—We beg to acknowledge receipt of your letter, and to call your attention to the paragraph contained in the accompanying work, page 205. You will, after perusing same, see the necessity of filling the attendant metallic case with your urine, return same by first post, so as to undergo the necessary *microscopical examination*, together with a full, minute statement of case, age, habits, mode of living, &c., as in page 206, in order that the medicine, which will be sent by return, may be so prepared as to suit your individual case. "Remaining,

"Yours very truly,
"J. HARVEY AND CO."

"44 Weymouth Street, Portland Place, London.
"October 28, 1864.

"SIR,—We beg to acknowledge receipt of the bottle of urine, which has been subjected to a most minute examination, by means of the microscope and test-tubes. We find t a duty incumbent on us frankly to tell you that the

result of the analysis, is of a nature to require *an immediate interview.* It is evident to us that the seminal vessels must be in a fearfully relaxed and distended state, and consequently, unable to retain the seminal secretion, which is escaping in such quantities as to seriously endanger your general health, and consequently result in the total disorganisation of the entire sexual system, which would most certainly terminate in *impotency*, unless prompt measures are at once adopted. We therefore trust to see you as early as possible, since delay in these cases is necessarily attended with danger, and you will drop a line stating *day and hour* you will be with us, so that we may hold ourselves disengaged to see you.

"Remain, Sir,
"Yours very truly,
"C. ———, Esq." "J. HARVEY AND Co.
"November 11, 1864.

"SIR,—In reply to your letter, herewith you will receive another packet of medicine, which you will take as follows —viz., one tea-spoonful from the bottle marked B, mixed with same quantity from the bottle marked E, on rising, about three in the afternoon, and on going to bed. Avoid too much drink; a glass of ale twice a day quite sufficient.

"Remain, dear Sir,
"Yours truly,
"C. ———, Esq." "J. HARVEY AND Co.

In another case, a gentleman, curious to ascertain how these men treat patients, wrote an imaginary case to them, and received the following letter in reply :—

"44 Weymouth Street, Portland Place, London.
"January 16, 1865.

"SIR,—In reply to your favour, we beg to say that Sir Astley Cooper's Vital Restorative depending for its success on a true analysis of the urine, it will be necessary for you to fill the enclosed metallic bottle with your water, and return to us, when we will examine same, and let you know the result. "Remain, Sir,
"Yours very truly,
"———, Esq." "J. HARVEY AND Co.

In accordance with this request, he returned the phial filled with *female urine*, and in due course he received the following reply :—

"44 Weymouth Street, Portland Place, London.
"January 21, 1865.

"DEAR SIR,—We beg to acknowledge receipt of metallic case, filled with urine, which has been subjected to a most minute examination by means of the microscope and test-tubes, and find it a duty incumbent on us frankly to tell you that the result of the analysis of the urine is of a nature to require an *immediate interview.* We regret to say that you are suffering from relaxation and distension of the seminal vessels, and consequent escape of the seminal fluid, which, if allowed to continue, would most certainly disorganise the whole sexual system, and terminate in *impotency*, unless prompt measures *are at once adopted.* This important drain on the system must also seriously endanger your general health; and in order to arrive at an accurate knowledge of the waste of the seminal secretion, it will be absolutely necessary to examine the urine warm from the bladder, which, of course, can only be done by a personal interview. We must advise you therefore, on receipt of this, at once to see us, when we shall be enabled to prescribe remedies *suitable* to your case,

"And remain, dear Sir,
"Yours very truly,
"J. HARVEY AND Co."

The same gentleman amused himself by writing to the pseudo Drs. Watson and Hammond, of the Lock Hospital, &c. Here is the answers he obtained from these worthies :

DR. WATSON,
(Governor of the Lock Hospital.) Member of the College of Physicians and Surgeons and of the Medical Society of Rouen, National Academy of Sciences Paris. Fellow of the Imperial Institute of France.

Cheques to be crossed, The London and Westminster Bank. For the convenience of Patients Letters may be addressed, and Post Office Orders made payable to Dr. Watson's Confidential Secretary, Mr. William Hill.

Royal Agricultural Society of England, &c. &c.

London, Feb. 2, 1865.
1 South Crescent, Bedford Square, W.C.

"SIR,—I have carefully considered your case, and am of decided opinion that the principal seat of disease is in the seminal vessels, which have become much relaxed in their tone and power of retention.

"There is no doubt that the semen is passing constantly away, and the effect of the drain on your constitution will be sufficiently obvious when I inform you that the loss of one ounce of semen is equal to that of forty ounces of blood. This is not only capable of producing all the symptoms you describe, but such is the sympathy existing between the brain and the generative functions, that if this drain of the *most vital* of all your secretions be not speedily controlled, your whole system, mental and physical, will sustain serious derangement, whilst the organs of generation themselves will relapse into a state of impotency, so as utterly to destroy all capacity for sexual intercourse.

"Although you do not, at present, suffer from all those serious evils, yet you may daily fear their occurrence.

"In conclusion I am glad to be enabled to inform you that by care and attention, and at once adopting my professional instructions, there is no doubt that all further ill consequences will be speedily controlled, and a perfect and permanent cure effected.

"The treatment required in your case will be local and constitutional, therefore a "curative appliance" is essential.

"If the means be applied at once as directed I can guarantee a perfect and permanent cure.

"On receipt of remittance, rely on prompt attention.

"I am, Sir,
"Yours obediently,
"Pro Dr. WATSON,
"J. H."

Dr. Hammond, F.A.S., F.S.A., F.R.A.S.
Member of the College of Physicians and Surgeons, H.G. King's College, The Lock, St. Mary's, and St. George's Hospitals,
LONDON.

Member de la Société de Medecine de Rouen, National Academy of Sciences, The Imperial Institute of France, &c.
11 Charlotte Street, Bedford Square, W.C.
London, Jan. 17, 1865.

"DEAR SIR,—I have given your case mature consideration, and can arrive at no other conclusion than that your health is much impaired through the constant drain on the constitution, and unless the same be immediately and permanently arrested the most serious consequences must inevitably result.

"However, I am pleased to inform you that I can effect a perfect cure in your case by adopting the usual means which I have found so highly successful in such cases. I advise local and constitutional treatment; therefore, you must wear the 'French Self-adjusting Curative' as directed, with which shall be forwarded the other restoratives and adjuncts necessary for treatment.

"The action of these remedies will be prompt and vigorous, and cannot fail in effecting a permanent cure. Please remit, and rely on attention.

"I am, dear Sir,
"Yours faithfully,
"C. D. HAMMOND, M.D."

Other letters from the same class of men have been handed to me by patients, and one and all are written in the same style, and I consequently need not trespass further on your space in this respect. These letters speak for themselves, and need no comment from me. Especially the one which gives the result of Messrs. Harvey and Co.'s "*minute examination by means of the microscope and test-tubes" of the female urine* this wag so laughably forwarded to them, and from an examination of which they so wisely inferred the patient was suffering from "relaxation of the seminal vessels, and further, threatened with impotency!" But I have more serious matter to refer to.

Another victim immolated by the evil practices of the malefactors I have been for the last twelve weeks exposing and denouncing! Even so, Sir; as you will find from the

account I herewith forward you of an inquest held on Friday last, at the Westminster Hospital, by Mr. Bedford, the coroner of Westminster. You will see that the jury, with much sound practical common sense, were desirous to record their condemnation of the class of books circulated by the quack fraternity. They were, however, stopped by the coroner remarking that "the matter in question was beyond the power of the court." It may have been "beyond the power of the court" to punish the evil-doers in this case, although I think that proposition is open to question; but surely the desire expressed by the jury to thus publicly protest against the publication of these vile books was perfectly within their province, and pertinent to the matter in hand. To me, it appears that this official's dictum was as unsound in law as it was assuredly wanting in common sense; for it was proven beyond all question that the insanity and death of the unhappy man were entirely due to the perusal of one of these infamous pamphlets and the evil practices of its author. Yet, forsooth, according to this most sapient coroner, it was "beyond the power of the court," *i. e.*, of the jury, to condemn the very evil which had caused the horrible catastrophe they were especially summoned to inquire into! Why I dwell upon this most injudicious, to use the mildest term, remark of Mr. Bedford is, because it is in the interest of the public that so certainly pernicious and, as I believe, also erroneous an opinion should not pass unchallenged or uncondemned. I trust that should, as is not unlikely, any similar case again occur, the jury will not only entertain a like sensible desire, but also give effect to it, Mr. Bedford's dictum to the contrary notwithstanding. I shall do myself the pleasure of forwarding a copy of the CIRCULAR to this gentleman, in the hope that this little rubbing-up will brighten him up a bit. I fear he is sinking into the slough of red-tapeism.

Now, Sir, my labours are drawing to a close, at all events in your pages, for the present, and I would ask, How much longer are these moral assassins to be permitted to carry on their terrible warfare against the purses, the health, the sanity, and even lives, of their miserable dupes and victims? How long will the strange and unpardonable apathy of the public and of the heads of the Profession in regard to the evil practices of these scamps and their abettors of the newspaper press, continue? Will nothing arouse the public to one universal outcry both against the quacks or their equally infamous associates of the Press? Are these monster evils to continue, although in the short time occupied by the publication of these letters we have two instances of death resulting from the hideous traffic pursued by these miscreants, especially as it would appear—according to Mr. Bedford—that they are "beyond the power of the court" and, as a necessary consequence, beyond the reach of the law? Well, be it so; and as their hands are raised against every man's, so let the public and the Profession unite and strike as one man these arch-traitors to humanity to the death! Let war to the knife be proclaimed! Let each one of us in our individual sphere make it our heart's object to expose on all and every occasion the schemes and the evil practices of these Pariahs. Let every member of the Profession make it his duty to explain and denounce to fathers and all his male patients the system of fraud and extortion pursued by these infamous impostors. For my own part, if it were within the compass of my power, I would also entreat the clergy of all denominations to join in the *guerre à l'outrance* which I propose against the whole tribe of obscene quacks. As I have suggested that each, and all Medical men should avail themselves of every opportunity of exposing and denouncing them to fathers and their other male patients, so would I entreat of the clergy to do the like in respect to the male portion of their congregations and parishioners. This office they could with peculiar grace assume. Their position, their sacred calling, entitle them to warn all within their influence; whilst at the same time there cannot attach to them—as there might to Medical men—the faintest suspicions of being actuated by other than the most disinterested motives. Thus their warnings would have especial power.

For my own part, although my assault in your pages on these vagabonds will now cease, nevertheless, I will still continue to wage war upon them whilst even one only remains to be held up to well-merited public execration. My first step in this war of extermination will be to republish this series of letters in the form of a pamphlet, and at such a moderate cost as will place it within the reach of the most humble amongst the credulous sufferers who for the most part constitute the victims of these arch-impostors; and the same widespread publicity which they give to their vile books will I give to this pamphlet, wherein, I flatter myself, they and their infamous practices will be so completely exposed, that it must be impossible for any one reading it to become their dupe. Fighting them thus with their own weapons of advertising publicity, if the clergy and the Profession will also yield me the assistance I claim at their hands, I shall have no fear as to the result. Their doom will have been pronounced, and their death sentence be quickly carried out, amidst the execrations of all right-minded and honest men.

DETECTOR.

SUICIDE OF A CORPORAL IN THE GUARDS.

A protracted inquiry was held last week by Mr. Bedford, coroner, at the Board-room of the Westminster Hospital, respecting the suicide, under very painful circumstances, of Lance-Corporal George Ashford, of the Coldstream Guards. Colonel Strong and many officers of the regiment were present. Sergeant James Gregory, paymaster of the 7th company of the first battalion of the Coldstream Guards, stationed at the Wellington Barracks, deponed that he last saw the deceased alive on Tuesday morning at seven o'clock. He was lying in bed, and witness asked him to get up. He did not reply, and in seven minutes afterwards he shot himself. Mr. Myers, assistant-surgeon, who was sent for, said he found deceased lying quite dead, with his feet on the bed, and his head on the floor; a discharged rifle lay underneath the body. The deceased had evidently leant out of bed, placed the muzzle of the rifle in his mouth, and then pulled the trigger, whilst the stock rested on the floor. The bullet carried away a portion of the brain as well as part of the skull. Witness learned, upon inquiry as to the cause of his committing so desperate an act, that he had been treated by homœopathic and quack doctors; he was not labouring under any disease. The deceased bore an excellent character, and was much liked by all his officers. Sergeant Barfield confirmed the fact of his having consulted quack doctors, and stated that he complained of being ill at Christmas. He wrote to Messrs. Smith and Co., of Burton crescent or of Tavistock square, witness did not know which, and said he received from them a book called the 'Warning Voice,' of which he had read the third and fourth chapters. He paid 1*l.* 5s. for medicine, which he took three times a day. He afterwards became greatly depressed. Witness had often seen him look in a glass, gnash his teeth, stamp his feet, and say, "I feel I am a ruined man for life." He also asked, "What is the quickest death to die?" Witness tried to cheer him up, going with him to various places; and he (witness) was firmly of opinion that the letters he received from Burton crescent and his reading of the book referred to had excited his mind, and caused him to commit suicide. Up to that time deceased had always been a lively, jovial man among his comrades. A letter was found in his room by Mr. C. Ashford, accountant, Holloway, who identified the deceased as his brother, briefly bidding his comrades farewell. After some other evidence, the coroner summed up, when some of the jury inquired whether, in giving their verdict, it would not be competent for them to express their opinion as to the publication of such books as the one described. The coroner said that the matter in question was beyond the power of the court. The jury then returned a verdict, "That deceased shot himself while in a state of unsound mind."

BEDFORD DISPENSARY.—A new general dispensary is about to be erected at Bedford.

DR. MORELL MACKENZIE'S INHALER.

To the Editor of the Medical Circular.

SIR,—My attention has been called to a letter in your Journal from Dr. Carl T. Schmid, respecting a recent communication of mine to the Medico-Chirurgical Society "On the Inhalation of Atomised Liquids in Chronic Disease of the Lungs." There are so many points on which Dr. Schmid has to complain, that you must kindly allow me to answer him categorically.

1. Dr. Schmid complains that a paper which he sent to the 'Lancet' some months ago has never been inserted. That Dr. Schmid should think that his paper deserved immediate insertion, and should have taken precedence of all other communications, is perhaps natural; but the Editor of the 'Lancet' may possibly think otherwise. Considering the interest of the subject, and supposing that Dr. Schmid's communication to the 'Lancet' was written in the same philosophical spirit as his letter addressed to you, I am certainly inclined to think that Dr. Schmid has received but scant courtesy from the Editor of the 'Lancet.' I am at loss, however, to see what blame can be attached to me in the matter of the non-insertion of Dr. Schmid's paper in that Journal.

2. Dr. Schmid next says: "Dr. Mackenzie's paper began thus (or, at least, it is thus reported in the Medical Journals)." On this point I beg to inform Dr. Schmid, that when an author brings a paper before the Medico-Chirurgical Society, he is required to furnish at the same time to the Hon. Secretary an abstract of its contents. This I did, but my abstract appearing (I suppose) too long, was still further cut down by the Secretary. I cannot therefore hold myself responsible for its obvious shortcomings. I admit the obscurity of the passage, "The author, &c., enters into an account of the apparatus invented by Siegle, of Strasbourg, and himself, which he thus describes, &c."; but as there is a comma after the word Strasbourg, and as, a little lower down on the same page, two inhalers of a totally different character are described, the meaning of the passage quoted can (I think) be understood without much difficulty. If, however, Dr. Schmid objects to the somewhat confused sentence, I must refer him for explanation to the Secretaries of the Medico-Chirurgical Society.

3. Dr. Schmid goes on to say, that "Dr. Siegle is of Stuttgard, not of Strasbourg." Such information from "a personal friend of Dr. Siegle" sets the question of Dr. Siegle's *habitat* at rest, but it can scarcely be said to be a matter of scientific importance.

4. Dr. Schmid's anxiety that the matter should be perfectly clear leads him next to the following remark:—"To prevent any misunderstanding, therefore, I beg to state that Dr. Siegle has not the honour of any acquaintance with Dr. Mackenzie, and, to the best of my belief, has never had even the pleasure of hearing his name, and that Dr. Siegle invented his 'Inhaler' *alone*." Now, it is perfectly true that I am not personally acquainted with Dr. Siegle, and it is very probable that my name is quite unknown to him; but the first statement was uncalled for, and the second a gratuitous assumption. It would be equally true and equally purposeless were I to observe that the name of Dr. Carl T. Schmid was totally unknown to me until I saw it in your Journal last week. As regards Dr. Siegle having invented his instrument "*alone*," I explained in my paper that he adapted steam to the apparatus of Bergson, and "thereby contrived one of the best kinds of apparatus which has yet been invented."(*a*) In Bergson's apparatus, air driven by bellows through a horizontal tube causes the medicated liquid to rise up through a vertical tube and become atomised. In Bergson's apparatus, however, there is a strong blast of cold air, which in Siegle's inhaler is replaced by steam. I called attention to this great improvement, but not being "a personal friend of Dr. Siegle," I cannot say that he "invented his inhaler alone."

5. Dr. Schmid next says that "Dr. Mackenzie's description of Dr. Siegle's pulveriser gives no one any idea of the real apparatus." I quite agree with Dr. Schmid that the *report gives no idea of the apparatus*, but I must deny that it is *my description*. Whilst thanking him, however, for trying to supply the deficiency, I cannot altogether agree with his remark that "the cold stream agrees with very few patients, as every Medical man knows who has tried it," as in many cases of chronic bronchitis I have found it do more good than hot vapour.

6. Dr. Schmid next observes that "Dr. Mackenzie's addition of a graduated glass, &c., to Siegle's Inhaler is totally unnecessary (which it seems very strange that he did not perceive), for the quantity of medicine to be used is, of course, always measured into the medicine-glass before the inhalation commences, and any very slightly diminished pressure from a diminishing quantity of fluid can be instantly rectified by increased steam-pressure, the steam-pressure being regulated by a thermo-barometer, which is an integral part of Siegle's apparatus. Now, Sir, without raising any captious objections to the term "thermo-barometer" (which, I suppose, means a small thermometer for regulating the heat, and thus estimating the steam-pressure within the kettle), I beg to state, that when I had my graduated tube and stop-cock made, the "thermo-barometer" did not form an integral part of Siegle's apparatus. The thermo-barometer has, I believe, since been applied; but though I have repeatedly endeavoured to get one, Mr. Krohne has not yet been able to show me one in a finished state. My arrangement and the "thermo-barometer" are both intended to accomplish the same end, viz., the atomisation of equal quantities of liquid in equal spaces of time. Whether my plan or the thermo-barometer will be found the most convenient and the cheapest, I am not prepared to say. This is a question which can only be decided by further experience.

7. Dr. Schmid seems, too, very much hurt that I should have said that Siegle's atomiser is "unfortunately" patented, and asks "*Why unfortunately?*" In reply to this question, I beg to inform him, first, that it is contrary to Medical etiquette *in this country* to patent Medical appliances of any sort; secondly, that a monopoly always tends to check further improvement; thirdly, that the agents of patented goods are often hampered by conditions which are greatly inconvenient to the public. Thus, some months ago, I suggested to Mr. Krohne that glass-tubes should be used in Siegle's apparatus, instead of those made of vulcanite, and having platinum extremities. Mr. Krohne told me that the idea had already been suggested and that I should have them very shortly. Days passed by—then weeks—at last months; finally, Mr. Krohne informed me that the delay was occasioned by his being obliged, by contract, to send to Stuttgard for the little pieces of glass! After this statement, I think it will be admitted that the patenting of the apparatus was, to say the least of it, "unfortunate." (*a*) Dr. Schmid is quite right in supposing that I procured Dr. Siegle's apparatus through Krohne; and I am happy to have this opportunity of bearing testimony to Mr. Krohne's energy and perseverance in introducing the newest foreign inventions into this country. Mr. Krohne's name fared the share of many other important points—that is to say, it was abstracted from my abstract.

8. With regard to my own apparatus, I can only say that "Dr. Schmid's description of Dr. Mackenzie's atomiser can give no one any idea of the real apparatus." Dr. Schmid says, "The stream of liquid is directed against a projection, and, as the stream is too large to be pulverised entirely, it is so arranged that it runs back into the apparatus. This is fortunate, as it would otherwise moisten everything in its neighbourhood. This, in

(*a*) Should my paper be recorded in the Annals of the Society, I believe that these are the exact words which will appear.

(*a*) Probably the delay in getting the "thermo-barometer" is due to the same cause—that is, it must come from Germany.

fact, still occurs when the stream accidentally misses the opening through which it is intended to pass." This *naïve* allusion to "the accidental miss of the opening" reminds me of the story of the person who complained of a pair of spectacles because he was unable to see to read with them, when, in point of fact, he had never learnt to read. If Dr. Schmid does not learn to use my apparatus properly, he cannot justly complain of its defective action. The idea that the waste runs back into the apparatus because "the stream is too large to be pulverised entirely," shows that Dr. Schmid is totally ignorant of the principle of my apparatus.

9. As regards "the pressure not being at all uniform," I beg to inform Dr. Schmid that the slightly diminished pressure caused by the diminished tension of the circular spring in my apparatus is compensated for by the increased weight of the piston caused by the gradually increasing quantity of fluid on its upper surface.

10. Dr. Schmid further objects to my apparatus, on the ground that "the piston is composed of leather and india-rubber," and "that the bottom of the glass cylinder is covered with sealing-wax." I should like Dr. Schmid to name the solutions which can safely be brought into direct contact with the mucous membrane of the lungs, yet which would act on, or be acted upon by, leather, vulcanite, or sealing-wax. In answer to Dr. Schmid's query, as to "what medicines are intended to be used in this inhaler," I have the pleasure to inform him, that I am in the habit of employing it for solutions of perchloride of iron, tannin, alum, carbolic acid, oil of cade, and of many other drugs; I leave "acids and alcoholic solutions" entirely to him.

11. With respect to the fine state of subdivision of the fluid effected by my apparatus, that is a matter which any one can test for themselves by visiting the maker, Mr. Mayer, of 51 Great Portland street.

12. The valuable information contained in Dr. Schmid's letter will, it is hoped, have the effect of warning people, first, against sending important communications to the 'Lancet,' and, secondly, against judging of papers read before Societies by rough extracts in the Journals.

I am, &c.,

MORELL MACKENZIE, M.D. Lond., M.R.C.P.

P.S. I enclose you the diagrams, which, together with the different kinds of apparatus, were brought before the Society. You will see that I endeavoured to do justice to all, but, of course, could not allude to Dr. Schmid's rejected communication to the 'Lancet.'

13 Weymouth street, Portland place.

THE GOVERNMENT ANNUITIES ACT: DEPUTATION TO THE POSTMASTER-GENERAL.

On Wednesday last, a deputation appointed by the Metropolitan Counties Branch of the British Medical Association to watch the progress of such parliamentary measures as affect the interests of the Medical Profession had an interview with the Postmaster-General, Lord Stanley of Alderley, at the General Post-office. There were present at the deputation: C. F. J. Lord, Esq., President of the Branch; Dr. Sibson and R. Dunn, Esq., Vice-Presidents; Dr. G. Webster; C. H. Rogers-Harrison, Esq.; Dr. S. W. J. Merriman; W. Martin, Esq.; Dr. S. Gibbon; and Dr. A. Henry.

Mr. Lord said that the Medical Profession felt a deep interest in all that related to the progress of humanity and social science, and regarded the recently introduced measure of Government insurances and annuities as one calculated to be of great benefit. But it was a matter of regret that the services which Medical men would be required to render to the cause were placed at so low a value by those in authority as to be considered adequately remunerated by a fee of half a crown in many cases. Mr. Lord dwelt on the voluminous nature of the questions which the Medical referee would have to answer. He quoted from an official circular, in which it was stated that the Postmaster-General proposed that the fee should be half a crown for the lower insurances and five shillings for the higher ones. He urged the propriety of establishing an uniform fee of five shillings, and of thus securing the cordial co-operation of the Medical Profession, without whose cheerful and sustained aid the movement could not permanently thrive.

Dr. Sibson warmly supported the proposal for an uniform five-shilling fee. He pointed out that the answering of the questions proposed would require a considerable amount of skill and time on the part of Medical men; and that while the amount of attention given to the case should be the same for small as for higher insurances, the low fees would be liable to induce many to perform the work inefficiently. He urged strongly the necessity of obtaining the cordial co-operation of the Medical Profession in carrying out the measure.

The Postmaster-General said that it was the duty of the Government to get work done at the lowest cost. He did not think the Profession were dissatisfied with the low fees, as he had already received seven hundred letters of consent to his proposals. The 'Lancet' had also approved the scale of fees proposed in his circular.

Mr. Lord, in reference to a remark made by the Postmaster-General, said that the principle of getting work done at the lowest cost was a dangerous one. It would, at least, not be acceptable to the various paid officers in the departments of the public service.

After some further conversation, the deputation, which had been most courteously received, withdrew.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. BARNES continues his lectures "On Puerperal Fever," his present subject being the Causes of Puerperal Fever and the Constitution of the Pregnant Woman. He shows that although pregnancy is a physiological condition, there are circumstances giving rise to pathological phenomena, independently of the mere mechanical pressure exercised by the gravid uterus. The blood is impoverished by the necessity of sustaining two beings instead of one, and the heart is increased in size, and its activity is augmented. The uterus is necessarily enormously enlarged, and there is a local stimulus towards that organ. Dr. Barnes thinks it may be stated with confidence that the pregnant woman is far more liable to be attacked with certain febrile and infectious disorders than the non-pregnant; and he states that it is no uncommon thing for women received into lying-in hospitals some days or even weeks before labour, to catch the prevalent puerperal infection. He gives some hygienic rules to be observed by pregnant women for the prevention of zymotic diseases.——Dr. OWEN REES, in a paper "On the Treatment of Aneurism by Lead," relates the case of a man who was suffering under popliteal aneurism, and who was treated by the internal administration of the acetate of lead, with a full diet. The doses of the metal were large and long-continued, three grains being given three times a day for six days, and five grains three times a day for twenty-six days. No colic was produced, but only some pain in the abdomen; and eventually the aneurism was cured, and the patient left the hospital.——Mr. HENRY THOMPSON communicates a paper "On the Peculiar Applicability of Lithotrity to Cases of so-called 'Paralysed Bladder.'" This condition of the bladder has generally been considered as unfavourable to the operation of lithotrity, but Mr. Thompson thinks that, on the contrary, it is peculiarly favourable to the success of the operation.——Dr. H. G. WRIGHT, in a paper "On the Topical Use of Silver Solutions," recommends the application of iodide of silver in certain cases requiring the use of caustic. The employment of the iodide was suggested to him accidentally by his having upset his ordinary solution of the nitrate of silver, and his resorting to another preparation (used in photography) which was saturated with the iodide of silver, and contained a considerable quantity of ether.——Mr R. B. CARTER describes "A Compound Ophthalmoscopic Object-Glass," of which he gives a figure, and the action of which he illustrates by mathematical demonstrations.——Mr. HENRY SMITH relates "A Case of Death rapidly following the Use of Holt's Dilator." No explanation could be given of the fatal occurrence.

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 22, 1865.

PARLIAMENT AND THE PROFESSION.

We fear it is unlikely that any measures, having for their object the promotion of the interests of the Medical Profession, will be adopted in the present Session of Parliament. The Parliament itself will shortly come to an end, and the members are too much concerned with their own affairs, and with preparations for the approaching dissolution, to care about any but party questions, or those which are advocated by large bodies of the community. The Government, having no great majority in the Lower House, and being in a minority in the Upper, are unwilling to initiate any measure which does not carry with it the prospects of success, or which is not energetically demanded by some section of the general public. Hence, even the amendment of the Medical Act, which is imperatively called for by the Medical Profession, and is warmly promoted by the Medical Council, runs considerable risk of being shelved unless prompt and decided support is given to the Council by the Profession.

It is a trite remark, that while all the other interests of the country are efficiently supported and defended in the two Houses of Parliament, those of Medicine are uniformly neglected. That this result is to be deplored, we must all admit; but we doubt whether we ourselves, as a Profession, are not deeply to blame for allowing such a state of things to continue. When we look around, and observe the vigorous manner in which certain guilds or corporations defend their privileges, or in which the various classes of society protect their rights, or pursue some cherished scheme until they accomplish their object, we are actually ashamed of the apathy exhibited by our own body, both in defending themselves from injustice and in obtaining measures by which their condition may be improved. Only the other day, a Bill was introduced into the House of Peers by the Lord Chancellor, having for its object the removal of some of the gross abuses existing in the Profession of the law; but no sooner was the measure proposed than the other law lords attacked it and defeated it. We all know, too, how any measure affecting the combatant branches of the Army and Navy is carefully scrutinized by the military and naval members, and how every form of religion, Roman Catholic, Protestant, or Dissenting, has its sturdy and emphatic advocates. Why the Medical Profession is so inadequately represented in Parliament is a question not very difficult of solution, but still there is no reason why some improvement in this respect may not be anticipated or attempted.

We are not without hopes that in the next Parliament some Medical men will be returned as members, and if so, their presence and their votes, and their information upon general matters touching public hygiene, will not only do away with the reproach at present attaching to the House of Commons of knowing nothing of these things, but will also give a voice to the complaints and the aspirations of thousands of our Profession, who may at present be said to be virtually unrepresented. But independently of the wish and the expectation that a goodly phalanx of Medical men may one day be seated in the House of Commons to watch over our interests, there is much to be done by our brethren throughout the country at the forthcoming general election, in sifting the opinions and the intentions of the candidates for Parliament, as to their feelings in relation to our Profession; and it is to be hoped that Medical and sanitary matters may be more prominently urged upon their attention than has hitherto been the case. Our Profession generally holds back from parliamentary contests, partly from disinclination to mix in politics and partly from inability to devote sufficient time for their active pursuit; but surely it is now time that this habit of inactivity should be discarded, and that for our own mutual protection we should enter into the political arena, so far, at least, as to urge our own claims to consideration at the hands of the Legislature.

We are mortified to observe that for the present Session there is no prospect of any measure of Poor-law Medical Reform being introduced into the House of Commons, and it does not appear, so far as we know, that even the wretched boon extracted from the Poor-law Committee last Session (namely, the supply of certain medicines at the cost of the unions) has been really carried into operation. Still, Mr. Griffin, who has laboured so constantly and so zealously, through every species of discouragement from within and opposition from without, entertains hopes for the future, and is preparing to buckle on his armour for a new campaign. We cannot but lament the feebleness of the support which he has met with from his own fellow-labourers and fellow-sufferers in the Poor-law Medical Service, and we regard the amount of the subscription raised for his testimonial as a very poor and inadequate return for his long devotion to the cause with which his name has been so honourably identified. We have seen other men working in fields where honour, if not profit, was to be reaped, and receiving the grateful and willing homage of their fellow-men; but we find Mr. Griffin working in a barren soil, where neither worldly honour nor profit was to be expected, and where the only rewards he could hope to receive would be the approbation of his own conscience and the gratitude of an ill-used and ill-paid class of his brother-practitioners.

Another gigantic evil which is fully within the power of the present Parliament to redress is the infamous trade carried on by the obscene quacks, whose iniquities have now been so fully exposed that no member of Parliament can plead ignorance of the subject itself, or deny the necessity of legislative interference. The advertisements of this class of harpies still, unhappily, pollute the pages of some of our most widely-circulated newspapers, or are thrust into the hands of those who pass by our most frequented thoroughfares; or, what is still worse, their infamous and disgusting books are circulated by means of the post and are

thus carried into houses where they contaminate the morals or unhinge the intellects of the young and the innocent. In a country like England where the keepers of disorderly houses and the sellers of indecent books and photographs are very severely and properly punished, the gang to which we allude are allowed, without molestation, to open so-called museums for the pretended purpose of instruction in anatomy, but really designed to gratify the vicious propensities of mankind, or to frighten the timid, by the exhibition of monstrous and hideous disease, into the clutches of the harpies who provide the exhibition. We hope that the period is not too late for this subject to be brought under the notice of the present Parliament, and, under any circumstances, we anticipate that the wholesome agitation already commenced will in due season be attended with beneficial results.

MEDICAL GOSSIP.—NO. XII.

CHANGE OF TYPE IN DISEASE DISPUTED—SPECIALISTS AT THE PATHOLOGICAL—THE 'LANCET'S' CONCESSION TO THE HOMŒOPATHS—DEFINITION OF THE WORD "BID"—HOLT'S DILATOR, DILATED UPON.

Of all things to be regretted in relation to the Medical periodicals is, that a man of such good sound common sense as Dr. Markham should be the editor of a Journal *without readers*. There is no writer of the day in whose opinions I find myself so generally in accord as with those of Dr. Markham, and I have often felt regret that I have not his talent in expressing them. If the members of the Association will just rummage out their paper baskets, to which the current number of the 'British Spurious' is, no doubt, as usual consigned, they will find a communication from our friend asking "What is Change of Type in Diseases?" and the question is ventilated because Dr. Markham has found a screw or two loose in the armour of that great logician, Dr. Barclay, whose book on 'Medical Errors' is exciting so much attention just at present. Had it not been for the paper in question, I should have invested five shillings in that learned book; but I kept my money when I heard that, according to Dr. Barclay,—

"Whenever a new disease appears, and whenever an old one disappears, a 'change of type in disease' has taken place. Thus, for example, when syphilis, or when cholera, or when yellow fever, or when small-pox, first appeared, disease changed its type. In fact,, whenever Pandora has opened her box and let a new disease loose on the earth, or has transported a disease from one quarter of it to another, diseases have changed their type in the district where the event has happened.

"More than this, Dr. Barclay says, if plague no longer ravages London, disease has changed its type. If small-pox, therefore, were to be annihilated by vaccination, diseases would have changed their type. If typhoid and typhus, or if ague, under good sanitary arrangements, disappear, diseases have changed their type. According to Dr. Barclay, in fact, *change of type of disease is represented to us by the appearance or the disappearance of disease in a given district*. Surely, he might just as reasonably have argued that vegetables changed their type when the potato was introduced into England; or that quadrupeds changed theirs when wolves disappeared!"

With Dr. Markham, I never could "find the smallest shadow of satisfactory proof that any change in the type of disease has ever occurred," nor do I believe that any truly *practical* physician entertains such an opinion. When the idea has been enunciated, I have generally found it to emanate from men famous for their writings and not for their practice; and when I have come to examine their works I have unfailingly been able to detect them in other fallacies and errors.

When a man talks to me about "change of type in disease," or maintains that patients cannot bear bleeding so well as they did twenty or thirty years ago, I should not be disposed to consult him about my laryngitis or any other ailment from which I may suffer.

A single word of caution is sometimes sufficient to remove a blemish. The call of my correspondent "M.D." for what he is pleased to denominate my "pungent satire," to be exercised upon the Pathological Society, and to save it "from degenerating into a hot-bed of quackery," was of itself sufficient, without any aid from me, to produce a most favourable effect, for I find that at their last meeting, March 7, the specialists were dumb! But I do not require such a sacrifice at their hands as a complete retirement from the proceedings. Let them contribute a fair, but not a disproportionate, share to the transactions of the Society, and then not one word can be said against them. Of all men, specialists are the best able to enlighten the Society on the subjects they respectively practise. No one would think of taking an opinion of Mr. Squire or any other talented dermatologist in a case of laryngeal disease, against that of Drs. Johnson, Gibb, or Morell Mackenzie, and *vice versâ* in a case of skin disease. Again, fancy how imprudent it would be considered if Messrs. Bowman, Cooper, or Soelberg Wells, each of whom is known to be learned in his specialty, were to maintain an opinion on a pathological specimen of the ear, adverse to that of Yearsley, Toynbee, or Harvey — Toynbee especially, that most wonderful of all wonderful pathologists, who can at any moment produce one hundred specimens from his most wonderful "museum" of every disease incidental to the ear on the earth's surface, or on the moon's either; for assuredly some of them must have dropped from the latter planet, nothing like them ever having been seen here before.

In the Notices to Correspondents in the 'Lancet' of this week, I read the following reply to "Thomas," Who is Thomas? Is it the Thomas of Wolverhampton who announced to his Medical brethren his conversion to homœopathy on the occasion of a public dinner given in his honour. (See my letter No. IV.)

Thomas.—The position of a homœopath with a practitioner of legitimate Medicine may be socially good whilst all communication with him, professionally, should be repudiated. If the person is of good character, it would, not be wise to refuse him admission to the club.—'Lancet,' March 18.

Why, what is coming over the 'Lancet'? This looks like an approach to liberality of sentiment. Is there an homœopath on the 'Lancet' staff? I remember the time, not long ago either, when every globulist was denounced in that Journal as a quack, an impostor, and a cheat, and that to associate with him was to forfeit all respectability and character. But now we may admit them to friendly intercourse, though we are to repudiate them professionally! Good!—I endorse and approve the distinction. As for myself, I have never acted towards these tabooed practitioners as the Journals have expected of us. I regard homœopathy as arrant humbug, but I have known many, as friends, who were thorough believers in it, and who practised it with as much honesty of purpose as the best of the allopaths among us. Men who live in glasshouses should not throw stones. We ourselves inhabit a Tower of Babel, in which there is, and always has been, a confusion of tongues. I fear for poor Theophilus; I am afraid he will abandon the Profession; still, he won't go over to homœopathy. To-day, full of doubt and discouragement, he brought me a quotation from a work by the celebrated Broussais. "Let any one cast an eye on society," says he, "and look on those gloomy countenances, those pale leaden faces which pass their whole life in thinking of their stomachs, whose digestion is made more painful and slow by the doctors ordering nourishing diet, generous wines, tinctures, elixirs, tonics, &c., until these victims fall a prey to diarrhœa, dropsy, or marasma. Let us observe those tender creatures, scarcely out of their cradle: the tongue is hot and red, their looks show great lassitude, the abdomen

increases in size and becomes heated, the heart has an increased action from the effect of bitter elixirs, anti-scorbutic wine, sudorific syrups, mercurials, cleansing medicines, &c., which must hurry them to consumption and death. Let us attentively examine those young people of brilliant complexion, full of life and activity, who begin to cough, and whose irritation is increased tenfold by blisters, lichen, and quinine, until the obstinacy of the symptoms show they are affected with tubercles, and must be reckoned among the numerous victims of pulmonary consumption; and then let any one pronounce whether medicine, up to the present time, has not been more injurious than beneficial to humanity."

With such imperfections, so much uncertainty in our own art, let us henceforth be more charitable to those who differ from us. No more thunderbolts, no bitter invectives, no personal abuse; let us shake hands and be friends, as the 'Lancet' advises. Depend upon it, the reign of homœopathy would be shortened—opposition only begets sympathy and friends.

I find, from a mutual friend that by one little word of three letters—b-i-d—unfortunately inserted at the end of a laudatory paragraph of Mr. Spencer Wells, I have given great umbrage to that gentleman; and I hasten to offer an explanation which I feel sure will be satisfactory. If my readers will refer to my seventh letter, they will find the paragraph in question; and I would then ask if our friend is not a little too thin skinned for a practitioner who has achieved such success as he has. If any man can afford to bear a little of Vigilans' *chaff*, he can.

Now, I protest against our friend ascribing to the expression complained of anything *discreditable* to him. Such was never meant or intended, and nothing was further from my thoughts. I have no hesitation in calling *any* communication addressed to a Medical Journal on a mode of practice which the writer thereof is himself following, "a *bid* for practice,"—he may have other motives, such as enlightening his brethren on the subject he writes upon, but he has also the secret hope of adding to his *clientelle*. In truth, he *advertises* a fact or facts, and hopes to profit in fortune or in fame, or both, by the publicity he gives to them—the same as any ordinary advertiser does. Sometimes, but rarely, it is for fame only, as in Dr. Simpson's new practice of Acupressure; for I don't see how that distinguished obstetrician is to profit otherwise by his novelty; though, if it supersedes the ligature, it will add lustre immeasurable to his already laureled brow. Doubtless, the time will come when Mr. Spencer Wells will write for fame only; but at present it is not, cannot be libellous to say that he, like the rest of us, writes for fame and profit; and I, for one, wish him all success. And here I will quote, for the consideration of all upon whom I may have directed my well-intentioned badinage, and of all who may hereafter be noticed in the same manner, some very sensible rules of conduct laid down by one of the writers in the 'Spectator':—

"When I hear of a satirical speech or writing that is aimed at me, I examine my own heart, whether I deserve it or not. If I bring in a verdict against myself, I endeavour to rectify my conduct for the future in those particulars which have drawn the censure upon me; but if the whole invective be grounded upon a falsehood, I trouble myself no further about it, and look upon my name at the head of it to signify no more than one of those fictitious names made use of by an author to introduce an imaginary character. Why should a man be sensible of the sting of a reproach, who is a stranger to the guilt that is implied in it? or subject himself to the penalty, when he knows he has never committed the crime? This is a piece of fortitude, which every one owes to his own innocence, and without which it is impossible for a man of any merit or figure to live at peace with himself in a country that abounds with wit and liberty."

I think I have said that every practitioner's communications are written with a view to fame or profit, but it does not follow that success always attends the operation. In this week's 'Lancet,' for instance, I don't think that Mr. Henry Smith's failure with Holt's dilator will lead many patients to King's College Hospital, nor can I think that the admission of his non-success will bring him *fame*. At the same time, the narrative would not lessen my opinion of the operation in Mr. Holt's hands. Perhaps the communication is intended to send all future patients to "his friend." I really should like to know what it really meant?—the motive that prompted such a recital? He tells us that three cases have died at King's College Hospital, but he does not say how many have lived after the operation. And then he goes on to say:—

"It is but right, however, on the other hand, to state that the results of my friend Mr. Holt have been wonderfully successful. He has informed me that he has only had one death in three hundred operations, and I need not say that the greatest possible reliance may be placed upon that gentleman's word. I do not believe for a moment that he would conceal a single fatal case; therefore, those who might be inclined to underrate the success of this operation from the occurrences in my hands and in those of my colleagues must place against this bad fortune the extraordinary results produced by Mr. Holt."

On this subject I have received the following from a correspondent, who, it will be seen, takes a somewhat different view of it to myself:—

TO VIGILANS.

SIR,—Referring to your admirable remarks on our incredulity as to each other's sayings, let me point out this confirmation of your view. Mr. Smith speaks thus of the Senior Surgeon of the Westminster Hospital. What would he say if anyone thus alluded to Mr. Fergusson?

"It is but right, however, on the other hand, to state that the results of my friend Mr. Holt have been wonderfully successful. He has informed me that he has only had one death in three hundred operations; and I need not say that the greatest possible reliance may be placed upon that gentleman's word. I do not believe for a moment that he would conceal a single fatal case."—'Lancet,' p. 285, March 18, 1865.

Is not this gross impertinence? How thankful Mr. Holt must be to Mr. Smith for his valuable testimony. Suppose I were to say that I called upon Mr. Smith when he was at dinner, and though there was a profusion of good things I am sure none were stolen. Would it be a bit more impertinent to say this, than to give a certificate of this gentleman's truthfulness? Moreover, why on earth, when a man feels that he *need not* say a thing, does he immediately go and do it? Is it not a sign of a feeble intellect if a poor fellow on his legs begins with "I am sure I need not inform you, sir, and the gentlemen around me," &c., and actually regards this preface as giving him the privilege to wind off yards of twaddle. Something allied to this has been the conduct of certain gentlemen to poor Dr. Barclay. They speak of him as an authority (why, God only knows), they profess to admire some of his book, or they praise its object, and then fall upon him tooth and nail with the ferocity common only to ignorant men, if the maxim be true—*Ne genuas didicisse*, &c. Barclay deserves all he gets; but why not go at him in a manly manner, instead of beating about the bush?

One more remark. When a Mr. Lowne gave evidence which told strongly against his professional brother at a recent inquest, he offered to *pledge his reputation* that some view of his was true. Did this individual ever get a pawnbroker to advance him anything on his reputation? Is he ever likely to do so? Lest you should think I want to ingratiate myself and save myself from a castigation in my turn, I shall only sign myself

CENSOR.

Seeing these unfortunate results at King's College Hospital in contradistinction to the success of Mr. Holt, I really would suggest that "friend Smith" should send such cases in the future to "friend Holt."

VIGILANS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 9th inst.: Edward Wood Forster, Victoria terrace, Newcastle; Henry Maturin, Lymington, Hants.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, Feb. 28, 1865.

Mr. Partridge, F.R.S., President.

(Continued.

Professor Longmore read some

REMARKS UPON OSTEO-MYELITIS CONSEQUENT ON GUNSHOT WOUNDS OF THE UPPER AND LOWER EXTREMITIES, AND ESPECIALLY UPON THE TREATMENT OF STUMPS AFFECTED WITH OSTEO-MYELITIS AFTER AMPUTATION NECESSITATED BY SUCH INJURIES.

The author commenced his communication by noticing the particular interest which had been excited amongst military surgeons, especially French surgeons, during the last few years in the subject of osteo-myelitis, or endosteitis, as it is called by some writers, after gunshot wounds of the extremities, and of its proper treatment. The interest arose, not from any belief that a difference existed between the nature of the inflammation of the medullary tissue when developed after gunshot injuries and the corresponding inflammation occasionally seen after the ordinary injuries and amputations of civil life; but from the comparative frequency of its occurrence after gunshot injuries, and after amputations consequent upon them, together with its severe and obstinate character, often in men of previously sound constitutions, in military practice, contrasted with the comparative rarity of its occurrence in sound constitutions in civil practice. After the Crimean campaign, Dr. Valette, a French military surgeon, who had had one of the large hospitals at Constantinople under his charge during the period of the war, and again, since the Italian campaign of 1859, M. Jules Roux, the principal surgeon at the large marine hospital of St. Maudrier at Toulon, had both written at considerable length on the subject. Dr. Valette's observations were chiefly directed to this inflammation in its earlier and more acute stages, as witnessed amongst the wounded sent directly after the battles of Alma and Inkerman, amongst whom it had produced the most fatal consequences. The author remarked that in perusing Dr. Valette's reports the conclusion could scarcely be avoided, that the so-called osteo-myelitis in a large number of the instances referred to must have been truly cases of pyæmic poisoning, and that in all, the symptoms of the osteo-myelitis must have been greatly aggravated by circumstances tending to the development of pyæmia. Dr. Valette found all attempts to check the disease ineffectual, and came to the conclusion that all resections and amputations for the effects of this inflammation after gunshot fractures should be abandoned, and exarticulations substituted, the wounded being scattered at the same time in tents as widely as possible. M. Jules Roux's observations were made on the disease in its more chronic condition, and he was led to advocate the same views with regard to the necessity for exarticulation as had been advocated by Dr. Valette. M. Roux had under his care about 2,000 soldiers who had been wounded in the Italian campaign, a considerable number of whom presented diseased conditions demanding consecutive amputation or other surgical interference. At first M. Roux practised amputation, but with such unfavourable results that he was induced to try exarticulation in similar cases instead. This operation proved remarkably successful. There was no death out of twenty-two successive cases, among which were four cases of exarticulation at the hip-joint. In a memoir on the subject which was read before the Imperial Academy of Medicine at Paris in 1860, M. Roux argued that when osteo-myelitis after gunshot wounds assumes a chronic form, amputation generally only takes away a portion of the inflamed bone, and in consequence of this incompleteness in the operation the disease is aggravated in the remainder. Hence, he asserted, the failures of secondary amputations for gunshot wounds of bones; and hence also, in his opinion, the preference which ought to be given to exarticulation, or removal of the whole of the diseased bone, when a surgical operation becomes indispensable. The views of treatment propounded by M. Roux had led to several protracted discussions at the Academy of Medicine at Paris. They were particularly analysed in an elaborate discourse by Baron Larrey, which he afterwards published. In this discourse Baron Larrey arrived at certain conclusions, six in number, with the general terms of which the author said he believed most English army surgeons would agree. The following are the conclusions referred to:—1st. Osteo-myelitis after gunshot wounds is more frequent than has been hitherto supposed; but is not inevitable, and in most instances is a means of cure. 2nd. It may either be limited to a given point of the bone, extend itself partially, or invade the whole of the bone more or less quickly. 3rd. Every rational mode of treatment must be adopted in the first instance. We are encouraged to do so because we know osteo-myelitis is susceptible of spontaneous cure. 4th. Sometimes it necessitates resection, and sometimes consecutive amputation, and sometimes, in certain cases, exarticulation is preferable. 5th. The existence of osteo-myelitis is sufficient to explain the want of success which occasionally follows partial operations in bones affected with this inflammation. But,—6th. It does not justify the too exclusive proposition in surgery, that resection of joints and amputations in the shafts of bones are to be abandoned for exarticulation in all such cases. The author of the present paper thought, however, that the settlement of the question of the proper treatment of chronic osteo-myelitis might be carried a step further in precision, especially in cases where want of success had seemingly followed partial operations on account of its presence. Many cases, he stated, came before military surgeons, in which, after amputation had been performed in continuity for gunshot injuries, or for the effects of osteo-myelitis consequent upon them, the portions of the limbs left afterwards presented such diseased conditions as to necessitate further surgical interference in order to avert fatal consequences from the patients. In these cases, where the morbid state of all the tissues is manifestly due to the continued osteo-myelitic action subsequent to the amputation, what is the course to be pursued? The arguments of M. Jules Roux would urge most forcibly in these cases, that exarticulation is the only treatment that can scientifically be adopted; and even according to the conclusions of Baron Larrey, these would appear to be the "certain cases" to which he refers in his fourth conclusion, where curative treatment in the first place and consecutive amputation in the next place having failed, disarticulation would be the preferable course to follow. The author has been led to adopt a different conclusion; and, in order to show to the Society the grounds on which his conclusions had been based, he called attention, firstly, to certain preparations belonging to the museum of the Army Medical Department from cases in which exarticulation had been performed or death had occurred on account of osteo-myelitis; and secondly, to the histories of some similar cases in which a cure had been effected without exarticulation being resorted to. The first three preparations exhibited consisted of the upper portions of three humeri. In each of these the history was—amputation at the middle of the upper arm for a gunshot wound, and exarticulation at the shoulder within a year afterwards for osteo-myelitis. The fourth preparation was one of the upper part of the femur which had been removed from the patient after death. Amputation had been performed in the middle of the thigh for a gunshot wound in India, and the patient died about a year afterwards from the effects of osteo-myelitis in the stump. There was every reason to believe that in all these cases the osteo-myelitis was due to the shock of the original gunshot injury, and not to any peculiarities in the amputations or other causes. To show that the simple shock of a gunshot wound is capable of giving rise to general endosteitis in a bone, another preparation was exhibited in which the entire shaft of the femur had been subjected to the action of this inflammation. In this case a musket-ball had only penetrated the soft tissues, and struck the bone, without producing complete or even a partial fracture of its substance. Another preparation of the upper half of a humerus was exhibited from a case in which the author had performed exarticulation for osteo-myelitis, four years ago, before his attention had been turned to other modes of treatment. In

this case the previous amputation had been performed for the effects of a kick from a horse, and the preparation was exhibited to show that the consequences of the osteo-myelitis were exactly similar to those which had occurred after the gunshot injuries. All the preparations above named showed that in each case extensive necrosis of the shaft had resulted from the endosteitis with which it had been affected; that the necrosed portions were well defined within fixed limits; that in no instance was the necrosis continued to apophysis, although in all the cases the apophyses were more or less in the condition known by the term "osteo-porosis;" and that the sequestrated portions of the shafts were surrounded by copious shells of new bone, as in cases of ordinary necrosis. Three cases were then related, in which amputation at the middle of the thigh had been followed by osteo-myelitis in the stump, but in which cures had been obtained without exarticulation. The amputation had been performed in two of these cases for gunshot wounds, in the third for the consequences of a compound fracture from a fall. In each of these cases the removal of the sequestra left by the osteo-myelitic action was effected by surgical interference, and a sound and healthy condition of the stump resulted. In the case first described, the patient at the time of his admission into hospital at Fort Pitt, from India, had suffered so severely from the effects of the prolonged irritation to which he had been subjected, and the thigh-stump was so extensively diseased throughout, that at a consultation of the staff of the hospital the removal of the stump at the hip-joint was determined to be the only course which held out a fair hope of the patient's recovery. Fortunately, before this serious operation was undertaken, a study of the preparations laid before the Society, and some others of a similar kind, led the author of the paper to determine, as a preliminary measure, to open freely the cicatrix of the amputation-wound, and to take steps for removing all pieces of necrosed bone that might be found within the remaining portion of the shaft. The operation was so conducted that, if necessary, it could have been converted at the time into amputation at the hip-joint, or this formidable operation be reserved for a subsequent resource, if the removal of the necrosed bone did not lead to cure. Complete success, however, attended the first effort; the dead portion of the shaft, which reached up to the trochanters, was extracted, together with some small detached fragments. The patient rapidly improved in all respects afterwards, and eventually walked from the hospital with an artificial limb applied to the stump, which had become perfectly sound. The second and third cases mentioned were those of soldiers who had suffered amputation of the thigh for gunshot wounds, and from subsequent endostitic necrosis in the stump. In both cases the necrosed portions of the shaft were removed by gradual traction through openings in the line of cicatrix of the amputation-wound. In one of these instances, in which the man's limb had been smashed by a round shot just above the knee, at Lucknow, in 1857, an opportunity was afforded of examining the state of the stump five years after the date of the amputation. The stump was then thoroughly sound, and the man able to perform hard work and long journeys by wearing an artificial limb upon it. The motions of the hip-joint were perfect. The author of the paper stated his present conviction to be, that if similar steps had been adopted, and the necrosed sequestra removed, in the instances brought before the Society in which exarticulation at the shoulder had been performed by himself and others, the stumps might have been similarly preserved; but that in the instances of the femoral stump, and the femur affected with endostitic necrosis, the lives of the patients might probably have been saved by such a proceeding. In cases where amputation had been previously performed, the amputation cicatrix should be opened for the removal of sequestra, or, if more convenient, the stump could be opened from other directions; where no previous amputation had been done, the sequestra should be extricated as in ordinary cases of necrosis. Though not a matter of such importance to avoid exarticulation of a humeral stump as it is of a femoral stump, owing to the danger to life in the latter operation, and the important use of a thigh-stump for the adaptation of mechanical contrivances for assisting in supporting the weight of the body, yet the author maintained the preservation of a humeral stump to be of great value to the possessor, especially when the power of compressing it to the side is retained. An osteo-porotic condition of the articulating heads of the bones, corresponding with the condition shown in the preparations, will not interfere with a successful result if the necrosed sequestra be completely removed. The author alluded to a case in which he had removed a foot at the ankle-joint, in which, on sawing off the two malleoli, the extremities of both the tibia and fibula were seen to be extensively affected with fatty osteo-porosis; yet the ends of these bones became firm and solidified under an improved condition of general health, the removal of the source of irritation which had previously existed in their immediate neighbourhood, and the stimulus of use. There could be no doubt that the head and neck of the femur in the case of the thigh-stump which had been preserved by the removal of the sequestra, the largest of which was exhibited to the Society, was in a state of osteo-porosis at the time these sequestra were extracted. The amount of irritation to which the bone had been subjected, the length of time that had elapsed, together with the conditions observed in analogous cases where the opportunity of examining the conditions had been afforded, sufficiently established the fact. The author concluded by observing, that while adopting generally the views of Baron Larrey, before quoted, in reference to the nature, progress, and treatment of osteo-myelitis after gunshot injuries, the following appeared to be fair deductions from the facts and observations he had brought to the notice of the Society. 1st. In gunshot injuries of bone, it will be found for the most part—what might be anticipated from the intimate connexion which exists between the periosteal and endosteal investments of the bony tissues, and from the violent general mischief effected by the stroke or passage through them of a projectile—that all the structures participate not only in the immediate local destruction, but also in the extended inflammation which follows, whether the inflammation after a time subsides and terminates in repair, or whether it continues in a chronic form. 2nd. There exists this difference between the inflammation of the endosteum and that of the periosteum; that of the endosteum has a special tendency after gunshot injuries to degenerate into a chronic condition analogous to that of suppuration in other tissues, to extend itself along the cancellated structure, and thus to produce disintegration and death of the bony substance; that of the periosteum, at the same time, will exist only to such a degree as to cause it to exert a protective influence by the formation of new bone around the diseased tissues, just as in ordinary cases of necrosis from other causes. 3rd. If amputation in continuity be performed while the endosteum is suffering from the inflammatory irritation excited by the violent injury to which the whole bone has been subjected, especially when this has assumed a chronic form, the endostitis will most probably still pursue its course, even though the divided soft parts may at first become healed, slowly inducing death, more or less extensive, of bony tissue, and in time the usual consequences of such a condition throughout the whole stump. 4th. The morbid condition of the endosteum does not usually extend from the shafts of bones into their apophyses. 5th. When amputation has been followed by these consequences, exarticulation should not in any case be resorted to for the removal of the diseased stump, until the effect of complete extraction of the dead bone by proper surgical interference has been ascertained. 6th. Experience shows that, even although a patient's constitution may be greatly impaired by the prolonged local diseased action to which it has been subjected, and though there may be every reason to conclude that the articular extremity of a bone is in the condition understood by the term "osteo-porosis," yet the complete removal of the endostitic sequestra may speedily be followed by restoration of the general health, and by a condition of the stump so sound and firm that it may be applied to any purpose of utility for which, according to its length and position, it may be competent.

(To be continued.)

THE PATHOLOGICAL SOCIETY.

TUESDAY, MARCH 7.

Dr. PEACOCK, President.

A report was read on Mr. MASON'S case of

DISEASE OF THE PROSTATE.

The reporters, Mr. Henry Thompson and Mr. Mason, believed the disease was the result of chronic inflammation, and that it was not scirrhus. From the naked eye appearances, it had been at first considered to be cancer both by Mr. Mason and Dr. George Johnson.

Dr. SEMPLE exhibited on the living subject

A RARE FORM OF SKIN DISEASE, KELOID OR MOLLUSCUM.

The patient was a child, two and a half years old, who presented over the left eyebrow, between the eyebrow and the eyelid, a hard, round tumour of the size of a large pea, of a red colour, and discharging a small quantity of seropurulent fluid at its summit. This tumour had existed for six months. On the chest, on the left side of the sternum, near the clavicle, was a hard tumour of the size of a small pea, and of the same colour as the skin; this tumour had existed two years—indeed, since the child was six months old. On the forehead there were two or three other hard tumours, of about the size of a millet seed, not painful to the touch. These tumours appeared to correspond in many respects ot the keloid or cancroid tumours described by Alibert, although his description was so vague that it was difficult to give an exact definition of what was meant by authors in writing of keloid tumours, for some represented them as projecting, globular, or oval masses, while others regarded them as resembling the scars of a burn. If the tumours were not keloid in the child now produced for inspection, they belonged to the equally rare disease, molluscum.

Dr. HARE showed a specimen of

ULCER OF THE STOMACH.

The patient, a woman seventy-six years of age, had had no stomach symptoms until a few weeks before her death. She then began to suffer from pain after food. She was admitted for copious hæmatemisis, which had ceased when she came in. It recurred the same day, and she died by syncope. As had been diagnosed during life, an ulcer was found at the lesser curvature of the stomach. Its base was formed by the pancreas, and the hæmorrhage was from a perforation of the splenic artery.

Dr. HARE also showed a specimen of

PERFORATION OF THE SEPTUM VENTRICULORUM.

The perforation was not complete, as the lining membrane of the right ventricle was intact. It was at the base of the heart.

The PRESIDENT asked whether Dr. Hare regarded the specimen as one of malformation or of disease. When in Vienna during last autumn Rokitansky had shown to him (the President) three somewhat similar specimens, and appeared to regard them as due to changes in after life.

Dr. HARE said that, as the heart was healthy in every other respect, the defect was probably a malformation, and not due to disease.

Dr. JULIUS POLLOCK showed a specimen of

RUPTURE OF THE CHORDÆ TENDINEÆ OF THE MITRAL VALVE.

The patient, a woman forty-two years of age, was under the care of Dr. Johnson in King's College Hospital. She had had rheumatic fever when sixteen years old, and again when thirty-seven. Eleven weeks before her death she was suddenly seized with darting pain in the chest, palpitation, and dyspnœa. When admitted, she still had dyspnœa and hæmoptysis, and the latter was aggravated by coughing. It was difficult to make out whether there was a bruit or not, but Dr. Johnson diagnosed that there had been rupture of the chordæ tendinæ. One of the chordæ tendinæ was found at the autopsy floating loose, and its free end was tipped with a fibrinous mass.

Dr. BAGSHAWE showed the

URINARY ORGANS FROM A MAN WHO HAD SUFFERED FROM SUPPRESSION OF URINE FOR TEN DAYS.

The left kidney was found to be occupied by large cysts, the true structure was quite destroyed, and the ureter was impervious. The right kidney weighed seven ounces, and was little affected by disease; the orifice of the ureter into the bladder was occupied by a blood-stained plug. The ureter was but little dilated. In the first four days there were no symptoms, and there was no desire to micturate until the eighth day. Tensive uneasiness in the right lumbar region, a cold skin, and other indications of collapse, with great restlessness, increased during the last two days of his life. There was no coma throughout.

Dr. LEARED showed a

GALLSTONE.

A lady consulted him for attacks of severe excruciating pain, to which she had been subject twelve years. Dr. Leared diagnosed gallstone. Two years afterwards she passed one Dr. Watson had remarked how very rare it was to find gallstones when looked for, and in this sense the case was a rare one.

Dr. HILLIER showed a

PORTRAIT OF A PATIENT THE SUBJECT OF TRUE LEPROSY —(ELEPHANTIASIS GRÆCORUM).

The patient was a man, fifty-eight years of age, a native of Ireland. He had been an engineer in India, and had drank freely. He had a chancre, and had been salivated for it, but had never had any secondary symptoms. Face, arms, and legs were affected; his voice was hoarse, and in parts there was considerable loss of sensation. He died of typhoid fever. The autopsy was made in Dr. Hillier's absence, and, unfortunately, the nerves and spinal cord were not examined.

Mr. J. Z. LAURENCE referred to a case which had been shown to him by Schrœder van der Kolk. There was considerable anæsthesia, and the patient had lost several toes.

Mr. BALMANNO SQUIRE showed the

PHOTOGRAPH OF A PATIENT THE SUBJECT OF COMPLETE ALOPŒCIA.

Except on the eyelids, there were no hairs on the body. It had begun by bald patches on the head, which next extended to the whiskers, and thence over the whole body. Iodine application had been used with no benefit. In a case somewhat similar, the iodine had arrested the progress of alopœcia.

Dr. FULLER showed a specimen of

ANEURISM OF THE BASILAR ARTERY.

The patient had had a blow on the head in the Crimea, and ever after had been subject to fits of excitement on taking stimulants. He had, however, been only actually ill for five days before his death. He first had an attack of diarrhœa, and then an attack of convulsions. He got apparently well again, but the day before his death he had a second attack of convulsions, and was unconscious, but not apparently paralysed. At the autopsy blood effused from a ruptured basilar aneurism was found at the base of the brain and also in the spinal canal.

Dr. MURCHISON related a case in which, after epileptic attacks for some time, death resulted from rupture of an aneurism of the middle cerebral artery.

Dr. BUCHANAN showed specimens illustrating

CHANGES IN MUSCLES IN TYPHOID FEVER.

It had been pointed out by Zenker that there was a peculiar kind of degeneration of muscular fibre in typhoid fever, and these changes were not found in typhus. Dr. Buchanan showed the microscopic appearances. There was fatty degeneration within the sarcolemna, and, in some specimens, a waxy degeneration.

OBSTETRICAL SOCIETY OF LONDON.

FEB. 1ST, 1865.

DR. BARNES, PRESIDENT.

Drs. CASSELS and TREND were elected ordinary Fellows.

Dr. BATHURST WOODMAN exhibited specimens of Chancre and Fibrous Tumours of the Uterus.

Dr. GREENHALGH exhibited a Polypus weighing upwards of a pound and three-quarters, which he had removed from the uterus of a woman forty years of age by means of a pair of curved scissors. The author insisted on the necessity for

cutting away these growths, and the desirability of removing them *in situ*, rather than making forcible traction on the uterus for the purpose of bringing them within easy reach of the operator.

Mr. I. B. BROWN read a paper

ON A NEW METHOD OF SECURING THE PEDICLE IN OVARIOTOMY.

The author observed that hitherto there had been three distinct methods of securing the pedicle: first, by ligature, allowing the ends to hang out, as practised by Dr. Clay, of Manchester (the pioneer of ovariotomy in this country, who had steadily led us on to our present successful results), and by Lane (the first surgeon in London who performed this operation), consecutively; secondly, by clamp, as first suggested by Hutchinson, and followed by many others; thirdly, by cutting off the ligature short and closing the wound, as first successfully practised by Rogers of New York in 1829, by Dr. Bellinger, in America, in 1835, by Dr. Siebold, of Darmstadt, in 1846, and recently by Dr. Tyler Smith. The first three gentlemen's cases were all successful, and the last-named gentleman has also had great success. Mr. Brown said that his objections to the first method had been the length of time required for the ligature to come away, which varied from nine days in his own practice to a month of that in others; to the second, the frequent severe pain caused by the dragging of the pedicle, or the pressure of the clamp itself; to the third, the unsuccessful results in his hands following its use. Having repeatedly used the actual cautery of late, employing Dr. Clay's instruments, in burning adhesions off the omentum and elsewhere, he had been gradually led to the conclusion that the actual cautery might be employed in treating the pedicle itself. Consequently, on Dec. 28th, 1864, he tried it upon a patient of Dr. Burchell, of the Kingsland road, a lady, forty-seven years of age, who had had three children, the youngest twenty-one years since. The disease was first discovered by Dr. Burchell in August last, and so rapidly increased as to lead Dr. Barnes and Dr. Tanner to recommend extirpation some short time before he (Mr. Brown) saw her. As the abdomen then was very large, the skin shiny, and the general health rapidly suffering, he performed the operation by Clay's large incision. There were many adhesions laterally and posteriorly, the bleeding from which was checked by the actual cautery; and finally the pedicle, being secured by a clamp, whilst a very large multilocular mass of cysts was removed, was thoroughly seared by actual cautery and allowed to drop. The wound was then closed in the usual way, and it healed in a week, the patient being convalescent in a fortnight. Mr. Brown thought that if this plan was found by repetition to be successful, it would very materially lessen the dangers of the operation, and consequently ensure a greater number of recoveries.

Dr. ROUTH stated that Mr. Brown's previous and successful experiments in the removal of the omentum by a red-hot iron would prove the best reply to Dr. Tyler Smith, as to the probable conduct of the peritoneum where a pedicle was removed in the same manner.

Mr. BROWN, in reply to several speakers, said that the objection urged by Dr. Tyler Smith, of the slough being injurious to the peritoneum, had been answered by the questions put by Dr. Routh and replied to by Dr. Greenhalgh; that he (Mr. Brown) had, for four years past, repeatedly used the actual cautery in burning adhesions and arresting hæmorrhage, and in no one of the cases so treated had he had a death; and he thought that the objection ought not to deter others. He did not allude to the écraseur, because he thought there was not sufficient time in ovariotomy to use it safely; and he did not think it probable that it would ever come into use on that account. In answer to an objection that white heat might be detrimental, Mr. Brown said he did not go quite so far as to use white heat, but he stopped just short of it. To the objection of Dr. Parsons, that there was fear of hæmorrhage in case of sickness after the use of cautery, Mr. Brown replied that whilst it was well known that many patients had died from hæmorrhage where the ligature was used, he did not think, judging from his past experience and the results of veterinary surgeons in spaying the sow, that there was any probability of hæmorrhage where the cautery was steadily and thoroughly applied.

PRESIDENT'S ADDRESS.

The PRESIDENT rose to acknowledge the honour conferred upon him by the Society. In this election, he said, the Society had followed the principle under which it had attained its present position of unexampled prosperity—namely, that of recognising work. He adverted to the success the Society had thus achieved in linking itself to fellow-workmen in all parts of the world, and trusted that the Society would be the means of challenging for English midwifery that place in the Republic of Medicine which it eminently deserved. English midwifery presented the singular characteristic that it was based upon home or domiciliary practice; whilst elsewhere it was mainly dependent upon lying-in hospitals. The Society had, therefore, the charge of vindicating home midwifery, of showing that it afforded ample means for observation, and for advancing obstetric knowledge. The main argument urged by the advocates of the hospital system was that hospitals were necessary for instruction. But home practice in England still asserted a practical superiority in its eminent success. He cited Harvey; the Chamberlens, the reputed authors of the forceps; Edmund Chapman, who first taught the use of that instrument; Sir Fielding Ould, who laid the foundation of our knowledge of the mechanism of labour; Giffard; Smellie; William Hunter; Denman; Macaulay, the first to practise the induction of labour; Perfect; and the first Rigby, who, as a country practitioner, made those observations and drew those classical descriptions of uterine hæmorrhage which are still reverenced for their truthfulness and sagacity. The President then expressed his belief that physicians and statesmen abroad would be impelled to re-examine the great question of the expediency of taking parturient women away from their homes. The provisions for the study of uterine pathology in our English schools were then discussed. Recently a new department had been instituted in our educational hospitals for this purpose. But the position and duties of the "obstetric physician" remained still undefined. The President submitted the following proposition:—"The work of the obstetric physician embraces the treatment of the diseases of the female generative organs, including the disorders and lesions, general and local, which result from pregnancy and parturition." Of course, in founding a new special department, something must be taken both from the physician and the surgeon. If the obstetric physician were to enjoy any status at all, it could only be on this condition. The difficulty in adjusting relations arose chiefly on the surgical side, probably because it seemed an anomaly for a man bearing the title of a physician to be meddling with surgery. But in point of fact the obstetric practitioner was necessarily a compound of the physician and the surgeon; his surgical character was implied in the word "obstetric." Custom which imposed upon him the general title of physician could not alter the nature of his functions. Just as the study and treatment of the diseases and lesions of the generative organs had been neglected until taken up by obstetric practitioners, so they would be again if abandoned by us. It was to obviate this neglect, to encourage the study, that the new appointment was made. To make the office and to cut off the very material for study was inconsistent. As an illustration, there was the modern appointment of an ophthalmic surgeon to our hospitals. It was given to surgeons; but they treated all diseases of the eye, even including those of constitutional nature, which physicians had always treated. If the surgeon said, "The obstetric physician must give up all operations," the physician might as reasonably say, "The obstetric physician must give us all that requires Medical treatment." For example, puerperal fever, which is not more a consequence of labour than is a slough of the vagina resulting in cicatricial atresia or vesico-vaginal fistula. This reasoning would simply lead to the annihilation of the obstetric practitioner, and is a manifest *reductio ad absurdum*. The President then called upon the fellows to imitate the example of the Royal College of Physicians and the Royal Medical and Chirurgical Society, by

opening a corporate album for the preservation of photographs of their fellows.

HARVEIAN SOCIETY.

THURSDAY, FEBRUARY 16.

President, DR. LANGMORE.

DR. MORTON showed to the Society an

ASCARIS MYSTAX

which had been passed without any symptoms by a patient of his. This form of *Ascaris* usually occurs in cats, it had very rarely been seen in the human race.

The debate on DR. DRYSDALE'S paper on the

ANTECEDENTS AND TREATMENT OF PHTHISIS

was resumed. (See MEDICAL CIRCULAR, Feb. 15th.)

DR. COCK said he thought enough stress had not been laid by Dr. Drysdale on the hereditary transmission of phthisis. In the great mass of cases of phthisis he had seen, this influence had generally been discoverable. He also thought the author attached too much importance to poverty as an antecedent. He did not know whence his statistics were derived, but, for his part, he had seen the disease occur so frequently among the wealthier classes, that he thought it was necessary to give further proof that it was frequently caused by poverty. As to treatment, the best of all treatment for phthisis was open-air exercise with plenty of food, both for the prevention and for the cure. Thus several of his friends and patients who had been in the early stages of the disease had quite recovered in the warmer climate of Australia.

DR. MAUDSLEY observed that there had been two important propositions enumerated by the author, both having reference to method: (1) That phthisis pulmonalis, as it depended on certain antecedents, ought to be treated by discovering these, and, when possible, removing them; and (2) that the method of medicinally treating this disease ought, like that of most others, to be mainly deductive, not empirical. With regard to the first proposition, he completely agreed with the author, and he was inclined to say of Dr. Cock's remarks with respect to hereditary transmission, that this was only removing the question of causation a step further back. Consumption was practically, in the overwhelming majority of cases, an incurable disease; and it was therefore evident that the correct method of diminishing its ravages was to get rid of the antecedents if possible. The author of the paper had shown that poverty was one of the chief antecedents of consumption, and that it acted by the overcrowding of the rural labourers into unhealthy town occupations. This poverty, then, was caused by over-population; and, in this view of the matter, consumption was in many instances only the fatal termination of a disregard on the part of the poor of one of the fundamental laws of nature—viz., that which regarded their numbers in comparison with the capital for their employment. This was, again, only an example of intemperance either in drink or in the unthinking exercise of other physical functions. So long as such mistakes were habitual, such diseases would be common. As to *treatment*, he must take exception to the author's thesis, that the true method of therapeutics was the deductive—that is, the discovery of the physiological application of a drug before applying it to a disease. Neither the deductive method alone nor the inductive method alone was likely to lead to much good here or in any other scientific investigation; there should rightly be a happy union of the two. Bacon, who had been so much misinterpreted in Medical writings, really advocated such union. He expressly affirmed that the senses alone could never attain to any true knowledge of Nature, and, on the other hand, that ideas without due experience must be "barren." Whilst opposing justly the absurd and petty system miscalled "induction," the author seemed, perhaps, to have laid too great stress on *deduction;* but, at the same time, he had done a much needed service by calling attention to its essential importance, as also by the very philosophical way in which he had dealt with a great question.

MR. CURGENVEN observed that all must have frequently noticed that, in the early stages of tuberculosis of children, there were certain symptoms usually present referable to derangement of the digestive organs. One of the most important points was to secure for such patients that kind of food which was suitable to their diminished powers. He called attention to a preparation called "Liebig's Soup," which he had found to be most valuable in the treatment of tuberculosis in children.

DR. MORTON said the author had, followed by Dr. Maudsley, given, in his opinion, far too much weight to the opinion of Mr. Malthus, that over-population was the cause of poverty. He could not agree with their views; and even if they were true for the moment in this country, this over-population could be remedied, he thought, by emigration and education, and did not require that restraint upon numbers advocated.

(To be continued.)

MEDICAL NEWS.

WESTON-SUPER-MARE HOSPITAL.—A new hospital is being built at Weston-super-Mare. It is expected to be completed by July next.

ROYAL VISIT TO BROMPTON HOSPITAL.—Her Majesty on Tuesday morning surprised the inmates of the Consumption Hospital, Brompton, by a visit. The Queen, attended by the Duchess of Roxburghe, Lord Alfred Paget, Colonel the Hon. Arthur Hardinge, and Dr. Jenner, arrived at the Hospital at eleven o'clock, and was received at the entrance by the Hon. Arthur Kinnaird, Mr. Philip Rose, Hon. Sec. (the founder of the Hospital), Dr. Roe and Dr. Cotton (the two Senior Physicians), and the principal officials of the Institution. Her Majesty walked through the four "galleries," called respectively the "Victoria," the "Albert," the "Foulis," and the "Jenny Lind," entering many of the wards, speaking to several of the patients who were confined to their beds, and bestowing upon all kindly smiles and sympathising looks. Her Majesty then visited the chapel (which was built by the chairman, Sir Henry Foulis), entered the vestry, and inspected the library; after which she expressed a wish to see the kitchens, with which, as well as with the larder and the steam apparatus for cooking and for raising the lifts for the patients and the provisions, the Queen appeared much interested. Her Majesty wrote her name in the visitors' book, and examined the vellum scroll containing the signatures of the late lamented Prince Consort and of the distinguished visitors who were present at the laying of the foundation stone of the new building by his Royal Highness, on the 11th of June, 1844. During her somewhat lengthened visit the Queen narrowly inspected all the arrangements, and by her numerous questions manifested much interest in the charity, which has long been honoured by the royal support and patronage. In addition to repeated and emphatic expressions of satisfaction, her Majesty was graciously pleased on leaving to signify her entire approval of everything she had seen. To the patients of whom there are 210, the royal visit was an occasion of intense gratification and interest. Among those honoured by special notice was one of the gallant survivors of the famous Balaklava cavalry charge. This poor soldier was an inmate of the Hospital for the third time since his discharge from the army, having on each occasion been sufficiently restored to health to earn his livelihood.

DOWNING COLLEGE.—An examination for four minor scholarships will be held in Downing College on Monday, May 22 next, and the two following days, and will begin at nine a.m. on Monday. The examination will be chiefly in Classics and Elementary Mathematics, but some weight will be given to proficiency in French and German. Two additional papers will be set, one on Moral Philosophy, in connexion with the principles of Jurisprudence, and on the Elements of International Law, the other on the Natural Sciences in connexion with Medicine—namely, Chemistry, including Analysis, Mineralogy, Botany, Comparative Anatomy, and Physiology; and in awarding two of these scholarships considerable importance will be

attached to any special proficiency in the legal or in the Medical subject. Persons who have not been entered at any College in the University, or who have not resided one entire term in any such College, are eligible to these minor scholarships, which will be of the value of 40*l.* per annum, and tenable for two years, or until their holders are elected to foundation scholarships. No one elected minor scholar will receive any emoluments until he has commenced residence as a student of the College. Satisfactory testimonials as to their moral character must be sent to the master by all candidates for these minor scholarships, on or before Wednesday, May 17. Foundation scholars will, by the same examination, be elected from among the undergraduates of the College. Further information will, if required, be given by the Rev. W. B. Pike, or John Perkins, Esq., tutors of the College.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MARCH 22.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Surgeons, 4 p.m.—Prof. Huxley, "On the Mammalia;" Royal College of Physicians of London, 5 p.m.—Croonian Lectures: Dr. Peacock, "On Some of the Causes and Effects of Cardiac Disease;" Hunterian Society, 8 p.m.—Dr. H. Davies, "On the Treatment of Acute Rheumatism by Free Blistering."

THURSDAY, MARCH 23.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Masson, "On Recent British Philosophy."

FRIDAY, MARCH 24.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Mammalia;" Royal College of Physicians of London, 5 p.m.—Lumleian Lectures: Dr. Handfield Jones, "On Some Points in the Pathology of Nervous Disease;" Royal Institution, 8 p.m.—Prof. Westmacott, "How Works of Art should be looked at."

SATURDAY, MARCH 25.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Marshall, "On the Nervous System."

MONDAY, MARCH 27.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MARCH 28.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On the Inhalation of Gases and Medicated Vapours in the Treatment of Consumption and other Pulmonary Diseases; with a Paper on the Treatment of Whooping-Cough. By W. A. Smith, M.D., M.R.C.P., &c. London: R. Hardwicke, 192 Piccadilly.

A Critical Inquiry regarding Superfœtation; with Cases. By G. L. Bonnar, M.D., Cupar-Fife. Edinburgh: Oliver and Boyd.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post-office.

THE ROYAL INSTITUTION.—The notice has been received.

A PSEUDO-MEDICAL FESTIVAL.

Oh! sure such packs
Of hungry quacks
Ne'er graced a modern dinner,
As lately met
Their teeths to whet
With sav'ry food. Each sinner
(Or globulist)
With rav'nous fist
Clutch'd knife and fork and plate,
And, tooth and nail,
Did fierce assail
Each viand, mess, and cate.
Down every chap
A plent'ous drop
Of Noah's juice did run,
Up to the muzzle,
With glut and guzzle,
Then gorg'd tl em—ev'ry one.
The varlets roar'd,
As, at the board,
So merrily inclin'd,
They spake of 'victims' and of 'fees,'
The way to cheat, the mode to please
And gull the public mind;
And many a worthless renegade
Of Æsculapius essay'd
In fulsome strain to spout,
And praise nobility so rare
All graciously assembled there—
The nobleman who filled the chair
And nobles round about.
The lords, with equal cant, replied,
Striving, with CHRISTIAN zeal and pride,
The CHARITY (!) to found.
In mutual toast and compliment
They gave their generous feelings vent,
And, with the wine, the speeches went
Magniloquently round.
Humbug! before thy mighty shrine
The English peer and quack incline,
Like birds of common feather;
The sordid charlatanic brood
And earls of Norman lineage proud
Dine hob-a-nob together!

Tusculum, Upper Norwood. W. B. M.

VINDEX.—The correspondence is hardly suited to our columns.

Q.—We have received no official notice of the elections in question, or they would have been inserted in due course.

DR. T.—We have received the newspaper, but we have not room for the report; and we are the less disposed to insert it, as the subject was discussed on a former occasion.

JUNIOR.—The oil of cade is obtained from the Juniperus oxycedrus.

MR. F.—The subject is under consideration.

A CANDIDATE.—The necessary information may be obtained by application to the Secretary at the College.

THE HARVEIAN SOCIETY.—The report has been received.

A SUFFERER.—Apply to some respectable practitioner, and avoid the advertising quacks.

MESSRS. BOOTH.—The paper has been received.

J. T. (Manchester).—Wilson's 'Anatomist's Vade Mecum.'

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—The following subscriptions have been further received on behalf of the above fund:—

	£	s.	d.
Dr. Jno. Evans, Blandford	0	5	0
Dr. Barker, Bedford	0	5	0
N. Godfrey, Esq., Turvey, per ditto	0	5	0
Dr. Sprigge, Great Barford, ditto	0	5	0
J. F. Williams, Esq., Cranfield, ditto	0	5	0
Amount previously announced	117	11	0
Received at the 'Lancet' Office	7	17	6

Yours, &c.,
ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
March 15, 1865.

MEDICUS.—At some of the general hospitals, as at Guy's and St. Thomas's, there are special means afforded to students of acquiring practical information on the subjects referred to; and we do not know of any special hospitals where the knowledge can be so well obtained.

DR. DRYSDALE'S letter arrived too late for notice this week.

A STUDENT.—Messrs. Churchill's Manual on the subject is the best work for your purpose.

F. TREVOR.—We do not recommend any particular school. Consult the Medical Directory which gives you an account of every one of them—lecturers, hours of lectures, subjects, &c.; and in the advertisement sheet you will find all particulars of fees, prizes, &c.

INQUIRER.—The winter season terminates with this month. Write to the Registrar.

C. C.—The first is a physician, and by courtesy a Doctor; the second is a Doctor of Medicine, and may affix M.D. to his name by virtue of his University degree.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

DR. BÄRENSPRUNG ON HEREDITARY SYPHILIS.(a)

(Communicated and translated by Dr. C. Drysdale.)

At the present juncture, when a Commission of unbiassed and eminent members of the Medical Profession are doing all they can to sift the evidence connected both with the treatment and prevention of the important disease called syphilis, all that can be brought forward by the advocates of both methods of treatment, the mercurial and the non-mercurial, ought to be heard and calmly considered by the Profession at large. The following admirably clear and scientific account of the appearance of the disease with and without mercury has been translated from Dr. Bärensprung's celebrated work, in order to give those interested an insight into the views entertained by that eminent surgeon on this vexed question. It is translated from page 16 to page 23. The original work is well worthy of a most careful perusal by those who read German :—

"The above shortly-described alterations are those from which, in the majority of cases, the picture of syphilis alone consists. They may remain for weeks and months ; by time they vanish and may reappear within a shorter or longer period, or at last may disappear with the complete disappearance of the disease for life. At least, I can certify that, among the now altogether countless cases where I have treated syphilis only by dietetic rules, by means of wood-decoctions and purges, but entirely excluding mercury, and which I have seen arrive at complete recovery, never did other forms than these papular and condylomatous forms, with, in a few cases, iritis, periostitis, and orchitis, but in no one case have destructive ulcers, perforation, or necrosis been developed, provided that no extraordinary circumstances prevailed, of which I will shortly speak, and which have the power, in the same manner as mercury does, to change the character of syphilis. In all cases where I had the opportunity to examine persons who, during this secondary period, died of an intercurrent affection, such as pneumonia, typhus, or puerperal fever, I have always found the internal organs without specific alteration, and only some lymphatic glands of the abdomen affected, in the same manner as those of the external series. Thus there can be no doubt that syphilis in many cases may at last depart and entirely quit the system without affecting any organs, except these slight enlargements of the glands, the skin, and mucous membranes. On the other hand, I must remark, what appears to me important in the highest degree, that with the first appearances and in the smaller number of cases, during the development of these apparently so slight phenomena, there is wont to appear a very great disturbance of the nutrition of the whole body, loss of flesh and strength, alopecia, profuse sweating, cold skin, &c. These very remarkable events have doubtless their rationale in this circumstance, that the exanthem in this case, as in the acute exanthemata, is the certain consequence of the high potency of the contagion, from which the body seeks to free itself, by bringing it up to the surface of the skin. All these secondary skin and mucous membrane affections contain the contagion. Careful observers will not deny the fact, which for some years past has always been confirmed by me, that patients who at first had a rich eruption of syphilis have less to fear in after-times than those in whom the very first symptoms have been quickly repressed by means of mercury ; the disease doubtless, however, is not cured, but only postponed. *The worst* (even rapidly appearing) *destructions I have almost always observed in cases where the patient had been treated immediately on the appearance of the primary or secondary affection by means of inunction*—an experiment which, especially in the City Hospital at Magdeburg and Danzig, was for a short time in vogue. There was a time when it was thought possible to prevent the development of small-pox by means of mercury, but this attempt has rightly fallen into desuetude ; and I hope that we shall also in syphilis be more and more careful. That frightful picture of human destruction which, since the fifteenth century, has been unrolled before us, will in that case more and more disappear.

"Although it is without contest that syphilis, in favourable cases, may completely disappear in the space of a few months, a year, and even after remaining longer, without having exhibited any other than these slight local effects, so is it not less true that in other circumstances its character may be changed in a very unfavourable manner. Carmichael, who has devoted a special attention to these metamorphoses, believed himself able to diagnose between four different kinds—a papular, a pustular, a phagedænic, and a squamous syphilis ; and as he thought he had remarked that these forms denoted certain peculiarities in the character of the primary affection, he arrived at the conclusion that there was a plurality of syphilitic poisons. The untenability of this theory has long been made out. There is but one syphilitic poison, but the plurality of its effects is not less certain. It is the effect of influences which, whilst they awaken the powers of resistance of the organism, call forth a disposition towards rapid ulcerous destruction, and render the body incapable of getting rid of the disease quickly in the usual time. In such circumstances the disease may directly assume the phagedænic form, or become inveterate, and gradually assume an appearance which we are accustomed to look upon as a later, or tertiary form.

"The phagedænic form of syphilis, which was described by Wallace as pustular, and was contrasted by him with the ordinary exanthem form, is so far an approach to the latter, that in phagedæna only the skin and mucous membranes are affected. Its peculiar character is evinced often in the primary affection, which assumes a diphtheritic appearance. After such diphtheritic chancres, there do not appear papular, squamous, or condylomatous eruptions, but there ensues a disposition to pus formation or to rapid ulceration. There appears on the skin an ecthyma or rupia: in the first case numerous discrete pustules ; in, the last case circular black or brownish black pustules from whence, for the most part, a bloody, almost gelatinous' and but slighly fibrinous, infiltration exudes. The ulcers which remain after the removal of these scabs are scarcely distinguishable from those which remain after pustules ; when they heal, round, deep, fenestrated scars remain. From these skin affections we prognosticate a form of deep ulceration of the mucous membranes, which, for the most part, is very rapidly developed, and quickly destroys part of the soft palate, the tonsils, or the velum, or perforates the septum narium, without laying hold of the bony part of the nose or the palate. The eye, the testicle, and internal organs are generally left uninjured in this form of the disease ; still, perhaps, singular cases may occur in it of acute circumscribed brain and spinal softening, which I must postpone the description of to a future period. We observe the phagedænic form most frequently *where already a powerful mercurial course has been used against the primary affection and an acute mercurialism has followed;* but there is no doubt that a cachectic condition of other description may have the same effect. Thus, I have seen a very severe rupia escharotica appear in a young man in whom, since the age of sixteen, a great curvature, the consequence of osteo-malachia, had existed ; the primary ulcer was treated without mercury, in spite of which it became large, deep, and diphtheritic, and healed with a very slight induration. A like occurrence befel a patient

(a) Die Hereditäre Syphilis, eine Monographie. Von Professor Dr. F. von Bärensprung. Berlin, 1864. Mit 7 Kupfertafeln, pp. 196.
[Hereditary Syphilis : a Monograph. By Professor Dr. F. von Bärensprung. With 7 copper-plates, pp. 196. Berlin, 1864.]

in whom a scorbutic diathesis had existed for years; although no mercury was used, there appeared, ten weeks after the infection, a rupia in the form of numerous discrete scabs over the whole body, which were in many cases filled with blood. On the other hand, we see eruptions of ecthyma frequently in persons of delicate constitution, in tuberculous or scrofulous constitutions, or where phthisis has already been developed. Never does rupia or ecthyma appear in persons of healthy and strong disposition, except where they have suffered from the influence of mercury. *A rapid and strongly-developed mercurialism is not the sole, but the most frequent, opportunity for the appearance of phagedæna.*

"Inveterate syphilis is usually called tertiary, and it is regarded as an especial period of the disease, because it has been almost always preceded by the exanthemic or the phagedænic forms. This occurs in circumstances which have rendered the system unfit to conquer the poison completely, but it does not usually appear as an immediate sequel of the secondary period, but is separated from the latter by a shorter or longer, and often several years, intervening periods; and very frequently, in consequence of intermediate treatment, several of such latent periods are found with repeated outbreaks of the disease. As we have above learnt, Vigo knew well the diagnosis of this later period. Thus, he says: 'In the outset the morbus gallicus appears like a scabies (skin eruption, *i.e.*), and is very contagious; when it becomes inveterate it ceases to be contagious, and leads to the creation of tuberosities and destructive ulcers.' Other observers added to these tuberosities and ulcers the gummy tumours, as being a symptom peculiar to tertiary syphilis. Almost all contrast the greater obstinacy and painfulness of the later symptoms with those of the earlier symptoms. 'Qui habent pustulas multas et dolores paucos facilius curantur quam qui opposito modo se habent, nam qui nodos aut gummata habent difficilius cæteris curantur' ('Almenar Tract. de M. Gallico').

"We should have been spared many useless discussions, had these quite correct remarks been clearly kept in mind. The appearances of the third stage do not necessarily belong to the syphilitic process, but only come forward in certain cases: there is also no regular incubation in such cases, and no longer any law or sequence. Syphilis has in this period given up any typical course; it has ceased to reproduce the specific contagion. All this points out a great alteration, which does not lie in the nature of the disease itself, but must be dependent on other influences. Among these influences, the best observers have, at all epochs, placed mercury among the most prominent; *and, in fact, it would require a quite peculiar want of the power of observation to fail to do so.* But when Mathias and Dietrich assured us that the diseases called tertiary syphilis was only chronic *mercurialism*, an opinion which in recent times Hermann of Vienna has adopted as his own, this was an error which has been long recognised. Kussmahl, who has again wished to revive this idea, fights with windmills; for, since Pereira and Christison, every educated physician knows that mercury causes none of the products like syphilis, especially none plastic, but rather has autoplastic effects. Tertiary syphilis is not *mercurialism*, it is a *syphilis;* but a *modified* one—a syphilis in a constitution which has been modified by mercury, as this has been clearly made out, not only by myself, but also by Fernelius and many others. Of course I do not here allude to acute mercurialism, which, as we have seen, as long as the system tends to ulceration, brings on phagedæna in syphilitic ulcers. This depends rather on the after effects of mercury, which depends on the fact that mercury, like most metallic drugs, does not leave the system quickly and entirely, but remains inwoven with the organic tissues, and, for a long time, or perhaps for life, works by preventing the alteration and change of tissues. This chronic mercurialism is chiefly observable in the anæmia and lowering of the energy in all bodily and mental operations, as also in appearances, which indicate that the organic process of regeneration has lost its activity; it brings on thus a condition of cachexia, which depends not necessarily on emaciation, but is even as frequently conjoined with a tendency to the addition of fat. Such an altered organism loses also the power to resist pathological conditions; the yet unhealed syphilis drags on slowly, or becomes quite incurable. In these circumstances it puts on that aspect which we are accustomed to call tertiary, that is, a number of organs and systems of organs become implicated, which were spared at earlier periods, and works at the same time alterations in these which are very unlike those observed in the second period. In general the node is the ruling form here." . .

The above extract will, I hope, have the effect of causing many of the eminent practitioners who still, in London, Paris, and elsewhere, adhere to the dangerous practice recommended by M. Ricord, of giving a six-months' course of daily doses of iodide of mercury, followed by three months of large doses of iodide of potassium, to pause at least and reflect that this disease in ordinary cases is so mild, and that mercury is accused of producing so much misery.

39 Southampton row, W.C.,
March 19, 1865.

GENERAL CORRESPONDENCE.

MR. HENRY SMITH'S FATAL CASE OF STRICTURE OF THE URETHRA FOLLOWING THE USE OF HOLT'S DILATOR.

To the Editor of the Medical Circular.

SIR, — As I observe you have referred to Mr. Henry Smith's fatal case of stricture after the use of my dilator, I shall feel obliged if you will do me the favour to publish my reply, which appears in this week's 'Lancet.'

I am, &c.,
14 Savile row, March 24, 1865. BARNARD HOLT.

To the Editor of the 'Lancet.'

SIR,—I regret Mr. Henry Smith should have had such an unfortunate result from the performance of my operation for stricture, but the thanks of the Profession are due to that gentleman for the fearless manner in which he has published the case. There are one or two points at which I am at issue with Mr. Smith—firstly, with regard to what he describes as the simplicity of the case and the healthy character of the patient; and, secondly, with regard to the post-mortem appearance of the parts removed, a view of which Mr. Smith was kind enough to afford me.

Mr. Smith, in his remarks, says: "Here is presented to us all the conditions for success. A young man in *remarkably good health*, the stricture *not complicated in any way*, and not the least difficulty in performing the operation; careful watching afterwards, together with attentive Medical treatment; and yet this man is completely killed, solely and entirely, as it were, by the shock of the operation." Let us see how far this is the fact. The patient had been *under treatment* without relief, and under the care of various surgeons, for three years; and during the last nine months his symptoms had increased. The house-surgeon could not pass any instrument into the bladder, and "sent him to Mr. H. Smith, who, *after a great deal of difficulty*, succeeded in introducing a No. 3 silver catheter into the bladder. There was a very tight stricture at the *anterior* part of the *bulb*, and after having passed *through* the stricture, the point of the catheter *diverged towards the left side, and was with difficulty made* to find the right passage." And the report further says: "On admission Mr. Smith passed a No. 3 silver catheter, but with extreme difficulty. This was tied in the urethra." Indeed, we must infer, irrespective of this description, that the case was a difficult one, otherwise Mr. Smith would not have fastened the catheter in. The report then says:—"Feb. 10th: The catheter keeps in the bladder, but he has had a rigor. *In consequence of this the same catheter was retained*, and he was ordered one grain of opium powder, and two grains of quinine three times a day." On the succeeding day, in spite of the rigor, he was placed under the influence of chloroform, and my operation was performed, a No. 11 catheter being afterwards introduced into the bladder; and

on the following morning, *after* being allowed to pass his urine *naturally*, a rigor followed, and he subsequently suffered from *suppression of urine*, from which he died, on the afternoon of the 13th, two days after the operation.

So far the history points to a case of *great difficulty*—first, in effecting an entrance into the bladder; and secondly, in meeting with one or more false passages, which rendered it a matter of difficulty to find the right passage. The post-mortem fortunately shows upon what this difficulty depended. Mr. Smith is in error respecting the false passage not entering the bladder. The parts were examined by myself, in the presence of Mr. Partridge, Mr. Smith, and, I believe, the house-surgeon. Either from the difficulty in making the post-mortem examination, or from the bulbous portion of the urethra having been subsequently cut, it was not possible to tell with any degree of certainty whether any stricture had been split; but when the membranous portion of the urethra was examined, which had not been previously touched, a false passage of *more than an inch* in length, extending *into* the bladder, was detected, of a diameter that admitted the dilator and its large tube, and afterwards a No. 11 catheter, although, as Mr. Smith observed, not so easily as the catheter was passed after the operation; which assured him that neither the dilator nor the catheter had passed through the false passage at the time of the operation. However that may be, there the false passage was, as has been described. There was no doubt as to its length and size; and hence it becomes a question of pathological interest (if it existed prior to the operation), how a false passage *behind* a tight stricture could admit a No. 11 catheter, when the stricture in front would only admit a No. 3. The bladder was much thickened and contracted; its mucous lining was highly congested, of a chocolate colour, and corrugated; and I believe that if the kidneys had been examined they would have been found to be extensively diseased. I think I may fairly infer this—first, from the existing disease revealed by the post-mortem; and secondly, from the fact that suppression of urine does not occur where the kidneys are healthy, excepting as the result of blood-poisoning, which did not exist in this case. How far the result would have been different had the catheter been removed after the first rigor and the operation postponed to a more favourable opportunity, and had the urine been removed by the catheter the first two or three times after the operation, as I have recommended, I cannot say; as it was, the man died, and the case must go for as much as it is worth. But, as I should very much regret that the operation should be prejudiced by this unfortunate termination (however much I may doubt the cause and effect, more than if an ordinary catheter had been used), I will, with your permission, take this opportunity of earnestly requesting all surgeons who have performed my operation to favour me with the number of cases they have operated on, and whether any fatal results have ensued; and I pledge myself to publish those results, together with my own cases, that the Profession may judge for themselves.

With regard to the one death in three hundred operations, referred to by Mr. Smith, it occurred in a man in the last stage of urethral disease, who, in consequence of the impossibility of passing any instrument into the bladder and the existence of numerous false passages and fistulous openings in the perinæum, was tapped through the rectum; and after a considerable time a small catheter was passed per urethram into the bladder, and the strictures were subsequently split. The patient never had a bad symptom from the operation, but he died many days afterwards from exhaustion, the result of long-standing disease and of the several operations that were performed in the hope of affording relief.

Yours faithfully,

Savile row, March, 1865. BARNARD HOLT.

[Agreeably to Mr. Holt's request, we copy the whole of his letter, as the subject is one of great professional interest, more especially as may be gathered from it an exact account of Mr. Henry Smith's recital of the case; otherwise, it would have been our duty to give the bane and the antidote together.—ED. MED. CIRCULAR.]

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your affording me space for the annexed letter from the Poor-law Board, it being the reply to the one dated 6th March and inserted in your Journal of the 15th inst. It has been said that "language was given to enable us to conceal our thoughts," which is verified by the wording of the letter from the Board. I believe our appointments and contracts are two different things, and even where the former are permanent the latter can at any time be altered; therefore, perhaps it may be intended to enter into new contracts with the Medical officers and readjust on equitable principles all the salaries. I trust it may be so.

Allow me here to explain that the M.P. to whom I referred in my last letter, as not having replied to my communications since Jan. 31st, has forwarded to me a letter dated March 6th, in which he explains that domestic affliction and absence from England were the causes of the long delay; he also says, "I quite agree with you that some such measure as that drawn by you should become the law of the land, as the present state of the law is not only unsatisfactory, but unjust to the Profession and the poor. When you first addressed me on the subject of my introducing a Bill this session, I thought I should be able to do so with effect; but I regret that circumstances will prevent me taking an active part during the present session. —— is greatly opposed to an alteration of the law, and *county members* will not hear of any alteration. There must be something very wrong in the Profession, when it is unable to make itself felt in a political sense throughout the country. Attorneys have their organization; and when any question relating to them comes before the House, *it is not only heard*, but duly considered."

From the above quotation, I greatly fear that nothing can be done by the Poor-law Medical officers this session. If, however, the Poor-law Board still continue obdurate, we must, like the lawyers, become politicians, and at the next election refuse to give a vote without a promise that each member will aid in obtaining from Parliament an equitable adjustment of the claims of the Poor-law Medical officers, which is all that we ask, and which no honourable man ought to refuse. I trust the Medical men of Wolverhampton will insist upon Mr. Villiers giving this pledge, as cannot but feel he is our great opponent.

I am, &c.,

RICHARD GRIFFIN.

12 Royal terrace, Weymouth,
March 20, 1865.

Poor-law Board, March 18, 1865.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 7th inst., on the subject of the supply of expensive medicines, when required, in the Medical treatment of sick paupers.

The Board direct me to inform you that they have given much consideration to the subject referred to in your communication, and have caused various inquiries to be made as to the best course of proceeding to carry into effect the recommendation of the Committee on Poor Relief on this point.

In the cases of new contracts which are entered into by boards of guardians with their Medical officers, the Board are endeavouring to rescue, in the most practicable manner, the objects suggested by the Committee; and they will not lose sight of the subject, if any further proceedings for the purpose should appear to them to be practicable.

I am, Sir, your obedient servant,

ENFIELD, Secretary.

TRINITY COLLEGE, DUBLIN.—Names of gentlemen upon whom Medical degrees were conferred on the 28th ult.:—*Bachelors in Medicine:* William C. Hassard; J. Marshall Skelton; Adam P. Newman.—*Masters in Surgery:* Thomas Agmond Vasey; Henry Joseph O'Brien; John W. Y. Fishbourne.—*Doctors in Medicine:* Maxwell Fleming; Robert Bernard, R.N.; Thomas Macdougall Bleckley.

REVIEW OF BOOKS.

Lectures on the Pathology and Treatment of Lateral and other Forms of Curvature of the Spine. By William Adams, F.R.C.S., Surgeon to the Royal Orthopædic and Great Northern Hospitals, &c. Pp. 334. London: Churchill and Sons. 1865.

The lectures which form the substance of Mr. Adams's volume were delivered at the late Grosvenor-place School of Medicine, in 1860-61, and most of them were soon afterwards published in the pages of a contemporary. The object held in view, as Mr. Adams tells us in the preface, has been to establish the treatment of spinal curvature upon a more exact knowledge of its pathology, and hence it was necessary to show the connection existing between the external appearances and the symptoms of this deformity during life, with the lesions observed after death. But, as is well known, spinal curvature is not a fatal disease in itself, and hence the opportunities of making post-mortem examinations in such cases are rare, but still Mr. Adams has been able, in several instances, to appeal to such examinations, as well as to various morbid specimens preserved in the anatomical museums of London.

The lectures are eleven in number, the first containing some introductory observations, together with a general view of the healthy anatomy of the spinal column; the second being devoted to the physiology of the spine in relation to the production of lateral curvature; the third to the anterior and posterior curvatures of the spine, (*lordosis* and *cyphosis*); the fourth, fifth, sixth, seventh, eighth, and ninth, to the external characters, morbid anatomy, general pathology, etiology, and symptoms, with the diagnosis and prognosis, of lateral curvature; and the tenth and elventh are occupied with the principles and details of the various methods of treatment recommended in the disease.

In treating of the morbid anatomy of lateral curvature, Mr. Adams expresses an opinion that the affection is not necessarily associated with rickets, and he states that the most severe cases of lateral curvature occurring either in childhood or youth, which have come under his observation, have certainly not been of rachitic origin, as the children exhibited none of the ordinary appearances of the latter disease. It should be mentioned, however, that in this opinion Mr. Adams differs from some other orthopædic authorities. The chief deviations from healthy structure are in the inter-vertebral cartilages, and in the articulations formed by the oblique articulating processes, and the bodies of the vertebræ become more or less wedge-shaped; but this change occurs at a later period of the disease. The bony structure, however, does not present any unhealthy appearance.

In reference to the treatment of lateral curvature, Mr. Adams is, as might be supposed from his extensive experience and his scientific acquirements, an eclectic, and he does not profess to have discovered any magic road to the cure of this affection, which has been so long under the domain of empirical practitioners, who often boldly profess to do what the most skilful and highly-educated surgeons admit themselves to be unable to accomplish. He discusses the various methods of treatment recommended by various authorities, and without exclusively relying on any, he recommends an alternation of exercise and repose, the adoption of constitutional remedies, and the adaptation of a well-fitted mechanical apparatus, improved by himself on the original one devised by Mr. Eagland.

It only remains for us to express our high appreciation of the merits of this book, which is a most able contribution to Orthopædic Surgery. It is abundantly illustrated by plates, which are exceedingly well executed, five of them being lithographs and sixty-one wood-engravings, the latter from the able hand of Mr. Hart.

A General Index to the First Fifteen Volumes of the Transactions of the Pathological Society of London; with a List of Authors, and a Classified List of Subjects. Compiled by T. Holmes, M.A. Cantab., Honorary Secretary to the Society. Presented to the Society by Prescott Hewett, President. London: Roche. 1864.

There is, perhaps, no labour so thankless as that of compiling an index; and yet without such a guide the most copious details on any subject are comparatively valueless. The Council of the Pathological Society, which has published its volumes of 'Transactions' from year to year, has long recognised the value and necessity of a general index, but has hitherto been prevented from undertaking such a work from the difficulty of finding a competent editor, and from the cost attendant on the publication. Both these difficulties have been overcome by the arduous and self-imposed exertions of Mr. Holmes on the one hand, and by the pecuniary liberality of Mr. Prescott Hewett on the other; the former having compiled the work, and the latter having presented it to the Society in its present form. It constitutes a most valuable and, indeed, indispensable complement to the volumes of 'Transactions,' which have reflected so much credit upon the Society; and we only echo the sentiments of the fellows and of the Profession generally in cordially thanking Mr. Prescott Hewett and Mr. Holmes for their respective contributions to this the last, but not least important of the Society's publications.

Photographs (coloured from Life) of the Diseases of the Skin. By Alex. Balmanno Squire, M.B. Lond. Nos. VII. and VIII. London: Churchill and Sons.

The subject of No. VII. is Lupus, and that of No. VIII. is Syphilitic Lichen. The disease in both cases is situated on the face, the case of lupus occupying the right cheek in a boy of twelve, and the syphilitic lichen covering the greater part of the face in a young man of twenty. The photographs themselves exhibit the usual excellence of the series to which they belong, and the accompanying letter-press gives a short but very clear description both of the diseases in general, and of the special cases selected for photographic representation.

PARISIAN MEDICAL NEWS.

VACCINAL SYPHILIS.

The debate on vaccinal syphilis pursues its course at the Academy, without adding much to our sum of knowledge on the subject. We may infer from the three speeches to which M. Depaul's report has already given rise, that the possibility of the transmission of the syphilitic taint by the vaccinator's lancet is universally admitted, but that it is also generally acknowledged, even by the learned reporter himself, that well-authenticated instances of the propagation are extremely few in number, and, therefore, that it would be absolute insanity to effect an entire change in the present practice of vaccination, and to sacrifice to injudicious alarm the lives of thousands of children who, for want of this admirable preservative, must inevitably be the victims of small-pox.

We cannot, therefore, profess to understand very distinctly M. Depaul's motives for requesting the Academy, after hearing his report, to forward it to the Minister; nor do we see what action the Secretary of State can take in the matter. In its scientific bearings, the question cannot be decided by a ministerial decree, and we cannot perceive what decision can be arrived at by the executive on the mere indication of danger by a competent assembly, which declines to point out any measures of public hygiene calculated to lessen or avert the peril.

We are, however, inclined to suppose that M. Depaul does not attach much importance to this proposition, and that he is only anxious to invite the earnest attention of his colleagues to the question of vaccinal syphilis, in order that, the point of fact being once satisfactorily established, further investigation of the practical and prophylactic elements of the problem be encouraged by the Academy.

Indeed, the measures hitherto recommended for the purpose of neutralising the chances of infection cannot be considered as possessed of the desirable efficacy. If M. Viennois's theory be correct, all peril would be removed by the

avoidance of any admixture of blood with the vaccine-lymph. This system, however, which several cases seem to support, is open to much discussion, and was represented by MM. Trousseau and Ricord as not sufficient to ensure perfect safety. The same remark applies to the age of the subject by whom the lymph is supplied, because hereditary syphilis can break out at any period from the third to the eighteenth month of life, and has even been known to appear so late as two, four, and five years after birth. Conceding even to the subject all the outer appearances of entire health, he yet might be affected with syphilis—a fact demonstrated in the post-mortem examination of a child by M. Martineau. Although no external trace of syphilis was discernible on the surface of the body, gummata were discovered in the liver and in other viscera. The difficulty of avoiding contamination must, therefore, be loudly proclaimed; and MM. Ricord and Blot, with much reason, show that the vaccinator can in no instance be held morally responsible for the issue.

The exclusive use of vaccine-lymph supplied by the cow would appear to offer a more reliable guarantee against infection. But this method may not be altogether innocuous, and would, perhaps, only substitute one kind of danger for another. If we admit the possibility of the transmission of syphilis by vaccination, may not carbuncle, or other diseases peculiar to the bovine species, be propagated in the same manner? We agree with M. Ricord that the experiment now attempted, and which we heartily hope may prove successful, has not yet inspired "that universal confidence which the accusations directed against Jenner's mode of performing vaccination are endeavouring to destroy."

TREATMENT OF TINEA.

We may, in the first place, notice M. Devergie's report on a paper, forwarded by Dr. Bergeron, "On the Prophylactic Treatment of Tinea Capitis." M. Devergie does not share in Dr. Bergeron's hope that, at no very distant period, tinea will ultimately disappear. He conceives that the obscure question of ætiology should be entirely set aside; and he remarks that even if the 12,000 persons who are, in France, affected with favus could all be cured, the disease would not, therefore, be eradicated, if it can arise spontaneously or from special, general, accidental, or permanent causes. Granting the entire efficacy of the measures proposed by Dr. Bergeron, a notable benefit would doubtless accrue to the population; but the author's main object would nevertheless have miscarried.

Amongst the prophylactic suggestions of Dr. Bergeron, several are deserving of every encouragement—such as the non-admission into public schools of children affected with contagious diseases, and the institution in every hospital of consultation-wards for the out-door treatment of individuals suffering from tinea.

PURIFICATION OF SHIPS.

M. Leroy de Méricourt brought before the Academy another important question of public hygiene relative to the improvements which may be introduced in the unlading and purification of contaminated ships.

After enumerating the disadvantages already acknowledged by M. Mélier which are inherent in the measures prescribed by the learned Inspector-General of the French Sanitary Service, on the occasion of the appearance of yellow fever at Saint-Nazaire (unlading, use of chlorides, scuttling), M. Leroy de Méricourt proposes improvements derived from recent scientific researches on the subject.

The respiratory organs being the principal agents of the absorption of miasmata, the workmen engaged in the unlading of suspected ships should never be permitted to penetrate into the holds without M. Roquairol's respirator. This appliance consists in a metallic box, which is carried on the back, and is supplied at its upper part with a peculiar regulator, indicative of the amount of air consumed. The compressed air is introduced into the lung according to the wants of the workman, by the regulator, which is worked by the movements of respiration. The nares are kept closed by a semi-circular steel spring, and the subject is thus preserved from injurious exhalations, and carries with him a healthy although compressed atmosphere. By this plan, the unlading and cleansing *with fresh water* of every part of the most insalubrious holds can be effected without risk, at a trifling cost, and without any injury to the cargo.

In order perfectly to purify contaminated ships, M. Méricourt suggests the property of adopting, instead of the scuttling system, the plan proposed by M. de Lapparent, the learned director of ship-building, which consists in the superficial carbonisation of the interior walls of vessels by means of flushing with inflammable gas. A blow-pipe connected with a gas-holder, supplied with a regulator, is used to flush the surface of the wood. A high degree of heat is thus evolved, the water contained in the superficial layers of wood is forced out, and the fermentable particles are desiccated; in addition, the strata beneath the thin carbonised surface are thoroughly torrefied and impregnated with the empyreumatic results of distillation. In ships built of iron, the rust is oxidated, and is readily brushed away.

When this procedure has been resorted to, and twelve ships of various models have already been thus treated, the vessels are restored to a state of purity equal, if not superior to that existing at the time they were launched.

CONSANGUINEOUS UNIONS.

We should also notice an interesting communication of Dr. A. Voisin on the subject of consanguineous unions. All the travellers who, in the pursuit of health or pleasure, have visited the peninsula of Croisic are acquainted with the Bourg de Batz, and have admired the picturesque and fine appearance of the inhabitants. This population is descended from a Saxon colony, which some four or five centuries ago received the accession of a certain number of shipwrecked Venetian mariners; and the Bourg de Batz, as well as the three villages of which it is the centre, have preserved unchanged their language and habits, and the people very seldom intermarry with the inhabitants of the adjacent districts. Consanguineous unions are therefore of great frequency in this locality, and M. Voisin, who recently spent one month at Batz, considered the circumstances favourable to an inquiry into the alleged baneful effects of intermarriage between relatives. This gentleman instituted a careful examination into the condition of the existing families in which such unions have taken place; he noted the precedents of both parents, and their physical and mental condition, as well as those of the children, and drew up the results in a tabular form, from which it appears that the relationship of the parties has induced no disease, degeneracy, or hereditary deformity, and that the race remains to the present day healthy and handsome.

In the district of Batz, he counted forty-six married couples in which close relationship exists between the husbands and wives—viz., five marriages between first cousins, thirty-one between second cousins, and ten between cousins in the fourth degree. The issue of the five marriages between cousins-german consists of twenty-three children, none of whom have inherited any tendency to disease, two only having died of accidental illness. The thirty-one marriages between second cousins produced 120 children, none of whom have been afflicted with any congenital affection or infirmity. Twenty-four died of acute disease. Twenty-nine children were the issue of the unions between cousins in the fourth degree, and all are now alive and well, with the exception of three who were carried off by accidental complaints. The health of the parents and children is excellent, and in no instance is any diathesic predisposition observable.

"I conceive myself justified in inferring from these facts," says M. Voisin, "that when the subjects are in good health, their relationship exercises no injurious influence on their offspring, but, on the contrary, developes every good point in their constitution, precisely as it might also increase existing defects and any causes of degeneracy."

The question propounded in this manner obviously shows that further observation is desirable, and, for our part, we are inclined to agree entirely with Dr. Voisin.

ŒDEMA OF THE CERVIX—PREMATURE ESCAPE OF THE AMNIOTIC FLUID.

Œdema of the cervix sufficiently considerable to interfere with the natural progress of labour is not a very common complication, but it is, nevertheless, desirable to have some fixed rules of guidance under the circumstances; and, in this respect, the following case appears to us invested with peculiar interest:—

On the 16th of January, M. Depaul was summoned to attend in her accouchement a woman who had hitherto given birth to infants of enormous size; the third and last child weighed 4,880 grammes (9¾ lbs.) at the time of its birth. On the present occasion, the cephalic presentation was unfavourable; the sounds of the heart were audible at the back on the left side, and hence M. Depaul concluded that the vertex wat directed to the right acetabulum—a position which may so influence the forehead as to interfere with rotation. As labour was proceeding regularly, M. Depaul abstained from interposition, when a circumstance occurred which solicited his attention. The cervix became œdematous, as it had already done in a previous labour, and the learned accoucheur was enabled to follow with his finger every stage of the enlargement, which exercised considerable influence on the subsequent process of delivery. At the end of pregnancy the cervix stretches, and the lips become gradually thinner, especially at the posterior margin, the anterior part preserving its thickness for a longer period. In this instance, when the expansion was all but complete, pains being present calculated to promote rotation, M. Depaul ascertained that the efforts were inefficient; the head was unable to turn, and by its pressure on the lower segment of the uterus, obstructed the local circulation, causing œdematous tumefaction of the cervix, of such considerable magnitude that the protuberance formed by the labia was equal in thickness to three fingers joined—a circumstance which prevented the surgeon from forming a precise estimate of the displacement of the head, and materially impeded its accomplishment. Any further delay would have increased the mechanical impediment to the progress of labour, so long as the cause was unremoved. On the other hand, the membranes had given way, and the action of the heart of the child was losing its energy. Active interference was therefore indispensably called for, and M. Depaul applied the forceps.

The blades of the instrument were, in the first place, laid along the sides of the pelvis, and a movement of rotation was effected calculated to bring the occiput forward and a little to the right. The convexity of the blades being now turned forward, they were unlocked and reapplied, as if from the first the occiput had been in front, and a large female child was finally extracted, who is now doing well, although respiration was established at first with some little difficulty.

INFLUENCE OF THE MIND ON THE DEVELOPMENT AND DURATION OF CUTANEOUS DISEASE.

All pathologists include in the list of the determining causes of diathesic affections of the skin mental disturbances and protracted grief, but they do not explain the *modus operandi* of these emotions and preoccupations, nor do they dwell on the influence of distress of mind on derangement of the functions of the stomach, and on the consequent debilitation of the system, which promote the development of every form of disease. M. Beau's researches have thrown much light on this point of ætiology. It is obvious that, under the circumstances referred to, the morbid manifestations are but the expression of the peculiar predisposition of each subject, and that if in some individuals visceral or syphilitic disease makes its appearance, in others eczema, psoriasis, ecthyma, or impetigo will be observed. A case of the kind was recently admitted into M. Beau's wards, and the Professor took this opportunity of again expounding his views on the question, and dwelt on the paramount importance, in the management of obstinate cutaneous disease, of taking into proper account the condition of mind and the state of the digestive organs of the patient.

The patient in the present instance was a married woman, a portress, aged thirty, who had never presented any symptom of syphilis; her catamenial functions were regular, and her health in every respect excellent, with this exception, that beneath each knee she bore a small patch of psoriasis. The eruption had occasionally spread over other regions, but had again returned to insignificant proportions, when, in October last, the menses being present, the woman was severely ill-treated by her brother. Alarm and sorrow followed, the menstrual evacuation was checked, the appetite, previously excellent, was destroyed, and in the course of a week an abundant crop of pustules of ecthyma broke out on the legs, thighs, and on the back of the left hand.

These phenomena can readily be accounted for, and the foregoing observations permit us to trace the eruption to its true cause; we are also enabled, by the same course of reasoning, to understand why the disease persisted for two months before the admission of the patient into hospital, in spite of the adoption of judicious measures of treatment. The woman was nervous and sensitive, and in consequence of the brutal behaviour of her brother lived in a perpetual state of anxiety and terror. She lost her appetite, and although able to procure sufficient and delicate food, had no inclination to enjoy it. Her nutrition was thus impaired, and anæmia was the consequence. But a change was at hand, which illustrates the correctness of M. Beau's views; from the hour the patient left her home and was thus removed from a source of constant irritation and annoyance, improvement gradually set in, and a prompt recovery followed.

On the 19th of December she was admitted into the wards, and M. Beau obtained from her a full account of her previous miserable life. The symptom which first attracted his attention was the loss of appetite, and he opined that the quiet she was now likely to enjoy would largely contribute to its restoration; being now divested of the fears and torments she had previously undergone, and being beyond the reach of injury and annoyance from a merciless savage, she would, in his opinion, require but little medicinal help to regain her proper appetency for food.

Amongst the remedies which M. Beau deems calculated to allay nervous irritation and stimulate the gastric functions, the valerian bath is that in which he places most confidence. For the last twelvemonth we have frequently noted the good effects of this bath, which the Professor often prescribes for his female patients, and we have observed that its stimulating influence on the gastric functions is more rapidly felt than that of the sulphurous bath. In the present instance the same phenomenon occurred, and on the 24th of December, after three baths, the woman took with pleasure one half of the full allowance, although the hospital diet, which patients generally find preferable to that they are accustomed to, was much less palatable than the delicate fare which, from peculiar circumstances, she was enabled to procure at home. The appetite, so long dormant, gradually returned, and nothing further was required but perseverance in the course of treatment adopted. Rapid improvement set in, strength returned, and no fresh pustules of ecthyma being developed, the eruption faded away, and on the 1st of January the patient was discharged from hospital cured, after having taken six valerian and a few sulphurous baths.

This case, although but a fact of common occurrence, is not devoid of interest. M. Beau has been charged with exaggerating the share of moral influences and of the consequent dyspepsia in the production of diseases. But if their origin be attentively inquired into, and if the circumstances under which the most various morbid conditions arise are carefully weighed, it will be found that the mere appreciation of the existing symptoms is insufficient to guide the therapeutist, and that M. Beau's theory is entitled to serious consideration. It will also become obvious that even inflammatory affections, such as pneumonia, pleurisy, rheumatic fevers, &c., are not, as popular prejudice will have it, the result of exuberant health, but frequently the consequence of debilitation of the system, induced either by physical or by mental causes, and generally by the combined operation of both.

REVELATIONS OF OBSCENE QUACKERY.

In continuation of the revelations already made by our correspondent "Detector," we copy the following letters sent to patients. The first letter is lithographed so as to imitate handwriting, and is couched in such terms as to give the impression that it is specially directed to the patient's case, whereas there can be no doubt that the same letter is sent to everyone. The date and the fee are, in fact, the only parts of the letter which are really written. The second letter refers to a kind of tourniquet for the penis, and is accompanied by a highly indecent woodcut representing the apparatus:—

"Institute of Anatomy,
Established Twenty Years.
"44 Great Charles Street,
Birmingham.

"DEAR SIR,—We beg to acknowledge the receipt of your letter, and its enclosure, for which we now offer you our best advice under the peculiar circumstances of your case.

"It is with the greatest pleasure we can inform you that, although you have done yourself considerable injury by the practice you speak of, the evil is not irreparable, and its direful results may be entirely prevented by the employment of a course of remedies which, during an extensive and, we may confidently say, highly successful practice, we have never yet known to fail when our patients have *implicitly* abided by our instructions. Much depends upon the firmness of the patient himself; and if you will rigorously conform to our directions, the result will realize your most sanguine hopes.

"On mature consideration of your case, we have come to the conclusion that the seat of your disease is in the seminal ducts (or vessels conveying the seed from the testicles), which have become weakened by the practice you speak of, and are unable to retain their contents. The mouths of these vessels opening into the urethra behind, the prostrate (*sic*) gland have enlarged, and the semen, doubtlessly, escapes from them even in the act of making water, more particularly if the bowels should be rather costive. We are of opinion that these vessels, having become weakened and relaxed, have lost their retentive power, and consequently the seed, which, in a healthy state of the parts, is returned to enrich the system, and thereby materially tends to strengthen the nervous power, in your case unnaturally escapes, both in emissions and with your urine, as rapidly as it is formed. Therefore, however well you may live, or whatever care you may take of yourself, this fearful drain goes on, and the result ultimately would be total impotency, and general debility of the system. This destruction of the spermatozoa, or vital portion of the spermatic fluid, renders procreation an impossibility, and a gradual loss of sexual power is on this account a common symptom of the evil. From the length of time the mischief has existed, and from the symptoms described by you, we do not consider the emission of so much consequence as the unceasing discharge in the urine. To ascertain to what extent this proceeds, we should be glad to known what appearance your urine presents after standing twenty-four or thirty-six hours in a phial. We wish you particularly to remark whether any white or flocculent matter *floats* in the bottle, or whether a sediment falls to the bottom of the vessel, and, if so, what colour that sediment is. We wish you also to say whether pains in the loins or at the back of the head are amongst your symptoms? In fact, the more minutely you describe your feelings, the more rapidly we shall be able to effect your restoration to health.

"The removal of the symptoms you describe cannot, however, be effected in a day or a week, but if you will place yourself under our care for a period of about eight weeks we have not the slightest doubt of effecting a permanent cure; our usual fees for which, in cases like your own, are 4*l.*, which sum includes consultations, remedies, &c. On receipt of this amount by post-office order, or otherwise, coupled with any further particulars of your case that you have noticed, we will forward you full instructions for your subsequent guidance, together with the necessary supplies of the remedies.

"In the course of treatment we adopt, no particular change of diet is necessary, neither is it requisite to neglect business nor alter the general habits of life. No deleterious engredients (*sic*) are employed by us, but the cure will be imperceptibly, safely, and surely effected by the remedies we administer.

"The medicine forwarded is for the purpose of preparing your system for the peculiar alteratives and tonics we intend to employ to effect the cure, and we feel assured that in a short time we shall deserve, and we trust receive, your heartfelt thanks for our exertions in promoting your temporal happiness, and ridding you of those distressing feelings of which you now complain. The dose of the medicine sent is *one* table-spoonful three times a day, the first and second doses to be taken half an hour before breakfast, and the third the last thing at night, which will prepare your system for the remedies described. Awaiting your reply,

"We are, dear Sir,
"Yours faithfully,
"April 8th, 1862." "J. & W. HUNTER.

DIRECTIONS FOR APPLYING THE PATENT CURATIVE APPLIANCE.

Place the Appliance on the Penis, in the manner represented in the following Diagram, every night, so the small point or cushion gently touches the raphe, *i. e.*, the dark line situated under the Penis, and thereby allow it to influence the nervous functions on the spermatic cord.

Attention to the PRINTED DIRECTIONS will greatly facilitate a cure.

Get the enclosed Prescription made up at any respectable chemist's, continue taking the medicine for one week (as the medicines therein ordered must NOT be used longer), then write, returning the prescription, stating symptoms, feelings, and every particular worth detail, in order that fresh instructions, &c., may be sent, to effect the object in view, and prevent a relapse, which, should such ensue through the patient's neglect, he must blame himself *entirely* for the results, and the Doctor positively and decidedly refuses to undertake a thorough and permanent cure, UNLESS his stipulations be complied with.

It is necessary to repeat that the injunctions are essential to effect a cure, and a letter from EACH patient at least ONCE a week is required and solicited.

Prepaid letters and stamped envelope for reply, can only receive attention.

CAUTION.

The Appliance is NOT to be screwed up *tight*, but only sufficient to create a gentle pressure, say like that of a nice fitting glove.

1 *South Crescent, Bedford Square,*
London, W.C.

HOSPITAL LIBRARIES.—Mr. E. Walker, of London, has presented to the Chesterfield Hospital a bookcase for the reception of a library for the use of the patients. The first donation of books has been made by Mrs. Fowler, who has presented seventy volumes.

SUSSEX COUNTY HOSPITAL.—About seventeen years ago Mr. Defflis, of Marine square, left 10,000*l.* to the Sussex County Hospital, subject to the life interest of his relict. Mrs. Defflies has recently died, and, in addition to the sum above-mentioned, has made a further bequest of 3,000*l.*

CHOLERA IN LOWER BENGAL.—The usual period for the visitation of cholera is in January and February, but this year, owing to the cyclone, it came much earlier, and was more fatal than usual. The Government, therefore, dispatched Mr. J. D. McNeile, with Drs. Baw and Switzer, and thirteen native assistants, to check the epidemic. The number of deaths is estimated at 10,000. As yet, small-pox is confined to a few districts, but dysentery, diarrhœa, and fever are more than usually prevalent.

THE MEDICAL CIRCULAR.

WEDNESDAY, MARCH 29, 1865.

PROPOSED LEGISLATION FOR CHEMISTS AND DRUGGISTS.

Although the existing statutes respecting the education, qualification, and privileges of the practitioners of Medicine in the British Empire are still most unsatisfactory to the Profession, and although it is very doubtful whether any amelioration will be effected in the existing Parliament, yet there are no less than two Bills at present before the Legislature, having for their object the regulation of the qualifications of chemists and druggists. The outline of one of them, namely, that introduced by Sir Fitzroy Kelly, is now before us, and it is accompanied by some remarks explanatory of its nature and objects. For the present, our notice of the subject must be very brief; but as the operation of the proposed Bill will in a considerable degree affect the Medical Profession, either for good or for evil, we lose no time in laying some of the heads of the scheme before our readers. We may remark, *in limine*, that the Bill of Sir Fitzroy Kelly is evidently drawn up in the interests of the Pharmaceutical Society, which will be very materially benefited if it comes into operation.

It appears, from the appended remarks, that the total number of chemists and druggists, and of assistants of twenty years old and upwards, in business in England and Wales, is computed at 12,638, out of whom only 3,500 are on the register of the Pharmaceutical Society, thus leaving 9,138 persons practising as chemists and druggists without any supervision whatever. The necessity for legislation has often been felt by the public, and it has been expressed in a resolution lately passed by the Medical Council, to the effect that a communication should be addressed to the Secretary of State for the Home Department, drawing his attention to the present defective state of the law regarding the practice of Pharmacy, and expressing the opinion of the Council that some legislative enactment is urgently called for to ensure competency in persons keeping open shops for dispensing medicines, and for the compounding of physicians' and surgeons' prescriptions.

The first clause of the Bill, therefore, prohibits persons from "carrying on, after a certain date, the business of a chemist and druggist, in the keeping of open shop for the compounding of prescriptions of duly-qualified Medical practitioners," unless they are on a register. Thus, it will be observed that the law will affect only those persons who profess to compound prescriptions, and will not prohibit any persons from vending or mixing drugs and chemicals; and in the remarks it is shown that the difficulties in extending the Bill beyond the above-named limits are too great to be surmounted, inasmuch as many drugs and chemicals are used for a variety of purposes, not necessarily connected with Medicine; and, moreover, persons are as much at liberty to compound drugs for their own or other people's use as they are to practise Medicine or Surgery. In both cases the practice is allowed by the law, and the only prohibition which can be enforced is against persons assuming titles to which they have no claim.

This first clause is really the most important, if it is not the only one of importance, for the others relate principally to details as to the methods of carrying out its principle. The machinery of the present Pharmaceutical Society is to be employed; a register is to be kept; certain fees are to be paid; fines are to be imposed upon persons falsely pretending to be registered, and upon unregistered persons keeping open shop for dispensing prescriptions; examinations are to be held, the subjects being *Latin*, *Botany*, *Materia Medica*, and *Pharmaceutical Chemistry*; but all chemists and druggists, now actually practising as such, and all assistants twenty-one years of age at the date of the Act, and all persons now on the register as assistants or associates under the Pharmacy Act, are to be exempt from examination, and may be placed on the register.

We can only add, for the present, that the rights of all legally-qualified Medical practitioners are preserved, and that the Benevolent Fund now connected with the Pharmaceutical Society will be augmented and applied to the relief of all deserving persons who are or have been in practice as pharmaceutical chemists.

THE MEDICAL COUNCIL.

We entertain very grave fears as to the passing of a Medical Act this Session, founded on the following facts:—About five weeks since, the President (Dr. Burrows) caused summonses to be issued to the three Branch Councils for the annual meeting of the General Council at the Royal College of Physicians, on Tuesday, the 4th proximo. Our readers have already been made acquainted with the ostensible necessity for thus early assembling—the passing of an amended Medical Act, affording protection to the Profession at large.

The period named (the 4th) did not give satisfaction either to the Scotch or Irish members, who were of opinion that "it would be most inconvenient prolonging the meeting into Passion week and the Parliamentary recess," and urging strongly its postponement until after the Easter recess. The English Branch Council then duly considered the matter, but adhered unanimously to the opinion "that legislation for this year will be greatly endangered unless the Council meet *before Easter*."

Lord Palmerston, on Friday evening, named the Friday before Good Friday as the probable day of adjournment, but was met by shouts for an earlier period. If so, farewell to the chance of an amended Medical Act. There is one plan, and one plan only, to avoid this *contretemps*: it is too late now, perchance, to put off the meeting. By all means let the Council meet on the 4th and consider that much-vexed question, "Medical Education;" but let there be an adjourned meeting, if necessary, for the purpose of passing a measure this Session—say, till the third week in April.

More expense, undoubtedly, will be incurred, but on the part of the Profession we venture to assert there will be no harsh criticism on this point, if once the desired object be attained. Now or never. Who can be so presumptuous as to say that, with "reform" as the staple Parliamentary question, there will be any chance next year of obtaining the much-desired amended Medical Act?

RESPITE OF THE CONVICT POTTER.

In our number for March 15, in a leading article headed "The Diagnosis between Insanity and Crime," it will be recollected that we drew attention to the case of a man named Potter, who stood charged with the murder of his wife under circumstances of extreme brutality and cold-bloodedness, such as could only be explained on the supposition of the man's insanity. He had no motive for the barbarous deed, except that he entertained an entirely groundless suspicion of his wife's fidelity; and after murdering her, he arranged her body in bed, and actually called *in* a policeman to see her with him after she was dead. There was considerable evidence adduced of the man's proneness to insanity, independent of the murderous act in question; but after the summing-up of the judge, and a deliberation *of a quarter of an hour* on the part of the jury, the prisoner was found guilty and forthwith sentenced to death. We were the first among the Medical periodicals to denounce the intended commission of a second murder in hanging this wretched lunatic, and the only one of our Medical contemporaries who noticed the subject at all was the *British Medical*, which very ably exposed the iniquity about to be perpetrated. All the other Journals almost ignored the matter altogether, except that they gave a few particulars of the ravings of the man after his conviction, and attributed them to cunning or to guilt. It appears, however, that humanity has prevailed, and that the Government has at last done what it ought to have done before the verdict was delivered, namely, to send down two Medical examiners in lunacy, Dr. Hood and Dr. Meyer, to report upon the state of the convict's mind, and in the meantime the capital sentence is not to be carried out. As we before remarked, if the prisoner had been a rich man, he would certainly, and very justly, have been acquitted on the ground of insanity.

MEDICAL GOSSIP.—NO. XIII.

EULOGIUM ON "DETECTOR"—THE BENNETT GANG—A NEW DODGE FOR QUACKS—THE VINEGAR EEL—CHANGE OF TYPE IN DISEASE DISPOSED OF — THE ERRORS OF MEDICAL DICTIONARIES — DR. CLAY, MR. SPENCER WELLS, AND MR. JEPHSON POTTER IN THE OVARIOTOMY DISCUSSION.

From the concluding remarks of "Detector's" last letter, I presume that clever elucidator of quack practices has taken leave of you, at least for the present. Every member of the Profession, every well-wisher of his species, is under an obligation to the writer, who has so manfully laid bare the villainy of the quack fraternity. He has announced his intention to reprint his letters; could philanthropy be better exercised than by the dissemination of thousands and thousands of copies ove th . length and breadth of the land? I hear of these quack printing a hundred thousand copies of their filthy pamphlets at a time; why should not "Detector" be helped to do the same? Let the reprint be published at as low a price as paper and print will admit of, and let me hope that he will find a Howard, or a Bond Cabel, or other philanthropist, who will give it a circulation at least equal to the filthy books it so well exposes. Every young man in the kingdom, from the age of sixteen and upwards, should read this reprint, and every father and every guardian of youth should take care they do, and then the obscene quacks may close their establishments, for their occupation would be gone. Unhappily, it is a subject with which few people like to meddle, otherwise, I am firmly persuaded, the evil could be as easily disposed of as was the "Bennett Gang," for whose dispersion we are entirely indebted to your Journal. The Profession and the public should be reminded of their indebtedness to you in that matter. You fearlessly inserted a highly libellous letter from an unprofessional person who had been swindled by one of the gang; an action was brought—nothing daunted, you allowed them to go so far as to be impossible to recede; and then came their discomfiture. The imprudence and short-sightedness of the "Bennett Gang" in this instance seem to have been a lesson to their brethren of the present time, for "Detector," with a thousand libels, has failed to draw them out into the light of day.

"Detector's" time has been well employed. If well followed up, his contribution towards the suppression of quackery has been on the largest scale; but, without help, it will be but as a drop in the sea. Still, suppose the present system which he has so well exposed annihilated, are there no other highways by which quacks can reach the pockets of the weak and credulous? Unhappily, yes! Here is one of the latest. One of the genus in Philadelphia, who prefixes "Reverend" to his name and affixes "M.D.," rented one of the theatres, and advertised sermons to be preached on "taking subjects" on Sabbath evenings, admittance five cents, "to pay expenses, and no change given." In these sermons, he spoke of a "physiological religion," and frequently wandered away into the fields of Medical theory and practice, referring the curious hearer to "his office" for further information! In this way he picked up many a patient and pocketed many a fee. Are the lecturers at the "Museums" preparing themselves for the introduction of the religious element when the strong arm of the law comes down for the suppression of these, their present arenas of quackery and swindling?

But clairvoyant as the letters of "Detector" have proved, he has omitted many of the neat little games by which these miscreants achieve their success. One of these is so graphically unravelled by Mr. Jabez Hogg, in a most interesting account of the vinegar eel (*Anguillula aceti*), published in the 'Popular Science Review,' for January, 1863, that I have no hesitation in quoting it:—

"This minute and curious eel is not unfrequently made the means of practising upon the unwary a gross but very characteristic imposition by the advertising quacks who infest this great metropolis. A victim offering himself to be fleeced is usually received in a well made-up room, lined by book-cases and illuminated diagrams of the organic structures in the human body, healthy and unhealthy. Instead of the old-fashioned stuffed alligators suspended from the ceiling, the Paracelsus of modern times ostentatiously parades the most showy and expensive microscope obtainable, in closest consultation with which he takes care to be found by the patient, just as an *ant-lion* may be supposed to be studying Nature as he reposes at the bottom of his conical trap, the sloping sides of which, made up of the finest sand, prove a very *facilis descensus* to his unsuspecting prey, who ventures on the treacherous surface. Proceeding to business after some preliminary anxious inquiries, *the doctor* (!) gravely proposes to aid his diagnosis by that crucial test, the microscope. The dismay of the poor victim may be more easily imagined than described, when, on being pressed to see for himself, the state of affairs is re-

vealed to his agitated mind, in a mass of wriggling little worms, disporting themselves in the smallest drop of fluid derived from his natural juices. The doom of Herod—'and he was eaten of worms'—to him needs no more elucidating commentary, and if the conscience-smitten patient does not, like the tetrarch, presently give up the ghost, he is in a very apt mood to part with all the cash he may have about him, in order to be kept out of a situation, the horrible nature of which, had it not thus been demonstrated to his senses, he could never have conceived. I have sketched no overdrawn picture, but rather one, I fear, of daily occurrence; and the manner all this is effected is exceedingly simple. The smallest particle of *sour paste*, previously placed on a slip of glass, lies imperceptible to the unpractised eye, until a single drop of any fluid secretion from the body supplies the required conditions of moisture; and, accordingly, the little paste-eels are immediately aroused to life and activity, reversing the fable of the frogs and boys, as the lively enjoyment they exhibit is apt to prove a very serious matter to the human being so shamefully victimized."

I am not in the habit of venturing on statements which cannot be substantiated. In my last letter I expressed an opinion that men who believed in such far-fetched notions as "changes of type in disease" would be found to be more famous as writers than as practical physicians, but not to be depended upon in either capacity, as in their writings other fallacies and errors would abound. One of these gentlemen I select as an example, one highly respected in his circle, held in great esteem by his Medical brethren, and looked up to by many as a great authority. He is one of the most, perhaps the most, voluminous Medical writer now living; but he once stood up at a Medical society and stoutly maintained that a change of type in disease took place through the introduction of the wood pavement! That was enough for me. It was a settler. It would not have been decent to have replied that the speaker was demented, but I venture to say, that such an idea enunciated by any one but a learned physician would have been so considered; emanating from him, it met with believers. I walked to the Royal Institution, took down from the bookshelf a clebrated 'Medical Dictionary,' opened it at page 1068, vol. iii., and there, to my amazement, I read:—

"I have not known an instance of a female who had had a good voice who did not entirely lose it after extirpation of the tonsils; and a similar result has often followed the excision of the uvula close to the velum palati."

I have inquired of Yearsley, who numbers these operations by thousands; I have referred to the works of Syme, who includes excision of enlarged tonsils among the last thirty years' improvements of modern surgery; of Liston, Brodie, Skey, Erichsen, Fergusson, and twenty others; Chassaignac, who, in Paris, is as great an advocate and operator as Yearsley in this country; and poor Dr. Bennati, who removed the uvula, elongated or not, in singers, *expressly* for the improvement of their voice. By neither of these authorities is a single case of loss of voice attributed to either of these operations: in short, the very reverse of what is ascribed to them is almost invariably the result. And if ever, in any one instance, loss of voice occurs, it would be from the progress of the malady which may had led to the operation as a remedy, and not to the operation itself. Indeed, I have heard Yearsley, in one of his "Practical Demonstrations on the Operative Surgery of the Throat, Palate, Nose, and Ear," say, that the uvula and tonsils have no more to do with the voice than the stomach or lungs; indeed, not so much; for of course, without the expiration of the breath from the latter through the glottis, there would be no voice: but if you remove an elongated uvula, you give power to the throat by relieving a pendulous and most probably a relaxed soft palate; in fact, you enable the singer to raise the palate with greater ease, and may add a note or two to the upper register, besides giving him a greater power of *sostenuto*. Dr. Bennati operated on very many professional singers with this very object—Rubini, I believe, being one of them; and Yearsley gives cases of great singers whose voices were entirely recovered by his operations—Louisa Pyne among the number. The removal of morbid growths of the tonsils projecting into the area of the throat beyond the arches of the palate is an advantage to the singer equal to the removal of a glove from the hand in delicate manipulations, such as playing on the piano or writing to the MEDICAL CIRCULAR. According to Dr. Yearsley, the tonsils are *never* extirpated. It is a misnomer to say so. What will the author of the Dictionary say to all this?

It is not a pleasant task to show up the grave errors of a great writer, though, perhaps, it will be admitted by my readers, that one who lays himself out to be an universal teacher as the author of a 'Medical Dictionary' must be considered as the fairest of game to pursue. But it is an interesting question we are upon, "the change of type in disease," and if anybody will direct my attention to a dead physician who upheld the dogma, I promise to set my young friend Theophilus to make a post-mortem examination of his works, and I have no doubt he will find out errors equal to those of our worthy friend, for as sure as "eggs are eggs" the deceased was a writer.

The outrage upon common sense committed by others, not authors of Dictionaries or Vade Mecums, of exciting the fears of patients by attributing other rueful effects to excision of the tonsils, such as the emasculation of man and sterility in woman, were traced, it appears, by Dr. Yearsley to professional rivalry and detraction, and not to any serious belief in such an absurdity entertained by any one. I should not like to name the man who has said and written that "the removal of enlarged tonsils will produce a wasting of the testes," because he has confessed his fault and has asked to be spared; and "Vigilans" has a Christian spirit and daily asks for forgiveness of his own sins.

But let us bestow a moment or two in thinking over the consequences of the propagation of such errors. The 'Medical Dictionary' in question was for years a standard work of reference; to thousands of practitioners, its dicta on matters not generally known would be conclusive.

The controversy between Mr. Spencer Wells and Dr. Clay, in the 'Lancet,' has brought into the discussion Mr. Jephson Potter, who, in reference to a statement affecting Mr. Wells, respecting one of his patients, declares that "Dr. Clay never did refuse to operate" on the lady in question, "for the very good reason that he was never asked to do so!" It appears that Mr. Potter was her usual Medical attendant, and must therefore be supposed to be well acquainted with the wishes of his patient with respect to the two operators; and taking his statement of the facts to be true, Dr. Clay is now in the condition to which, when the controversy commenced, I had consigned Mr. Spencer Wells. The insinuation, as it is called, of Dr. Clay was "as exceedingly wrong as it was utterly groundless;" and I may now say of him as I did of Mr. Spencer Wells, though not for the same reason: "Poor" Dr. Clay "is regularly cut to pieces, and I don't see how he can ever be put together again."

VIGILANS.

My clever correspondent has favoured me with another of his brilliant satires, which I believe will help me in the grand object of my lucubrations—namely, the obliteration of certain blots which disfigure the Profession's escutcheon.

"How is it possible to expect that mankind will take advice, when they will not so much as take warning?" Dr. Dobell must have been impressed with some such sentiment as this when he wrote his 'Lectures on the Germs and Vestiges of Disease, and on the Prevention of the Invasion and Fatality of Disease by Periodical Examination.' Rather a long title, truly—comprehensive too. This "periodical examination" would be original, had it not been slightly anticipated by the Chinese. Do these "germs and vestiges" affect equally the "pauperum tabernas, regumque turres"? If so, does Dr. Dobell feel an equal amount of interest in either? I use the word "interest" advisedly. I suppose Dr. Dobell would call himself a sort of "germ-detective." How the conscience-stricken germinal culprits must wince under the Vidocq-like glance of the "germ and vestige eradicator"! I must say, he appears to be rather an unrelenting official: he is not satisfied with

detecting "germs," but will not leave even the "vestiges" alone. Relapsed culprits, I presume, are, on the principle of the Inquisition of old, treated on extra severe principles. It would not be a bad speculation if all of us could get mankind at large, with incomes not under a certain minimum, to submit to our "periodical examinations;" it would not do our "malades imaginaires" much harm, and would undoubtedly do us a deal of good: or, we might go a step further, why not apply to the Legislature to make "periodical examinations" compulsory, like vaccination? I only hope they will appoint me one of the "periodical examiners;" and as I have suggested the idea, I think I really deserve the appointment. The London 'Medical Review' observes, according to an extract from the advertisements of Dr. Dobell's book: "The work abounds with evidences of deep thought." In this sentiment I heartily concur.

The same author has written another work with certainly a most remarkable title, 'A Manual of Diet and Regimen for Physician and Patient.' If we read this according to its grammatical construction, we glean from it—what, by the bye, might have been before inferred from the first of Dr. Dobell's works we have quoted—that whilst the physician evinces every solicitude for his patient, he is not unmindful of his own interests. The 'British Medical Journal,' in reviewing this work, appends these sage remarks: "In the matter of the prime necessaries of life . . . all society is daily, deeply sinning. May some of these sinners read Dr. Dobell's book." Yea, verily do I trust that some of these vessels of wrath may have their *primæ viæ* "periodically" cleansed by the "physicians" from their manifold germinal and vestigial backslidings. These "periodical examinations," like Argan's, intended to "aider, de secourir, de soulager la nature, de lui ôter ce qui lui nuit, et lui donner ce qui lui manque," must be insufferable bores. So was a soporific paper the doctor read at the Medico-Chirurgical Society some meetings ago, in which he almost appeared as one of that class of physicians who count the hairs on a man's chest previous to prescribing for bronchitis. I will conclude this "first notice" of Dr. Dobell's numerous and valuable contributions to aërial pathology by a quotation from Swift: "The chameleon, who is said to feed on nothing but air, hath of all animals the nimblest tongue." Chameleons cannot write, otherwise the Dean would probably have said "pen."

What peculiar virtue is there in the title 'In Health and Disease'? I see Mr. Samuel T. Bayfield has a work 'On the Skin in Health and Disease;' Mr. Harvey one 'On the Ear in Health and Disease;' whilst in the 'Times' of the 18th, I see Dr. Hassall's 'Urine in Health and Disease.' How on earth human skins, ears, and urine can interest Messrs. Bayfield, Harvey, and Hassall in "Health?" I cannot for the life of me understand—"in Disease," yes; but "in Health." Do these gentlemen, then, follow the example of Dr. Dobell? I call this downright cruel. These doctors are not satisfied with submitting our lungs and hearts to "periodical examinations"; but they must begin also with our skins, ears, and urine. At least I cannot conceive in what other manner our skins, ears, and urine can interest the practitioners adverted to. Where will these "periodical examinations" stop? I am afraid they will engender a good deal of mistrust between the Public and the Profession. I may have every opinion of my doctor, but really I cannot admit him into that unlimited confidence he appears to be aiming at. What right has he to intrude himself into my private "germs and vestiges"? Suppose I have "germs," suppose I have "vestiges," am I *ergo* to invoke Dr. Dobell's aid for their eradication? I hope they will go of themselves; and I am not so certain the doctor would, if he once got a firm footing in my Penates and tasted my auriferous blood. The corpuscles of the blood, I remember hearing when a student, had a way of piling themselves up like "rolls of money." This pecuniary tendency of the vital fluid it is, I suppose, that has led to a good deal of animated discussion lately on the subject of "venesection."

In looking over the Journals, I have stumbled across a few remarkably curious advertisements:

"WANTED, BY A GENERAL PRACTITIONER, AN ASSISTANT. . . . Address, enclosing carte-de-visite . . . to M.R.C.S., Post-office, Bradford, Yorks."

In a similar advertisement, T. S. D. also requires a carte-de-visite of his future assistant.

Am I reading a Medical periodical, or am I reading the 'London Journal' or 'Reynolds's Miscellany'? What next will aspirants for assistantcies be requested to enclose? A lock of their hair, or the colour of their eyes? M.R.C.S. and T. S. D. must be disciples of Lavater I suppose. Now, it would be very curious to know to what sort of scrutiny these cartes-de-visite, on their arrival, are subjected? Of a personal character?

We can imagine to ourselves M.R.C.S., or T. S. D., coming home after his rounds, asking Mrs. M.R.C.S. or Mrs. T. S. D.: "Well, my dear, any more cartes for the assistant's place?" "Oh yes, dear; Fanny and I have had such fun looking them over. There, just look at this one, my dear; isn't he a fright? And look how disreputably he dresses! He will never do; and you know, besides, the Rev. Mr. Milkwater had a most particular objection to that young person you had last year, who would persist in wearing shirts with death's-head and cross-bones on them, a horse-shoe pin, and a cut-away coat. Or are these cartes-de-visite taken as the guages of the mind? "Mind!"—did I say "mind"? For I have heard some practitioners deny to assistants the right of possessing any such unnecessary appendage—of their own. In a mental point of view the carte might suggest: "This one looks clever: he won't do. This one looks stupid: better than being clever; but still he might forget to book the Mist. camph.; mightn't know what to say to an impatient patient when I'm playing a quiet rubber over at Jones's. This one looks the very thing; not clever, not stupid, no will of his own. These assistants are the very plague of my life. Some of them know too much, some of them know too little; I don't know which is worse."

It is quite frightful to contemplate what an amount of deceit this carte-de-visite style of negotiation must engender! Under ordinary—*i. e.*, uninterested—circumstances, a carte-de-visite makes you look uncommonly unnatural; your faculties appear in a state of leaden abeyance: I presume this comes from staring intently for forty seconds at the head of a tenpenny nail in the wall, to which the "operator" has politely directed your most particular attention. Or you look in a state of unnatural exhilaration—a *mélange* of the first stage of acute mania, delirium tremens, drunkenness, and of having won a prize at a raffle. This mental ecstasy sometimes passes into an expression of idiotcy. But it's against the instincts of human grain and nature to suppose a poor devil on the verge of starvation, or a third-year's student, who wishes to engage himself to a surgeon, "with permission to attend lectures," or any other candidate for the assistancy, will assume the countenance nature imprinted him with. How very difficult it must be to determine from a nine or ten line advertisement what sort of expression M.R.C.S. or T. S. D. has any peculiar bias for! How such reflections must discompose the countenance! The man who can deliberately walk into the "operating-room" of the photographer, and in his countenance simulate any given mental state, to meet the presumed views of an advertiser, is, I say it emphatically, throwing his talents away. The stage is his profession—not "pil. col. co., gr. x., hâc nocte, et haust. nigr., ℥j., cras mane."

A ST. PETERSBURG letter says:—"The contagious malady which has been for some time raging in the Russian capital is acquiring fearful proportions. Several hundreds are being carried off daily. The hygienic measures prescribed by the Committee of Public Health have been thus far of little avail. The same epidemic fever has appeared at Moscow, and there are fears that, from the prompt communication which at the present moment exists between St. Petersburg and Warsaw, the malady may reach the latter city, and thence spread over the rest of Europe."

THE OVARIOTOMY CONTROVERSY.

To the Editor of the 'Lancet.'

Sir,—At page 202 of your current volume Dr. Clay has made some statements respecting a case published at page 103 of Mr. S. Wells's work on 'Diseases of the Ovaries,' which call for some reply from me as the ordinary Medical attendant of the lady. Dr. Clay says his opinion was—while Mr. Wells, "as well as those that were with him" knew it—"On no account seek any operation. If ever I saw malignant disease, this is a case, and, if operated on, must terminate speedily in death." Dr. Whitehead attended the case with me, and we can aver that when Dr. Clay was called in he did not express any such opinion. He at once tapped the patient, without previously consulting with us. This operation was followed by the usual signs of local peritoneal inflammation, which most probably resulted in adhesions, as the only adherent surfaces encountered by Mr. Wells and myself were in that locality. Dr. Whitehead is also a witness. None of us believed the disease malignant, and the tumour, on being removed, was found to be an ordinary innocent multilocular one—no sign of malignancy existed. Mr. Robertson, surgeon, who used chloroform, likewise viewed the tumour.

Dr. Clay further says—"I was earnestly pressed to operate, but, though a splendid fee would have resulted, I persevered in my refusal." The husband of the patient and Dr. Whitehead can bear me out in saying that Dr. Clay never did refuse to operate, for this very good reason, that he was never asked to do so: after his tapping, the patient resolutely refused to see him again. When an operation, with the urgent request of the patient, was ultimately decided on, Dr. Whitehead first named Dr. Clay as operator; but the lady strenuously rejected the proposal, and chose rather not to undergo the operation at all than allow his interference. The insinuation of Dr. Clay that Mr. Wells was tempted by a fee to operate in a case decidedly hopeless, seems to me as exceedingly wrong as it is utterly groundless. Mr. Wells concurred with Dr. Whitehead's opinion and mine that a fair and reasonable prospect of success existed. The patient went on well for seventy-three hours. She did not die, as Dr. Clay says, a few hours after the operation, but on the fourth day, and after some other cause intervened.

I am, Sir, your obedient servant,

Upper Parliament street, Liverpool. Jephson Potter.

March 22nd, 1865.

*** This discussion was introduced by articles from Dr. Clay inserted in the 'Lancet' on the faith of his professional status, and with the sole view of promoting the interests of science. We regret that personal matters affecting Mr. Spencer Wells should have been introduced by Dr. Clay, and that they should have escaped our notice and thus appeared in print. Our pages are freely open to Mr. Wells for any statement he may think it advisable to make. With this, we must leave the discussion of personal matters to Dr. Clay and Mr. Wells.—Ed. L.

[In reprinting the above from the 'Lancet,' we beg to state for ourselves that, in extracting some portions of Dr. Clay's letter, we did so in the full belief that the statements and opinions they contained were within the pale of legitimate professional controversy. If any part of Dr. Clay's letter was personally offensive or unjust towards Mr. Spencer Wells, we regret that we inadvertently admitted it into our columns; and in addition to reprinting Mr. Jephson Potter's letter, we offer our pages to Mr. Spencer Wells for any further explanation or statement which he may deem necessary.—Ed. Med. Circular.]

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. Barnes continues his lectures "On Puerperal Fever," his subject still being the causes of puerperal fever and the constitution of the pregnant woman. He shows that the system undergoes great changes by the act of labour; one of the principal results of that process being the loss to the woman of about one-fifth part of her weight, according to the estimation of Gassner, in a paper in the *Monatsschrift für Geburtsheilkunde.* She loses not only the child itself, but the placenta, the liquor amnii, a considerable quantity of blood, and also of water, by perspiration; and the uterus is very much reduced in size and weight. Hence, not only is the body weakened, but the blood, from the loss of fluids, is inspissated, and is also charged with excrementitious matter, and thus the system becomes liable to fever, which, however, is generally of a simple form. The muscular power employed in the act of parturition also tends to waste the tissues, as is proved by the researches of many modern physiologists, who have shown that mental and physical exertion alike are followed by the discharge of urea, carbonic acid, water, and other products of tissue-waste. Dr. Barnes therefore argues that the duration of labour should be shortened as much as possible by the timely use of the forceps in certain cases; and chloroform, by calming the nervous system, may also be often beneficial.——Mr. Joseph Lister, Professor of Surgery in the University of Glasgow, contributes a paper "On Excision of the Wrist for Caries." This operation appears to have been first performed at the close of the last century by the younger Moreau, and after the introduction of chloroform it was repeated by Heyfelder, of Erlangen; and it has since been followed by many surgeons, both British and foreign. But the operation has not been very often attended by success, and amputation is still considered by most surgeons as the best treatment for caries of the carpus. Mr. Lister, however, was led to take a more hopeful view of such cases, in consequence of having successfully sawed off some projecting pieces of bone in severe compound dislocation of the wrist, and he has lately practised excision of the wrist in caries with great success. He relates the particulars of six cases in which he performed the operation, and he gives diagrams to show the parts excised, which are the bones of the carpus, the articular extremities of the radius and ulna, and of the metacarpal bones.——Dr. Clay, of Manchester, continues his paper "On Ovariotomy and Ovariotomists," his remarks consisting, as before, of a critical examination of a work lately published by Mr. Spencer Wells. The subjects chiefly alluded to in the present paper are the temperature of the room during the operation, Dr. Clay maintaining the necessity of preserving a temperature of about 75° Fahr.; and the treatment of the pedicle of the tumour after the operation, Dr. Clay's plan being to secure the stump with a strong ligature of Indian hemp, cutting off one end, and leaving the other in the wound to act as a drain.

The 'Medical Times and Gazette.'

Dr. Bence Jones continues his lectures "On Chemical and Mechanical Diseases, and their Relationship," his present lecture being on diseases of sub-oxidation, in acid gravel. It may be stated generally that all the albuminous snbstances of vegetable or animal food, before they are

thrown out of the body, pass through the stage of uric acid.

"Generally speaking, it may be said that all the albuminous substances of vegetable or animal food, before they are thrown out of the body, pass through the stage of uric acid. A particle of albumen absorbed into the blood from the food may become part of an organ and serve the purposes of life, and then undergoing change become resolved into uric acid, then into urea and oxalic acid, and finally into urea, carbonic acid, and water; or the particle of albumen may go through a shorter circuit, and without becoming part of any organ or texture it may be transformed into uric acid, and ultimately pass off as urea, carbonic acid, and water. Thus uric acid, like sugar, may come from two sources—first from the food, and secondly from the textures; and as sugar is one of the results of healthy chemical action, through which, generally speaking, every particle of starch must pass, so uric acid is one of the substances through which each particle of albumen in health passes before it is thrown out of the body. When more food is taken into the blood than is wanted for the muscles, nerves, and textures generally, the excess is thrown out in a more or less perfectly oxidised form by the kidneys, skin, and lungs; it may be as uric acid, or if further changed as urea, oxalic acid, and water; or if burnt, as far as possible, as urea, carbonic acid, and water; or different portions of the albumen may be thrown out in all these different states at the same time."

Acid gravel may be of a white colour, but more generally it is red, and its nature can be accurately determined only by chemical and microscopical examination. The chemical test for uric acid is nitric acid, which converts it into murexan, and the latter, on the addition of ammonia, produces the deep purple murexid. The symptoms produced by gravel are sometimes very severe, but if the gravel is small in quantity, and lies unmoved in the pelvis of the kidney, the patient may suffer no inconvenience. Even in cases where there is evidence of the existence of a calculus in the kidney, there may be but little inconvenience to the patient.——Mr. Spencer Wells has a communication relating to the particulars of "Six Cases of Ovariotomy in Private Practice," but the paper is not completed in the present number.——Dr. M. T. Sadler relates "A Case of Hydatids passed by the Urethra, probably from the Kidney."

The 'Social Science Review, and Journal of the Sciences.' Edited by Benjamin W. Richardson, M.A., M.D. March, 1865.

The present number opens with an article entitled "The English Bastile," in which the workhouse is compared with the lunatic asylum, the sick hospital, and the gaol, and is shown to be inferior in its arrangements and in the treatment of its inmates than the three other buildings. Although the picture is rather strongly drawn, and does not very accurately apply to some of the new union houses, there is a great amount of truth in this article. The old workhouses, which are not under the direct management of the Poor-law Board, are far worse than those that are. ——The subject of "Criminal Psychology" is treated in an article by Mr. Beavan, who gives the conclusions and statements arrived at by Dr. Dally, the Secretary of the Paris Anthropological Society. The writer remarks that in England the study of criminal psychology has only commenced since the trial of Townley.——"A Limbo of Doctors, Turkish Physic, and Physicians" gives an amusing sketch of the state of Medicine in Turkey, and a graphic description of a Turkish physician, who appears to be a type of his class.——In the "Abstract of the Sciences" there is an article "On the Duration of Life of Jews and Christians," and another "On the Grotto of Bize and its Human Remains," the grotto being in the French province of Narbonne, and the human remains being found in connexion with those of several extinct animals.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 14, 1865.

Dr. Alderson, F.R.S., President.

(Continued.)

Mr. Fergusson said the Society was under special obligations to the author for his able and interesting paper. The principles he had laid down applied to civil as well as to military practice, and he regretted that examples from the field of civil surgery had not been brought forward. It had fallen to his (Mr. Fergusson's) lot to see a number of instances like those described—viz., of gunshot wounds—and also of cases so exactly similar in results, though from other causes, that the two classes could scarcely be dissevered. The author had travelled over an interesting field, and it was scarcely possible to do more than to make a few brief remarks on some of the points in the paper. The subject of inflammation of bone was one of great interest, and he fancied that even the most practised surgeons could never tell to what extent inflammation would occur after an injury. There was a great similarity in gunshot wounds and in compound fractures. The matter formed after gunshot wounds produced compression, and this excited inflammation of the periosteum, or of the internal lining membrane, which he considered to be analogous to the periosteum. He considered the author's views were, whether applied to military or civil practice, correct—viz., the extraction of dead bone rather than amputation. He spoke for the good of surgery when he stated his decided conviction that many cases of amputation for diseased bone were not required, the extraction of the necrosed part only being sufficient. He cordially agreed with the author that we should do all in our power to remove the sequestra.

Mr. Holmes Coote had listened with the greatest interest to the author's paper. It occurred to him that cases of the disease described admitted of being classified under two heads. He related two cases in point which had occurred in civil practice. Mr. Lawrence removed a leg for disturbance in the circulation of the limb. The stump did not close. He amputated again, and afterwards for a third time. The man left the hospital, but was still not well, and at another hospital a fourth operation was performed. The bone in this case presented precisely the appearance described by the author. In another case a young man had his knee crushed; amputation was performed, and he got quite well. Afterwards swelling of the stump occurred; it inflamed, and necrosis ensued. A piece of dead bone was removed, and recovery followed. In some cases, he thought the disturbance was due to the shock of the accident, and in others to disease creeping up the bone.

Mr. Barwell said the patient whose case Mr. Coote had related first in his remarks came to the Charing-cross Hospital, where the bone was disarticulated. He (Mr. Barwell) brought the specimen to the Pathological Society. The bone was softened, and also inflamed and thickened. He asked the anthor if he believed osteo-myelitis always ended in necrosis. He had seen cases in civil practice in which inflammation of the bone had not been followed by necrosis. In reference to the extension of disease after injury, he said that after excision of the knee disease sometimes travels up, but never down. With regard to the practice of the author, he had no doubt as to its superiority over that of M. Roux.

Mr. Birkett showed a drawing of a thigh-stump from which necrosed bone had projected several inches. It had been pulled at, and had gradually protruded. On admission at Guy's a little more force was used, the bone was pulled out, and the boy got well. In reference to the paper, Mr. Birkett said that the author, having been much abroad, was perhaps not aware that the practice he recommended was generally carried out in civil practice in England.

Mr. Longmore, in reply to Mr. Barwell, said that in all the cases to which he had referred necrosis followed. He

did not bring forward the views contained in his paper in order to contrast military with civil practice, but because M. Roux's views had attained immense influence. He had been led to doubt M. Roux's views by observing specimens in the museums, and then came to the conclusion that in cases in which the bones had been disarticulated, not only the limb, but life, might have been saved if the simple operation of removing the sequestra had been practised. Since he had forwarded his paper to the secretary, he had received from Dr. Fayrer, of Calcutta, a surgeon of great experience in military surgery, a pamphlet strongly recommending M. Roux's practice. He mentioned this to show the great influence M. Roux's opinions had had.

TUESDAY, MARCH 14TH

The PRESIDENT, in taking the chair for the first time, tendered many and grateful thanks to the Society for the honour they had conferred on him. Such honours, he said, pointed to advanced life ; but when he looked around him at the memorials of those who had previously occupied the presidential chair, he felt that increasing years had fairly won their consolation. His predecessors had achieved varying amounts of professional reputation and worldly success, and on that score he would not compare himself with them, but he would yield to none in the will to develop the interests of the Society. He thus dared to hope that in his hands the Society would suffer no diminution in its influence and importance. He was fully aware of the responsibilities of his position, and relied on the Society for liberal support in cases of difficulty.

A paper by Mr. GEORGE SOUTHAM referred to a

CASE OF ANEURISM BY ANASTOMOSIS OF THE SCALP TREATED SUCCESSFULLY BY SETONS AND LIGATURE OF THE COMMON CAROTID.

The patient, a married female, aged twenty-eight years, had been suffering from the disease for upwards of eight years. She became an in-patient of the Manchester Royal Infirmary in May, 1864. The temporal artery and its branches, with the exception of those distributed around the eye and forehead (which, though visibly distended, were not pulsatile), were much enlarged, some of them almost to the size of the little finger, and communicating to the hand a distinct arterial thrill. The occipital artery and its branches were also similarly affected, though in a less degree. Pulsation was only slightly checked by pressure on the trunks of these vessels, but was completely suspended by compression of the common carotid. An ulcer had formed over the parietal protuberance, which had bled rather freely on several occasions. An attempt was made to remove the lint from the ulcerated surface ; but arterial hæmorrhage supervened to so great an extent that the bandages were immediately replaced. On the following day, having taken the precaution to have the requisite appliances for the arrest of hæmorrhage at hand, the compress was removed in the presence of several members of the hospital staff. Profuse hæmorrhage followed from the ulcerated surface, which occupied a space of about an inch and a half in diameter. Pressure with the fingers failed to stop the effusion of blood, escaping as it did from countless sponge-like orifices. Lint steeped in a solution of perchloride of iron was also applied, and the carotid compressed ; but the blood continuing to flow, with the consent of his colleagues, Mr. Southam proceeded to place a ligature on the trunk of the common carotid, which had the desired effect. Seven days after the operation the vessels of the scalp were soft, flaccid, and apparently bloodless ; but very feeble pulsation could be felt in the course of the temporal artery. Four setons of worsted, about four inches in length, were now passed through the vessels, one across the temporal fossa, the others through the parts of the scalp where the vessels were most distinct. The week following, some of the vessels near the original sore were found distended, and slightly pulsatile. Three setons were inserted through them, and another about a fortnight afterwards at the posterior part of the occiput, where a vessel about an inch and a half in length could be distinctly traced pulsating slightly. From this period the case proceeded satisfactorily, and on the 12th of August she left the hospital quite well, with the exception of a small ulcer at the back of the ear, which was the remains of a slough that had taken place in that part. At the end of December there were no signs of any return of the disease. The author remarked that the success of the plan of treatment adopted in the above case afforded a prospect of bringing this hitherto unmanageable complaint more effectually under the control of the surgeon. At the time of the patient's admission into the hospital, the disease had arrived at a stage when prompt measures were absolutely necessary for the preservation of life. Accordingly, on the supervention of hæmorrhage, ligature of the carotid was immediately resorted to. But the unfavourable results which have frequently followed deligation of the carotid for aneurism by anastomosis of the scalp induced the author not to rely solely on that method of treatment; and the further progress of the case showed that if other means in addition had not been employed, no permanent benefit would have resulted from the operation. This need excite no surprise, for the operation to be successful must either permanently cut off the circulation through the diseased vessels, or lead to their obliteration—conditions which, however probable when the disease is confined to a single vessel and assumes the ordinary form of aneurism, are not likely to follow when several are affected, as in the present case, involving the entire temporal system, with its arteries, veins, and capillaries. For the blood in the vessels after deligation does not coagulate, but readily finds its way into the general circulation, and the vessels remaining unchanged become again distended as soon as the circulation through the anastomosing branches is re-established. But, despite these drawbacks, deligation, even when not required for the suppression of hæmorrhage, has its advantages ; for the temporary interuption which it causes to the circulation through the diseased structures affords a favourable opportunity for the application of other remedies. Setons were therefore resorted to as soon as there were indications that the scalp was supplied with blood sufficient for reparative purposes. They were applied at intervals wherever any return of pulsation showed itself. It is unnecessary to dwell on the futilty of trusting to setons only in the treatment of these cases. They have so repeatedly failed that their success in the present instance must be attributed to the quiescent state of the circulation produced by the ligature of the carotid. In confirmation of this view, the author referred to the case of a young lady who was under his care several years ago, whose index finger and thumb had become, through enlargement of the vessels, twice the natural size. Some of the vessels were in circumference as large as goose-quills, and gave a livid-bluish appearance to the fingers. Not the least pulsation or arterial thrill could, however, be discovered ; and the vessels could be partially emptied of their blood by pressure. Three fine worsted setons were passed from the hand to the apex of the finger. Others were inserted at intervals. At the end of six months all evidence of the disease had disappeared. Deligation of the arteries, therefore, prior to the insertion of setons, does not appear necessary in all cases of aneurism by anastomosis. The disease is an affection of arteries, veins, and capillaries, varying in its character according to the extent to which each of these structures is implicated. Deligation, therefore, seems to be required where the arterial tissue is principally involved, or where the enlargement of the capillaries has taken place to such a degree as to enable the force of the heart's action to communicate its impulse through the capillaries to the blood circulating in the veins. Similar considerations will also determine the extent of deligation, which, except when severe hæmorrhage occurs, need, in the majority of cases only be applied to the smaller arteries. Though setons were employed in the case now related, yet galvanism, the injection of perchloride of iron, and other similar agents may, in some instances perhaps, be advantageously substituted : and even the risks attending ligature of the artery may, by instrumental or digital compression, be occasionally obviated.

The PRESIDENT said that ligature of the carotid seemed a large operation for so limited a disease. However, it had been successful, and there was (he added) nothing so successful as success. He thought that photographs showing the conditions of parts both before and after cure would have been valuable.

Dr. SIBSON said that he had communicated the paper for Mr. Southam, and unfortunately Mr. Southam was unable to attend on account of illness. He (Dr. Sibson) had no remarks to make on the general subject, but would draw attention to the fact that the carotid had been tied to arrest hæmorrhage, and not as a means of cure. Yet this having been done, the further treatment by setons was much advanced, and altogether the case was a good piece of surgery.

Mr. C. H. MOORE said the ligature of the carotid was not for the cure of the disease, but for the arrest of excessive arterial hæmorrhage. It was quite a different question whether such aneurisms required ligature of the vessel for their cure. In some it would not be necessary; in others, the predominance of large arteries might, perhaps, be so great as to demand the operation. He had seen a tumour as large as that described by the author, in which (under Mr. De Morgan's care) cure had been effected by setons repeatedly passed by needles, over which were placed caoutchouc rings, and by threads carrying perchloride of iron. By these means the tumour became so much less that the patient could leave the hospital. Five years later he came under the care of Mr. Nunn. He then had a dewlap or fold of skin in the position of the tumour, but no trace of the former disease. There was an abscess, the size of two eggs, which occupied the site of the tumour. Mr. Moore then referred to vascular tumours of the scalp in children, which sometimes attained a formidable size, and then occasionally attempts to cure them were followed by inflammation and death. He had had no experience of tying the carotid in such cases, but when a large vessel was open, and it was impossible to tie the vessels entering the tumour one after another, it would be necessary to tie the main trunk.

Mr. SAVORY said the case was interesting in another point of view. There was no rule in surgery more insisted on than that we ought to tie an open vessel at the seat of injury. Often, however, it was impossible to do so, and Mr. Southam's patient's case was an instance of local and profuse hæmorrhage, controlled by ligature of a vessel at a distance. This case would encourage surgeons to tie at a distance when the point injured could not be reached.

The PRESIDENT stated that Mr. Harry Lobb wished to show to the Society

A NEW METHOD OF APPLYING ELECTRICITY TO THE BODY FOR THE TREATMENT OF SOME FORMS OF DISEASE, WITH A DESCRIPTION OF THE APPARATUS.

Mr. LOBB said: The present methods of applying electricity to the body are, I consider, in many respects faulty. It has, therefore, struck me that a better plan might be contrived. It is a desideratum to be able to apply a voltaic current of known intensity persistently and continuously to any part of the body for any desired time. To effect this I have had woven a material of silver wire and cotton in such a manner that either the wire or the cotton can be made to come to the surface. This material can be applied next the skin, and can be made to fit any part of the body, either covering a part or the whole of a limb, or to cover an organ or a small surface. It can be either applied with the metallic surface to the skin, or the cotton can be moistened, as it is constructed so as to absorb moisture, and applied to the integument. To the end of the silver wire a covered conducting wire is soldered to the material. The method of application is as follows:—The organ, part, or limb is completely covered with the material; the nervous centre supplying the organ, part, or limb with nerves is covered with another portion of the material, each having a separate conducting wire leading from it. These wires are led to a small portable voltaic battery supplying sufficient electricity to penetrate the part, and can be modified according to the amount of surface to be acted upon, according to the nature of the disease, &c. The battery can be arranged for quantity by increasing the amount of surface of the elements, or intensity by increasing the number of the elements. To test the intensity of the battery, a galvanometer may be introduced into the circuit, and when this indicates that the current is passing, the number of elements of the battery should be noted; or a voltameter may be introduced into the circuit, and when the water is decomposed it shows that there is a current from several more elements in the battery used than is necessary to penetrate the part. The advantages claimed for this arrangement are—that a persistent and continuous current of voltaic electricity, of known quantity and intensity, can be made to pass through any portion of the body for any specified time; that this current can be applied generally over any large surface, through a limb, or can be localised in any part, organ, surface, &c., however circumscribed; also an interrupted current from an electro-magnetic or magneto-electric battery can be applied by means of this conducting material with the same ease by the surgeon. Thus the current may be applied by the patient at any time during the day or during the night; or without removing the clothes the surgeon may apply any required current to the patient; or a persistent measured current may be caused to pass day and night, or for a specified time, the patient carrying about his person a portable battery. The apparatus (woven material, &c.) was exhibited and explained.

Some remarks were made by the President, Dr. Harley, and Dr. Fuller.

(To be continued.)

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 16th inst.:—John Henry Caffey Constable, St. George's road, Southwark; John Craigie, Fairlight Villas, Hackney; Daniel Hendry, Great Howard street, Liverpool; William Vicary Snow, Vicarage lawn, Barnstaple.

As an Assistant—William Brown, Blackstone street, Liverpool.

The following gentlemen also on the same day passed their first examination:—William Bruorton, St. George's Hospital; Robert Walter Ceely, London Hospital; John Henry Croft, Guy's Hospital; Roger Portington Goodworth, London Hospital; John Henry Gray, London Hospital; Mowbray Jackson, St. Bartholomew's Hospital.

THE ENDOSCOPE.—On Wednesday, the 15th instant, at a meeting of the Medical Society of the King and Queen's College of Physicians, Dublin, held in the New College Hall, Kildare street, Dr. Francis Richard Cruise, of the Mater Misericordiæ Hospital, exhibited an endoscope which he has been using for some time past, and read a short paper explaining its practical utility in the diagnosis and treatment of many obscure forms of disease, especially those of the rectum and urino-genital organs. Dr. Cruise's endoscope is a modification of Desormeaux's, and possesses the great advantage over it of an illuminating apparatus so brilliant, and easily admitting of such perfect adjustment, that little or no previous training is required to enable the practitioner to obtain a satisfactory view of deep cavities which heretofore have been generally looked upon as quite inaccessible to sight. Amongst these we may specially mention the bladder and urethra, the rectum beyond the reach of the finger and speculum, the cavity of the cervix, and even of the body of the uterus, the nasal fossæ, pharynx, cavities of ovarian cysts, abscesses, wounds containing foreign bodies, and so forth. Dr. Cruise's paper was enriched by the details of a number of obscure cases in which he had used the endoscope, to the entire satisfaction of numerous Medical men in Dublin, amongst whom we may mention Professor Robert William Smith and Dr. Fleming, of the Richmond Hospital; Dr. Hayden, of the Mater Misericordiæ Hospital; Dr. Robert McDonnell, of Jervis-street Hospital; and others. This instrument, which has been thought of and talked about for the last thirty years, has from time

to time attracted passing attention and then sunk back into oblivion. M. Segalas would appear to have originated the idea of endoscopy, which he soon abandoned as impracticable, and the late Mr. Avery, of London, paid much attention to it. Sir Philip Crampton, also, is said to have taken up the matter at one time, but no result followed. It would appear that of late years of M. Desormeaux, of Paris, has been the only worker in this unexplored field, and to his perseverance unbounded credit must be given. This negligence would appear to be mainly due to the difficulty of obtaining a satisfactory and manageable illumination. Dr. Cruise has undoubtedly removed this difficulty, and now, for the first time in this country, the endoscope has been proved an unquestionable success, and likely, before long, to modify and correct our opinions respecting certain obscure ailments, and to serve materially in their treatment. It is unnecessary to enter into details of the means by which Dr. Cruise obtains the admirable illumination and adjustment in his instrument, as we understand he is about, very shortly, to publish in one of the Medical periodicals an account of it, as also a *résumé* of the work hitherto accomplished by its use. We think it only justice, however, to notice his labours and improvements, and the very favourable reception his communication met with on Wednesday, and to give him the credit of priority in following up in this country the study of the long-neglected endoscope, and demonstrating, for the first time in Dublin, its unquestionable value as an aid in diagnosis and treatment.

CHEMISTS AND DRUGGISTS.—Sir F. Kelly has laid before the House of Commons a Bill for the protection of the public against unqualified chemists and druggists compounding prescriptions. The Bill requires that all persons commencing business after this year shall either be pharmaceutical chemists, or be examined and passed by the examiners under the Pharmacy Act, and registered as chemists and druggists under this Bill. But chemists and druggists in business before the end of this year, and their assistants, if of age, are to be entitled to be registered without examination. The register is to be printed for sale annually. The fees for examination and registration are to be fixed by a by-law, to be made in accordance with the Pharmacy Act.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MARCH 29.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Surgeons, 4 p.m.—Prof. Huxley, "On the Mammalia;" Royal College of Physicians of London, 5 p.m.—Lumleian Lectures: Dr. Handfield Jones, "On Some Points in the Pathology of Nervous Disease."

THURSDAY, MARCH 30.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 4 p.m.—Mr. Charles T. Newton, "On Recent Additions to the British Museum from Rhodes, &c.;" Chemical Society, 8 p.m.—Anniversary Meeting.

FRIDAY, MARCH 31.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Surgeons of England, 4 p.m.—Professor Huxley, "On the Mammalia;" Royal College of Physicians of London, 5 p.m.—Lumleian Lectures: Dr. Handfield Jones, "On Some Points in the Pathology of Nervous Disease;" Royal Institution, 8 p.m.—Mr. James Glaisher, "On Aërial Researches."

SATURDAY, APRIL 1.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Marshall, "On the Nervous System."

MONDAY, APRIL 3.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, APRIL 4.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Various Diseases of the Human Body, and Practical Remedies. By W. S. Oke, M.D., &c. London: T. Richards, Great Queen street.

On Primary Cancer of the Brain. By G. Mackenzie Bacon, M.D. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post-office.

MR. JOHN KIRKHAM (Runcorn).—We do not recommend particular practitioners, and our correspondent must use his own discretion as to consulting the gentleman referred to.

MR. GRIFFIN'S communication is inserted.

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—The following subscription has been further received on behalf of the above fund:—

	£	s.	d.
Charles Spurgin, Esq., Stratford St. Mary . . .	0	10	0
Amount previously announced	118	16	0
Received at the 'Lancet' Office	7	17	6

Yours, &c.,

ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
March 23, 1865.

IGNARUS.—The letters in question are little else than alarming advertisements thrust forth under the notice of the public in order to bring patients.

MR. R.—The alleged lunatic must be seen and reported upon by two Medical men, or by one Medical man and a magistrate.

MR. J. H. is thanked for his communication, and we shall avail ourselves of the information he has so kindly placed at our disposal.

AN APPRENTICE.—Veratria is obtained from the seeds of the Asagræa officinalis, a plant of the natural order of Melanthaceæ. Colchicum belongs to the same order.

M.R.C.S.E.—The situation can be obtained only by interest with one of the directors of the company. The salary is about 120*l.* a year, and there are some perquisites.

HUMULUS LUPULUS.—Whatever you may think to the contrary, respectable brewers use nothing but malt and hops in brewing beer. The adulterations are put in afterwards by the publicans. Cocculus Indicus is said to be employed for the purpose to a large extent in this country.

THE ROYAL INSTITUTION.—The reports have been received.

A SUBSCRIBER.—Your suggestion shall receive consideration.

MR. NELSON.—1st. No. 2nd. No; the degree cannot now be obtained without residence.

O. P. Q.—When we speak out on the combination one of the parties will retire, or we are very much mistaken.

MEDICUS.—We cannot find room to publish the enclosures, but we have no doubt the fellow is an impostor. Send us further evidence, and the rascal shall be exposed.

TO VIGILANS,—

In your last letter, you talk of liberality coming over the spirit of 'Lancet.' Just ask its conductor to notice anything which appears the MEDICAL CIRCULAR, or any other Journal, but especially the MEDICAL CIRCULAR, however important to the interests of the Profession; see if they will do it. Just try them with the advertisement of a having a laudatory paragraph extracted from the MEDICAL CIRCULAR and see if it will obtain insertion. It is said that Mr. Wakley, inserted a clause in his will forbidding anything so damaging to the interests of the 'Lancet.' I have not paid my shilling to verify statement, by perusing that document at Doctors' Commons; nor suppose it will be worth the while of your proprietor to do so; it be true, it would be an interesting topic for you, Sir, to discuss upon.

Yours, &c.,

AN AUTI

A STRANGER.—The first-named gentleman has written the most re book on the subject, and is trustworthy in consultation. The sec are not acquainted with.

DR. CARL J. SCHMID'S communication in reply to Dr. Mackenzie as we were going to press, but it shall be inserted next week.

The Medical Circular.

PARISIAN MEDICAL NEWS.

Academy of Medicine—Vaccinal Syphilis.

The debate on vaccinal syphilis is to every intent now concluded, and although all the members who intend to speak on the subject, and M. Depaul's reply have not yet been heard, yet we feel justified in expressing the opinion that the present discussion is not likely to shed much light on this intricate question. It is, in addition, a matter of very small moment whether the report be addressed to the Minister, or referred for further inquiry to a committee. In either case, the same practical and scientific results must follow. We shall not attempt to deny that M. Ricord's concessions and the declarations of MM. Blot, Trousseau, Devergie, and Bouvier have convinced the most incredulous of the possibility of the transmission of syphilis by means of vaccination; but it is also a fact strongly impressed on the minds of those who have been present at the debate, that on account of the excessive and acknowledged infrequency of the propagation of the taint by the vaccinator's lancet, the Academy will assuredly not prohibit the use of vaccine-lymph gathered from the human subject.

We trust that the Academy will not wilfully close its eyes to a melancholy fact, but view it as an additional reason to urge further inquiry into the mode of propagation of vaccinal syphilis, in order to discover the means best calculated to avert this formidable contingency, and will thus calm too prompt apprehensions, and prevent the public from yielding to a disastrous panic. It may even now be observed that, although the vaccination-halls are not altogether deserted, a marked diminution in the number of applicants has taken place. The recent discussion has therefore found an echo beyond the walls of the Academy; and although we profess a sincere love for truth and publicity, we cannot but deplore that so difficult a problem, which is still under investigation and involved in obscurity, should be removed from the realm of scientific scrutiny and become the object of ignorant and erroneous interpretation.

Tobacco.

As a respite to the distressing impressions induced by an unpleasant discussion, in which idle recrimination and offensive personal remarks too often replaced the courteous tone and good taste usually observed in its debates, the Academy lent a willing ear to a paper read by M. Jolly, one of its most popular members, "On the Pernicious Effects of Tobacco." M. Jolly thus begins his invective:—

"A plant, acrimonious, fetid, and baneful, offensive to taste and to smell, which induces vertigo, nausea, vomiting, and a sort of ebriety in those who use it for the first time; a weed which gradually inflicts stupor and even paralysis on those who, after having overcome its first deleterious effects, persist in its use; a substance which, on account of its poisonous properties, should await in the chemist's laboratory the few unfrequent occasions in which it may be employed by the therapeutist;—tobacco, in short, bequeathed by an uncivilized race to Europe as the rich spoils of conquest; tobacco, which, in the nineteenth century, French society has found the most effective means of beguiling its leisure hours, of soothing its idle moments, and fumigating its streets, its walks, its drawing-rooms, and even the marriage-bed." . . .

Such is the theme which M. Jolly has undertaken to expound as one of the most interesting to public health, to science, and to the sanitary administration. The author is fully aware of the many difficulties he has to contend with, and that he will most probably be taxed with inopportune interference with what is supposed to be harmless enjoyment. Let smokers and snuff-takers, however, be reassured as to his intentions; his purpose is merely to offer wholesome advice, and to inform them that, although they may find in tobacco charms he acknowledges himself incapable of descrying, its use in any form is attended with risks he has had many opportunities of observing, and which he considers it a duty to indicate. He trusts that the Government will not disapprove of his observations on a question of such import to public hygiene.

M. Béclard, entrusted with the task of reading his learned colleague's memoir, discharged his office with consummate ability. The success of the paper in a literary point of view was entire, and the humour and elegance of the composition were fully appreciated by the Academy. With regard to the reform which M. Jolly is desirous of introducing in the habits of the public, his good intentions will certainly be acknowledged; but we doubt if he will be successful in his endeavours, although many readers will doubtless peruse his talented effusion, solacing themselves probably at the same time with their customary, although condemned, cigar.

Variola.

Vaccine and Variola are questions of such actual interest, that we must revert to the subject in order to give all the publicity in our power to a communication forwarded to us by one of our oldest subscribers, Dr. Faure, Consulting Physician of the Hospital of Ajaccio.

M. Lanfranchi, of Guitera (Ajaccio), had to contend in 1854 with an epidemic of confluent small-pox, which caused the death of upwards of four hundred inhabitants of the district, many of whom bore evident scars of previous vaccination. The inoculation of small-pox was attempted in several localities, but had no influence on the prevalent epidemic.

The idea then occurred to M. Lanfranchi to try the effects of the inoculation of a mixture of the variolic virus with the cream of cow's milk, and he attempted the experiment on his own son in the following manner:—He conveyed into a small incision performed on the middle part of the forearm the virus collected on the point of a lancet from a pustule of small-pox, and with the same instrument he also inserted into the wound a small quantity of cream of cow's milk. He covered the incision with a layer of cream, and permitted the child to dress after desiccation.

The results of the operation were soon displayed. The inoculation was promptly followed by a trifling local irritation, and a scab formed, which fell away on the third or fourth day. On the sixth or seventh day more deeply-seated inflammation set in in the parts adjacent to the puncture; feverishness appeared, seven or eight pustules of small-pox were developed in different regions of the body, and a cure was rapidly effected, the symptoms assuming throughout the very mildest characters. Six other children were treated in a similar manner during the progress of the epidemic, and in all small-pox was unusually benignant.

During the ensuing period of ten years, M. Lanfranchi had no further opportunity of testing the value of his method, and vaccination was practised in all the communes of the district. In 1864, another epidemic of small-pox broke out in one of the villages, and promptly extended to all the neighbouring country. As in 1854, the disease attacked children who had been previously vaccinated as well as those in whom this precautionary measure had not been resorted to. The eruption was confluent, and disfigured all those who escaped with life. In this instance again, M. Lanfranchi inoculated the virus of small-pox, diluted with cream, and the number of those who were thus preserved now exceeds one hundred. In every case the disease was so mild, that many of the patients were not confined to bed, and the pustules developed on the surface never exceeded twenty.

The re-inoculation of small-pox as a test of the preservative power of the first operation is not possible in private practice; but M. Lanfranchi was enabled, on M. Faure's suggestion, to convince himself, on his own son, of the efficacy of his method. The contents of a pustule of small-pox were inoculated ten years after the inocula-

tion of pus diluted with cream, and the results were negative.

Such are the facts which Dr. Faure now brings forward, and he concludes his pamphlet with a few remarks which bear on the most important questions raised by the recent Academical debate.

"These facts," writes our correspondent, "are especially interesting at the present moment. Vaccine-lymph has so far degenerated, that even repeated vaccination is sometimes unavailing as a preservative of small-pox; and in the course of forty-six years' practice, during thirty-three of which I was head physician of the Hospital of Ajaccio, I have met with several fatal instances of confluent variola occurring in vaccinated subjects. Cow-pox is not easily renewed, and the regular applications of vaccine derived from animals require further inquiry. On the other hand, if, by the lymph gathered from vaccinated children, syphilis or some other disease may be transmitted, and if M. Lanfranchi's system is proved to be free from danger, as it seems at present to be, on the appearance of an epidemic of small-pox the inhabitants of the locality invaded should at once have their healthy children inoculated. A subject of sound constitution affected with variola would be selected for the purpose, and the persons first attacked with the disease would alone incur any risk, although we are aware that epidemics do not at once display the full amount of their malignity."

How great soever may be our veneration for Jenner's discovery, we have long been aware of the fact that often, and more especially during the prevalence of an epidemic, the preservative power of vaccination is not to be relied on. In this respect, the inoculation of variola, performed with proper precautions, may be preferable to vaccination; and M. Lanfranchi's method having given sufficient evidence of its innocuity and of its preservative virtue, we can see no objection to its further application.

GENERAL CORRESPONDENCE.

SOMETHING MORE ABOUT INHALERS.

To the Editor of the Medical Circular.

Sir,—In the last number of your valuable Journal, Dr. Mackenzie devotes twelve extensive paragraphs to answering a few remarks which I made a fortnight ago, respecting a communication of his to the Medical and Chirurgical Society.

Some few of these twelve paragraphs—namely, those that have anything to do with the subject in hand, or which would not merely necessitate a repetition of what I have before said—I should wish, with your kind permission, to reply to.

The complaint which I made respecting the 'Lancet' could have nothing whatever to do with Dr. Mackenzie, and only applied to the subject of which I wrote. I made no objection to the non-insertion of my manuscript, but merely to its not having been returned to me, which, I think, I had every reason to expect.

Nevertheless, I will frankly confess that a *correct* description of a new invention, given some months ago, seems to me quite as valuable as an *incorrect* one appearing now; and the 'Lancet' has lately described other new inventions, such as "Maw's Inhaler," "A New Stink-trap," &c., which even still appear to me to have less scientific value and interest than a good pulveriser.

My correction of Dr. Mackenzie's error respecting the residence of Dr. Siegle represents simply the question of nationality. Dr. Siegle is not a Frenchman, but a German.

In spite of Dr. Mackenzie's unselfish preference for the cold stream of vapour—his own apparatus affording no other—I must repeat that all experience proves that a cold stream of either air or vapour almost invariably produces irritation and cough.

If Dr. Mackenzie has any objection to the name of the thermo-barometer, perhaps he will be so kind as to coin a better one for it; though how he can better name an instrument to measure heat and pressure I do not know. A thermo-barometer *always* forms an integral part of Siegle's apparatus, and Dr. Mackenzie can convince himself of this fact by referring back to the *first* description of Siegle's Inhaler, or *any* description that has ever appeared in medical literature; indeed, it might have been well if Dr. Mackenzie had taken the trouble to read a correct description of this instrument somewhere, before attempting to describe it in public.

With respect to the patenting of Siegle's Inhaler, I must distinctly state that Mr. Krohne has informed me that he is not in any way "hampered by conditions which are greatly inconvenient to the public," but that he is at liberty to construct every part of the instrument here. Therefore, if Mr. Krohne sent to Stuttgard for any part or parts of the apparatus, he must have done so for his own convenience, and certainly not because his contract forced him to do so. The portions he sent for were probably to be had either cheaper or better in Stuttgard.

The glass tubes which Dr. Mackenzie "suggested" have been the only tubes ever used for Siegle's Inhaler in Germany.

With respect to the management of Dr. Mackenzie's own apparatus, I must here confess that I certainly never tried to learn it, and have no intention of doing so, but that the manufacturer himself was so obliging as to show it me in action; he probably understands its management, and it was in his hands that the appearances I spoke of occurred.

Dr. Mackenzie asserts that the pressure of a couple of ounces of fluid on the piston compensates for the decreased tension of the circular spring. I shall be happy to believe this when proved by a simple experiment.

Dr. Mackenzie requests me to inform him what solutions can be safely brought into contact with the mucous membrane of the lungs, yet which would act on, or be acted on by leather, vulcanite, or sealing-wax. I shall be happy to do so. We need not go further than the first remedy on his own list to find such a one. Perchloride of iron, when brought into contact with the tannin contained in leather, composes *ink*. Had Dr. Mackenzie watched any saddler or shoemaker blackening his leather with the iron solution commonly employed, he might have learned this simple fact without even taking the trouble to study chemistry!

Ink has never yet to my knowledge been recommended as an inhaled remedy, but I trust it agrees with Dr. Mackenzie's patients as well as the cold stream.

Dr. Mackenzie is so generous as to make me a present of "all acids and alcoholic solutions;" at the same time he announces that *he* uses tannin! I am therefore obliged to conclude that Dr. Mackenzie is not aware that *tannin is an acid*, or that the tinctura ferri sesquichloridi, which is universally acknowledged to be the most valuable remedy in hæmorrhage, &c., is the *alcoholic solution*.

Are these examples enough, or would Dr. Mackenzie like a few more?

Dr. Mackenzie is an Englishman; I am a German: and in order therefore to obtain a decision of this question, at once competent and impartial, I hereby challenge Dr. Mackenzie to bring or send his inhaling apparatus before the Academy of Paris.

If it be not there declared that this instrument, of all that have ever been offered to the public, is the worst constructed, the one that most ignores chemical laws, and in every respect the most unsuitable for the purpose intended, I shall be ready openly to confess myself in the wrong.

I am, &c.,

Carl T. Schmid, M.D., L.R.C.P.

38 South Audley street.

To the Editor of the Medical Circular.

Sir,—I observe that in a letter from Dr. M. Mackenzie in your Journal of the 24th of March, it is stated "that I am obliged by contract to send to Stuttgard for portions of Dr. Siegle's Patent Inhaler." This statement must have arisen from misunderstanding, as my contract does not oblige me in any way to have any part of the instrument from abroad. I had sent to Stuttgard for some Bergson tubes, which form a part of the instrument, because we do not make any glasswork ourselves, and, having experienced some difficulty in having them made accurately here, we

preferred to have them from a maker who had made thousands before, and of whom we could expect to have the most perfect acting tubes. By allowing me some space in your valuable Journal to insert the above, you will greatly oblige

Yours respectfully, C. W. KROHNE.

241 Whitechapel road, E.,
March 29, 1865.

[We have been requested to publish the following letter in answer to one by Mr. Barnard Holt, which we inserted last week.]

MR. HENRY SMITH'S FATAL CASE OF STRICTURE OF THE URETHRA FOLLOWING THE USE OF HOLT'S DILATOR.

To the Editor of the 'Lancet.'

SIR,—I am glad to see that Mr. Holt has addressed some remarks to you respecting the unfortunate result which happened in my hands at King's College Hospital after the use of his dilator, because it gives me an opportunity of removing some misapprehensions on one or two points which certain passages in the report of the case appear to have produced. Thus, for instance, Mr. Holt is led to the conclusion from the report that the case was one of great difficulty, and I grant that any one reading it might suppose this to be the case; but I may explain that although there was "extreme difficulty" in passing a small catheter when the patient was first admitted into the hospital, the urethra had become so much dilated by the retention of a No. 3 catheter for upwards of sixty hours, that when the patient was placed upon the operating table I had not the slightest difficulty in introducing the dilator and passing down the largest tube. Therefore, with this explanation, *I think* I am justified in saying that it was not a difficult case, so far as the operation itself was concerned. Then as to my assertion that the case was not "complicated in any way"—a phrase, I admit, somewhat too strong, considering the existence of a false passage,—I intended by that to mean that there was no abscess, no fistulous opening, and not any symptoms of diseased kidneys, or other local or general disorder which should interfere with the operation.

Then as regards the rigor from which the patient suffered, I must explain that the report would make it appear that this had occurred on the day previous to the operation, whereas in reality it took place on the evening of the 9th, and the operation took place on the afternoon of the 11th. At my visit on the 10th I found that the patient had suffered from the rigor on the previous evening, and on this account I ordered the same sized instrument (a No. 3) to be retained instead of introducing a No. 4, as I had intended. The consequence was that the man did not have any further rigors, and seemed so well that I thought there was not any occasion to defer the operation after the 11th, nearly forty-eight hours having elapsed since the occurrence of the shivering. I am ready, however, to admit with Mr. Holt that it may have been more prudent to have deferred the operation, although I can hardly fancy that the occurrence of a single rigor, after a most difficult catheterism forty-eight hours previously (the symptoms in the meanwhile having quite subsided), could have made the difference between life and death.

With reference to the situation and size of the false passage I must also explain, what the notes do not, and what the house-surgeon, Mr. Bell, informed me since the patient's death—viz., that his brother had informed that gentleman that the patient had had a false passage for some time before he came under my care. This was probably made many months before, when the stricture was much less narrow; and we know that false passages will remain patent for a long time.

As regards the state of the kidneys, this can only be a matter of conjecture, as unfortunately I was prevented by the refusal of the friends from examining them; but I may mention that during life the urine was examined, and only that amount of albumen as could be accounted for by the blood being mixed with it could be found.

I do not know that there is any other point to which I need reply, and I must again repeat my obligations to Mr. Holt for the temperate observations he has made, as it has given me the opportunity of explaining some obscurities connected with the details of this painfully-interesting case.

I am, Sir, your obedient servant,

Caroline street, Bedford square, HENRY SMITH.
March, 1865.

REVELATIONS OF OBSCENE QUACKERY.

To the Editor of the Medical Circular.

SIR,—In common with the rest of your readers, I have been much gratified that your clever correspondent, "Detector," is at present exposing quackery in all its forms. I have known several cases where poor people have been sadly cheated by those harpies.

Within the last few weeks a case has come under my observation. The patient is an old paralytic man, who, seeing an advertisement in a paper, wrote for the book which was said to give directions for curing nervousness. The book was sent, and 25s. were required for the drug which was to restore the poor man to health. He lives with his daughter, a ploughman's wife, and he draws some few shillings from a benefit society. He saved up the 25s., and sent it off to Dr. Watson. He got the reply No. 1, saying that 3*l.* 3s. would be required to effect a cure in his case. Not having the balance, he threatened to commit suicide if his daughter would not give it to him; and to his repeated applications, either for the medicine or to have his money returned, he has only received replies such as I enclose—No. 2 and No. 3. The poor man requires constant watching to prevent him from doing himself harm, and his relations have been put to great distress and grief on his account. Surely no punishment can be too severe for such heartless conduct. The poor hemiplegic is living in the hope of having a perfect cure if he could only muster other 38s., which his friends are unable to give, and which, if they had, would, of course, only be thrown away for drugs, which, in his case at all events, are valueless.

I am, &c.,

Peebles, March 29th, 1865. R. CRAWFORD, M.D.

No. 1.

London, March 3, 1865.
1, South Crescent, Bedford Square, W.C.

SIR,—I have maturely considered your case and am of decided opinion that your health is critical, and unless immediately attended to very serious evils will result.

At the same time I am glad to be enabled to inform you that your perfect restoration to health can be effected, provided you at once adopt the means I have found so eminently successful in similar cases.

The cost of the means of cure for your case will be 3*l.* 3s. I will, therefore, thank you to remit the balance 1*l.* 18s., when the package containing the means of cure, which is now in course of preparation, shall be immediately forwarded, with full and explicit instructions for your guidance.

I am, Sir,
Your obediently,
Pro Dr. Watson,
J. H.

Balance 1*l.* 18s.

No. 2.

London, March 6, 1865.
1, South Crescent, Bedford Square, W.C.

DEAR SIR,—In reply to yours, I beg to refer you to my last, and on receipt of the balance therein named the means of cure shall be promptly sent you.

I am, dear Sir,
Yours obediently,
Pro Dr. Watson,
J. H.

No. 3.

London, March 17, 1865.
1, South Crescent, Bedford Square, W.C.

SIR,—In reply to yours, I have simply to refer you to

my last, and on receipt of the balance therein named, rely on the means of cure being promptly sent you.

Yours obediently,
Pro Dr. Watson,
J. H.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Mr. SYME, of Edinburgh, communicates an "Abstract of a Clinical Lecture on Torsion, Ligature, and Acupressure," in which he shows that the two former modes of suppressing hæmorrhage are free from danger, but that the last is inexpedient and impracticable. As Mr. Syme's opinions on this point have lately attracted considerable attention, we quote them in his own words:—

"Through the careless and incorrect use of surgical language, ligatures have been most unjustly charged with causing gangrene and mortification; and I may therefore remind you that mortification implies, not merely the death of a part, but death through its own living action—in short, a sort of of suicidal procedure; while gangrene denotes the form of inflammation that produces this effect. But when a ligature is tied, the texture embraced by it is cut of from all communication with the circulating system, and at once deprived of vitality; so that the only action excited by it is the ulcerative absorption requisite for its separation which is not attended with pain or disturbance of any kind. When, therefore, extraordinary efforts are used to shake your confidence in the ligature, and induce you to adopt other means for the suppression of hæmorrhage, I consider it my duty to warn you against being misled by these representations, just as I have on various other occasions opposed innovations which seemed calculated to impair the practice of surgery. Thus, when it was proposed to abandon what may be truly called the perfect operation for hydrocele by injection with iodine, and to substitute for it the introduction of metallic setons, I expressed disapproval. When it was proposed to abandon the strictly limited and certainly effectual incision for fistula in ano, and resort in its stead to useless injections with iodine, I expressed disapproval. When it was proposed to burn out simple tumours with destructive caustics, instead of removing them by the knife, I expressed disapproval. When, instead of a slight incision, it was proposed to remedy fissures and spasmodic strictures of the anus by forcibly rending and roughly tearing through the parts concerned, I expressed disapproval. When it was proposed to suppress hæmorrhage by means of needles instead of ligatures, I expressed disapproval, on the ground that such a procedure was uncalled-for, inexpedient, and in most cases impracticable; so that, when contrasted with the facility, safety, and efficiency of the ligature, it reminded one of the powders for killing fleas, which required that each of them should be seized by the nape of the neck so as to make him gape and admit a mouthful of the poison. When other objectionable proposals were forced upon attention, I pursued the same course; but while thus defending my own province from the injurious inroads of a would-be improver, I have scrupulously avoided any interference with projects relating to other departments of teaching. Thus, when it was proposed to accelerate the progress of sluggish babies in entering the world by applying sucking-pumps to their tender scalps, however much commiserating the helpless victims of an inventive genius, I left the matter entirely to my obstetric colleague and his pupils. It appears that my example in this respect has not been followed, and that in a pamphlet recently published I have been charged, not only with ignorance of my Profession, but with want of good faith in teaching it. Such vulgar insolence I treat with the contempt it deserves."

Mr. Syme concludes by relating some particulars of all the needle operations performed in the operating-theatre of the Royal Infirmary of Edingburgh, the results being in each case unfavourable, and one case terminated in death.——Dr. E. HEADLAM GREENHOW commences a clinical lecture "On Addison's Disease," and after briefly describing the nature of the investigations made by Dr. Addison, he proceeds to sketch out the constitutional and local symptoms presented by some cases which have come under his own care, together with others which he watched while they were treated by Dr. Addison. The constitutional symptoms are chiefly those of great debility without any apparent cause; and the local appearances are those presented by the skin, which furnishes, in fact, the chief diagnostic evidence of the disease. Dr. Greenhow believes that the symptoms peculiar to Addison's disease occur only in connection with that form of disease of the supra-renal capsules which has been commonly called tubercular; although, as is well known, Dr. Addison's cases included many other affections of those organs. Dr. Greenhow illustrates his remarks by the description of a case which was treated in the Middlesex Hospital, and which presented the well-marked features of Addison's disease, the supra-renal capsules being found, after death, to be converted into tuberculous matter.——Mr. JOSEPH LISTER continues his communication "On Excision of the Wrist in Caries," and he now minutely describes the successive steps of the operation, which is a very difficult one in consequence of the number of bones, tendons, vessels, and nerves concerned in the incisions. Notwithstanding the number of structures divided, however, it appears from Dr. Lister's experience that a serviceable hand may be obtained. The ends of the diseased bones are sawn off, and sometimes it is necessary to remove considerable portions of the metacarpal bones. Some of the tendons are divided, but they form for themselves new attachments in the progress of the case towards cure, but others of the tendons are avoided in the operation.——Dr. MARION SIMS continues his "Clinical Notes on Uterine Surgery," his subject being "Painful Menstruation," in remedying which he recommends the division of the os uteri by a cutting instrument. After describing other methods of dividing the structures, as by the hysterotomes of Dr. Simpson and Dr. Greenhalgh, he advises the use of a pair of scissors, cutting from without inwards and from two opposite sides, the proceeding being made visible to the operator by means of the speculum. After the operation, it is advisable that the patient should remain in bed for a few days to obviate hæmorrhage.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. BENCE JONES continues his lectures "On Chemic and Mechanical Diseases and their Relationship," th present lecture being on Diseases of Suboxidation—o Acid Gravel. The situation of the gravel or stone described as being either the pelvis of the kidney, t ureter, the bladder, or the urethra; and in all the localities its presence gives rise to more or less inco venience. The treatment of acid gravel is a diffic problem; for, although uric acid is soluble in potash, t

aggregated form of calculus opposes an obstacle to solution, while the mucous membrane of the bladder is intolerant of the presence of strong alkalies. The treatment of stone or gravel in the kidney or ureter must be palliative, consisting in the administration of opium, aperients, chloroform, or ether, and the use of the hot bath and fomentations. Surgical means are necessary for removing the stone, but Dr. Jones expresses a hope and belief that in process of time the advances made in chemistry, galvanism, and surgery will enable us to dissolve stone in the bladder, and thus obviate the necessity of operation. ——Dr. Lionel Beale continues his papers "On Nutrition," his present subject being the discussion "Whether Tissue exhibits Vital Properties?" In answer to this question, Dr. Beale asserts that all formed material is matter in which life has entirely ceased, and that matter which manifests *life* does not exhibit *form*.——Mr. R. Cooper Todd relates a "Case of Aneurism of the First Portion of the Femoral Artery treated by Compression." The case was unsuccessful; the tumour enlarged and became diffused; the patient suffered from hectic fever, and at last died from exhaustion seven months after the appearance of the aneurism. The post-mortem examination showed extensive atheromatous disease of the arteries, and the aneurismal tumour was of enormous size, filling the whole iliac fossa.——Dr. Henry Osborn contributes a paper "On the Action of Water containing Nitrites and Nitrates on Iron, Lead, and Zinc."

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 14, 1865.
Dr. Alderson, F.R.S., President.

(Continued.)

Dr. Thos. Hillier read a paper on

CONGENITAL HYDRONEPHROSIS, IN A BOY FOUR YEARS OLD, REPEATEDLY TAPPED; RECOVERY.

The patient was born with great enlargement of the abdomen, simulating ascites, for which it was mistaken till he was nearly four years old. It was then ascertained to be an enormous cyst springing from the right lumbar region. From its great size it caused difficulty of breathing and prevented his walking. The cyst was tapped in front, and 102 fluid ounces of clear non-albuminous fluid was drawn off, having all the characters of dilute urine. The fluid rapidly re-collected, and on a second tapping was found to be albuminous and purulent, but still to contain a considerable quantity of urea. Attempts were made to establish a permanent fistula anteriorly, and then posteriorly; but on each occasion the fluid after a time ceased to flow. Much irritation and depression followed the several tappings, so that the patient's life seemed to be endangered. After one of the operations a quantity of fluid was passed from the bladder exactly similar to that from the cyst, and quite unlike what was usually passed from the urethra; a temporary communication thus obviously being established between the cyst and the bladder. The patient has now been left without operation for some months, and has regained his strength; but the cyst remains, varying from time to time in size, and his urine is often purulent and fetid. It is presumed that there is some congenital malformation of the right ureter which renders it liable to occlusion, but admits, under some circumstances, of the passage of fluid. Cases of congenital hydronephrosis due to obliteration of the ureter were quoted, proving fatal in infancy; one a case of an enormous cyst, apparently a dilated kidney, from obliterated ureter, in a woman who lived to the age of twenty-three years; and one of double hydronephrosis in a youth who lived to the age of seventeen years. In the latter case the ureter on one side was much constricted, and on the other entered the pelvis of the kidney obliquely, and was guarded by a valvular obstruction. Expectant treatment, the author observed, seems to be the only measure indicated. Extirpation of the cyst is inadmissible from the dangers of the operation, owing to proximity to the sympathetic ganglia, and to the liability to hæmorrhage and peritonitis. Tapping was recommended in case of distension so great as to endanger life. It would seem that when the distension reaches a certain point, the ureter allows of fluid to pass down it.

Dr. Hillier said he would have brought the patient, but not knowing the time at which the paper would be read he was unable to do so.

Dr. Webster protested against the use of French words in the paper; for instance, gramme and metre. It was far better to adhere to English words. He felt strongly on the subject, and he added that the Society would think it strange if in any communication he were to introduce a Spanish or a Russian word.

Dr. Hillier said it was impossible to adopt the volumetric system of analysis without French weights and measures.

OBSTETRICAL SOCIETY OF LONDON.

Feb. 1st, 1865.
Dr. Barnes, President.

Dr. T. Snow Beck read a paper

ON PUERPERAL FEVER.

The author related minutely the case of a young lady aged twenty-four years, who was confined of her first child, presented symptoms of puerperal fever on the second day, and sank three days afterwards, or on the fifth day after her confinement. He pointed out that the leading feature in the case was the absence of that contractile power of the uterus necessary to the expulsion of the child and provide for the safety of the mother after its birth, this being apparent at each stage of the labour—the languid contractions of the uterus, the inability to increase the force of these contractions by the usual agents, the requirement for the use of the forceps, the necessity for the removal of the placenta, the hæmorrhage which followed, the existence of a large flabby open uterus when the hand was introduced, the great difficulty to induce sufficient contraction of the organ to prevent further hæmorrhage, and the impossibility to procure a firm persistent contraction after the cessation of the hæmorrhage. This lax condition of the uterus permitted the uterine sinuses to remain pervious, and arose from the absence of that due contraction of the muscular tissue which is essential to prevent any fluids circulating along their canals. Another case of puerperal fever was given, which also occurred in a healthy young woman, after apparently a perfectly natural labour, and which proved fatal on the ninth day. The body was examined thirty-six hours after death, and copious effusion of fluid into the abdomen, with shreds of soft friable recent lymph, and some injection of the peritoneum, were found. The uterus was large, pear-shaped, even on the surface, soft, and rather flabby; its interior was everywhere covered by a soft membrane, which presented the usual microscopic characters of the mucous membrane, and was covered by a red mucous secretion. All the tissues of the uterus were examined, and found to be perfectly healthy; no appearance of inflammatory product presented itself in any part of the organ, but the uterine sinuses were open, and water thrown into the larger veins of the abdomen readily traversed these canals, and escaped at the open orifices on the surface of the uterus. From the careful examination of these cases the following deductions were drawn:—1. The phenomena of puerperal fever may be produced by the introduction of poisonous fluids into the general system. 2. The uterine sinuses remaining pervious to the flow of fluids would afford a means by which the poisonous fluid or fluids would enter the system. 3. The pervious condition of the sinuses remained in consequence of the absence of that firm and persistent contraction of the uterus after childbirth which appears necessary to effectually close these canals, and present all circulation of fluid along them. 4. The secretion from the

interior of the uterus was probably sufficient, when mixed with the blood, to induce the effects observed. And it would further follow that—5. The various phenomena observed in puerperal fever may arise from this cause, modified infinitely by many incidental states; and the various inflammatory actions and products observed in the course of the disease would not be the essential parts of the disease, but morbid phenomena which occurred during the course of it. 6. The primary though not the only object in the prevention of these attacks of puerperal fever will then be to procure a firm, complete, and persistent contraction of the uterus after the birth of the child, and thus effectually to shut off all circulation within the vessels of this organ. The author considered that these cases gave a decided negative to the opinions that puerperal fever was caused by uterine phlebitis, lymphangitis, endometritis, metritis, or any similar inflammatory condition of the uterine organs, as no product of inflammation was anywhere discovered after a careful and even microscopic examination. The results were also opposed to the opinion of Cruveilhier, who compared the internal surface to a vast solution of continuity, and the gaping orifices of the sinuses to the open-mouthed vessels of an amputated limb. For here the internal surface of the organ was everywhere covered by a soft membrane containing all the elements of the mucous membrane, and covered by a red mucous secretion; whilst the gaping sinuses could only be compared to the open-mouthed vessels of an amputated limb when the uterine sinuses were pervious and admitted fluids to circulate within them: the real point of comparison not being the open orifices, but the open canals leading from these into the veins of the general system. The comparison between puerperal fever and surgical fever was also founded on an erroneous basis; for again, a natural condition of the vessels of an amputated limb was compared with an unnatural state of the vessels of the uterus, which ought not to be, and might in the majority of cases be prevented. The propositions given by Dr. R. Ferguson in his valuable essay "On Puerperal Fever" were examined. The author differed essentially from Dr. Ferguson on the causes of the vitiation of the blood and on the varieties of puerperal fever. The effect of this noxious impregnation of the general system was next considered, and it was shown that the quantity modified the result in a most singular way—a small quantity being eliminated by intestinal or urinary secretion, whilst a larger dose killed. When the uterus was very lax, and admitted of a ready flow of noxious fluid through the sinuses, the woman was stricken down as if by some fell pestilence, and sank in a few hours—"where the secretions are all suspended, and the patient sinks with rapidity." Where the deleterious fluid is introduced in smaller quantity, the system, after a vain struggle with the poisonous infection, sinks in a few days, the chief morbid appearance after death being extensive peritonitis of a peculiar character, copious exudation of soft friable lymph, and much serosity. To a yet smaller amount of deleterious impregnation were attributed uterine phlebitis, metro-peritonitis, distension of the lymphatics with purulent fluid; the effects being more local, and the inflammations being the consequences of the first changes induced. Whilst a still smaller amount of infection would produce low febrile conditions, extending over an indefinite period, and sometimes inducing purulent infiltration in various organs of the body. Each of these states being influenced by a variety of concomitant circumstances—as the original condition, state of health, the character of the fluids secreted, the existence of any diathetic disease, epidemic influences, &c. On the question of contagion and the occurrence of epidemics, the author showed that the most experienced in this disease varied so much that no decided conclusion could be drawn. The prevention of the disease, it was urged, could be most effectually accomplished by procuring a complete and persistent contraction of the uterus after the completion of the labour; and that the means usually recommended were not sufficient for this object, it being generally considered sufficient to procure such an amount of contraction as to prevent any hæmorrhage, though it was necessary to go beyond this point of contraction before the safety of the woman could be secured. A nourishing and supporting diet was also necessary to remove the physical fatigue and mental anxiety of the labour, to restore the health from the waste occasioned by the previous months of pregnancy, and to enable the woman to pass through the subsequent changes which had yet to take place; much, however, depending upon the previous habits, state of health, and other incidental circumstances. On the subject of treatment, when the disease was once developed, the principles were considered to be—(1) to prevent the further injurious impregnation of the system, either by obstructing the further flow along the uterine sinuses, or by removing the noxious fluids from the interior of the uterus; (2), by supporting the system during the struggle in which it is engaged, and by meeting any incidental complication which might present itself; and (3), perhaps a further source of treatment was now afforded, which might enable us to counteract, to some extent at least, the deleterious impregnation which has already taken place. The first would be attained by procuring, if possible, the further contraction of the uterus, or by inducing the coagulation of the blood in the uterine sinuses. But the principal curative means appeared to rest upon the removal of all noxious fluids from the interior of the uterus, by cleansing it with a tepid solution of any sulphite or hyposulphite of soda each day or oftener; and should any fluid gain entrance into the uterine sinuses, it would probably be more beneficial than otherwise. The means to support the system were too well known to require further notice; whilst deleterious impregnation, which had already taken place, might be met by the internal administration of sulphite of magnesia or lime, in doses of one scruple to half a drachm every two or three hours.

Dr. GRAILY HEWITT stated that, having had considerable opportunities of witnessing the disease now under discussion, he would give some of the results of his own observations, although it was impossible in a few words to include a consideration of all parts of the subject. He had long entertained the idea that a very close connection subsisted between a loose relaxed condition of the uterus after delivery, and the supervention of puerperal fever. He had followed a plan of treatment based on this idea, and had frequently insisted upon it in teaching. He considered that the author of the paper had offered anatomical proof of what had been a matter of surmise among many obstetric authorities of late years, namely, that puerperal fever and allied disorders are not necessarily and inseparably connected with the existence of inflammatory changes in the tissues of the uterus and neighbouring parts. He believed, with the author, that the disease arose from the introduction of putrescent or decomposing material into the uterine sinuses, and thence into the general circulation. This was the case in by far the majority of instances, but he believed that the poison was sometimes introduced by other channels. He could not regard puerperal fever as a disease *per se*, and he considered it would be difficult to distinguish anatomically and pathologically between ordinary puerperal fever and that condition produced by the contagion of scarlet fever or other fevers in the lying-in woman; for though the cause might be different, the effect was or might be the same. The essential part of puerperal fever is poisoning of the blood, and this may be effected in various ways. He had, as he had already stated, observed a very close connexion to subsist between the relaxed uterus and puerperal fever; he had always found the uterus larger than it should be at the outset of the attack, this increase of size being accompanied with tenderness and other signs. In this respect, therefore, he quite agreed with the author of the paper. It would afford confirmation of the truth of this view of the subject to describe the treatment which he (Dr. Graily Hewitt) had for some time adopted in cases of puerperal fever and its results. Disregarding entirely and completely the old ideas as to inflammatory changes in the uterus, he was in the habit of applying the bandage very tightly over the uterus the moment the first symptoms appeared, and of administering internally a stimulant diet, including large doses of alcohol. Other remedies were

used, but they were quite subordinate. Depleting and lowering medicines were wholly omitted. The quantity of alcohol given was sometimes at the rate of as much as two ounces of brandy every two hours. This treatment he had seen cut the disease short in the course of twelve hours. He had the greatest confidence in the efficacy of such treatment in bad cases of puerperal fever, having seen not a few apparently hopeless cases recover under it. In reference to the prophylaxis of the disease, these observations were interesting. The binder served a very important purpose, and he was in the habit of paying the greatest attention to its careful application; believing that in a well-contracted uterus we have the best safeguard against puerperal fever. The facts related by the author of the paper bearing on this latter subject were very important.

The President said the subject was one of such paramount importance that it deserved a special discussion every year. He believed if attention were thus continually brought to it, that much would be done in the way of preventing this the most destructive of all causes to puerperal women. It was impossible to advert now to more than one or two points. He agreed with Dr. Beck that puerperal fever was a distinct thing from typhoid or scarlatina, which often attacked puerperæ but preserved their essential characters. On the leading idea of the paper—the necessity of contraction of the uterus as a preventive of puerperal fever,—he would say, that contraction was eminently desirable to accomplish, but he had seen repeatedly puerperal fever occur in women after perfect contraction, and, on the other hand, no puerperal fever although the uterus remained relaxed. After the great discussion at the Académie de Médecine, Dr. Martineng published a memoir setting forth this view, and advocating the use of ergot and all means to ensure contraction as preservative against fever. Dr. Barnes, having under observation 2,000 or more cases yearly of poor women attended by the Royal Maternity Charity, thought he was able to negative the proposition that puerperal fever was more frequent amongst the poor and badly fed. The cases in the Charity were very rare. For one case amongst these women he saw ten amongst the easier classes. As a means of preventing the loss of blood—as hæmorrhage undoubtedly predisposed to puerperal fever,—he had found nothing of equal efficacy to the injection of a solution of perchloride of iron into the uterus after clearing out the cavity of placental remains and clots. He had used this plan for several years, and in a large number of cases after labour and abortion, and had always had reason to congratulate himself upon the result. The perchloride of iron had the further advantage of being antiseptic. He had certainly saved several women from death from flooding, and believed these and others had been rendered less liable to puerperal fever. In reply to a question from Dr. Timothy Pollock, the President stated that the plan he adopted was to carry in his "obstetric bag" a saturated solution of the salt. Of this solution he used one part to eight of water. But he thought that even a weaker solution was sufficient. It instantly coagulated the blood in the mouths of the uterine vessels.

Dr. Snow Beck briefly replied, and stated that he considered puerperal fever essentially distinct and different from typhus fever, typhoid fever, scarlet fever, or any of the acute specific diseases: each of the latter being caused by a distinct and definite poison, which might be communicated from individual to individual in the same ward; whilst the former was produced by the introduction of putrid or similar fluids into the general system through the sinuses of the uterus, when they remained pervious after a confinement, and was *not* communicated from individual to individual in the same ward. Perhaps the term "puerperal fever" was not the most appropriate, but it had been consecrated by long usage, and it was not desirable to change it without good cause. There was a great distinction between puerperal fever and febrile states occurring during the puerperal period, the former being incurable up to the present time, the latter readily admitting of cure. This distinction had been clearly drawn by Professor P. Dubois. He had used the soluble sulphites as injections for cleansing the interior of the uterus, from the opinion that they were the most effectual agents in correcting the condition of the fluids secreted. But he had no doubt other agents would be found equally and perhaps more efficacious, and amongst them possibly the preparation of iron mentioned. But if it were even admitted that this plan of treatment was advisable, and devoid of the great danger sometimes attributed to it, then an important step had been attained. He, however, would strongly urge the necessity of procuring complete and persistent contraction of the uterus, and of carrying this contraction further than was usually considered sufficient, as being one of the most effectual means of preventing this most serious disease. He thought that by separating the many diseases occurring during the puerperal period, and included under the one designation "puerperal fever," though differing essentially in their nature, course, and treatment, great good would result.

HARVEIAN SOCIETY.

Thursday, February 16.

President, Dr. Langmore.

(Continued.)

Mr. J. Z. Laurence referred to the fact that tropical animals died of phthisis in this country, and to the experiments made on pigeons and rabbits by exposing them to cold, damp, and privation of food, which had developed tubercles. He thought the paper was a most valuable one.

Mr. Jakins observed that diet was, in his opinion, of the greatest consequence in the treatment of phthisis; and he had remarked that the disease was usually ushered in by a diminution of appetite, among other phenomena.

Dr. Ballard said he would no doubt be considered unorthodox, but he much doubted the frequency of hereditary transmission of phthisis. In his opinion, the fœtus was too short a time in the uterus, compared with the length of time spent out of it, to admit of it being supposed that it came into the world with a tendency to the disease. Then it must be remembered that the mothers were themselves delicate, and consequently that their milk was not good; this accounted for the so-called inheritance of the disease in many instances. In short, phthisis was, he thought, engendered by want of nutrition either in infancy or afterwards.

The President said that Dr. Ballard's views were, in his opinion, erroneous, since the fœtus in utero was sometimes affected with tubercular disease. He had found benefit in the treatment of phthisis from the long-continued use of preparations of iron, although, no doubt, the main treatment was, as the author observed, open-air exercise and good food.

Dr. Drysdale, in reply, said he had shown that hereditary transmission was an antecedent in about *one-fourth* of the cases. With regard to poverty being a frequent antecedent of phthisis, he would refer Dr. Cock to the works of Villermé, Lombard, and also to Christison and Greenhow's statements for a corroboration of this fact. Unhealthy occupations are, in a great measure, the effects of poverty; well-to-do people will not enter them. When he used the word *deductive* it was in contradiction to *experimental*, not to *inductive*. All correct *deduction*, as shown by Mr. J. Mill ('Logic,' vol. i.) implied—(1) Induction, (2) ratiocination, and (3) Verification. With regard to Dr. Morton's objections to to Dr. Maudsley's and his own views as to the causation of the mass of extreme poverty in this country being owing to over-population and large families, he would merely observe that this view was now, he believed, considered axiomatic by all who had examined the subject with care. This could not, he believed, be remedied by emigration or by education of the poor, but by a strong public opinion as to the inadvisability of so rapidly multiplying large families. He thought Dr. Ballard's views untenable. In former times Lugol had held the direct contradictory of Dr. Ballard's views.

(Continued at page 226.)

THE MEDICAL CIRCULAR.

WEDNESDAY, APRIL 5, 1865.

THE LONDON ANTI-QUACKERY ASSOCIATION.

We are happy to announce to our readers that the onslaught on the quacks, so courageously inaugurated in this Journal, will not be allowed to drop. Several gentlemen of position, in and out of the Profession, have held a meeting and agreed upon an outline of an association for the suppression of quacks and quackery in all their phases and evolutions; and that this Journal shall be the mouthpiece of their deliberations and proceedings in suppressing this, one of the most grievous of our social evils.

LEGISLATION FOR CHEMISTS AND DRUGGISTS.

In our last number we alluded to the fact that two Bills were now before Parliament, having for their object the regulation of the education and qualifications of chemists and druggists. Since our remarks were published, both Bills have passed their second reading, and have been referred to a Select Committee of the House of Commons. This circumstance shows at least that *some* Medical or *quasi*-Medical questions are pushed on with considerable celerity in Parliament, and ought to encourage us to hope that an amendment of the Medical Act is not a hopeless aspiration, even in the present fast-expiring Session.

Of the two Bills having for their object the regulation of the practice of Pharmacy, one is introduced by Sir Fitzroy Kelly and the other by Sir John Shelley. The first, as we noticed last week, is drawn up in the interests of the Pharmaceutical Society, which will gain an immense accession of influence and emoluments if it should be passed into a law. The other Bill is known to emanate from the United Society of Chemists and Druggists, which has long entertained a feeling of jealousy towards the Pharmaceutical Society, although on what grounds it would not be very easy to explain. The Pharmaceutical Society already possesses an efficient organisation; it comprises within its body most of the respectable members of the trade, and has instituted lectures, practical instruction in pharmaceutical chemistry and botany, and examinations as tests of capability to practise. At present, however, the membership of the Pharmaceutical Society is a voluntary act on the part of those who practise the trade, and no one need submit himself for examination unless he pleases.

We gave last week an outline of Sir Fitzroy Kelly's Bill, which is, in fact, an amplification and confirmation of the existing statutes in reference to Pharmacy, and an extension of the present aims and objects of the Pharmaceutical Society, which, in the event of the passing of the Bill, will become invested with very ample powers. Sir John Shelley's Bill, which is opposed in its principle to any recognition of the Pharmaceutical Society, admits the necessity of qualification for chemists and druggists, but limits the test "to a knowledge of the nature of drugs and medicines in general use, with their doses;" and proposes to conduct the examinations by means of local boards throughout England and Wales.

Without entering into a critical and analytical examination of the two Bills to which we refer, we might perhaps, in the interest of our Profession, be disposed to exclaim, as of the disputes between the Capulets and Montagues, "A plague on both your houses!" as it is not easy to discover how the success of either measure can be at all advantageous to the practitioners of Medicine. We might, perhaps, go further and argue that, although there is nothing on the face of either Bill which seems opposed to our interests, yet that indirectly some of us may be very seriously injured by the operation of one or the other.

If pharmaceutical chemists were really what they pretend to be, and confined their ministrations to the preparation of drugs from the prescriptions of physicians and surgeons, there might be no harm, and indeed very much good, from the proposed legislation; but the fact is, that the great part of the business of many chemists and druggists consists in prescribing as well as dispensing medicines, and thus they become formidable rivals to the legitimate practitioner. Let us suppose a street, in one of the houses of which there lives a regular practitioner of Medicine, who is a Doctor of Medicine, and a Surgeon, and perhaps, in addition, a Licentiate of Apothecaries' Hall, but who lives in a private house; and close by him there is an open shop with red and blue bottles in the window, and behind the counter a person who has perhaps paid a few pounds for the stock and fixtures of the shop, but who has undergone no examination, and has received no professional education whatever. Now, of these two persons, the Medical practitioner will, in all probability, get no patients at all, while the druggist will drive a thriving business in attending to and prescribing for the ailments of the persons who resort to his shop. As this is the age of free-trade, there is nothing at all to induce the patient to prefer the qualified to the unqualified man, and indeed, in the eyes of the public, they both stand on exactly the same footing, as the blue and red bottles are held quite sufficient to confer all the necessary degrees for Medical practice. Now, the passing of a Pharmacy Bill will, in fact, although it does not profess to do so, legalise what is at present illegal, and will give to what is called counter-practice the sanction of law, which is at present withheld.

But there is another aspect of the question, in which the interests of a large section of our Profession are very materially concerned. It is known that many of our body commence their career by keeping an open surgery, and combine the sale of drugs with the practice of the Profession. We are not defending this practice, and we are aware that many and very strong arguments may be brought agrinst it; but still we must take the matter as it stands, and must admit that many of our brethren are obliged, from motives of expediency, to adopt the plan alluded to. Now, a qualified and well-educated Medical man, keeping an open surgery in a populous district, really confers a boon on the neighbourhood, and he exchanges, for a comparatively small expenditure of money on the part of the patient, a great amount of wholesome advice and appropriate medicine; while his neighbour the chemist and druggist brings no intellectual training at all into the market, and merely sells his drugs as any other tradesman sells his wares. He can afford to sell at a much lower price than his educated rival, and thus the public, who make no distinction between the two, are in the end deceived and maltreated. In case of a

Pharmacy Bill becoming law, nearly every vestige of distinction between the qualified practitioner and the druggist would be broken down, for each would then possess a certificate of qualification, and the public would regard both as of equal value.

For these and many other reasons, we cannot commit ourselves to a support of either of the Pharmacy Bills before Parliament; and, indeed, we look upon them like the introduction of the thin end of the wedge, or rather as the driving in still deeper of the wedge which has been already long introduced; and we exhort our Medical brethren to watch narrowly the progress of the measures, the passing of which may be very detrimental to our Profession.

A LATE INQUEST IN ST. GILES'S WORKHOUSE.

Some weeks since an inquiry was commenced by Dr. Lankester and a jury, concerning the death of a man who had been for a short period an inmate of St. Giles's Workhouse, and who died in that establishment. The inquiry was adjourned from time to time, and came to a conclusion only on Thursday last, when the jury found that the death occurred from natural causes, but that the conduct of all the officials of the workhouse was deserving of blame. The Coroner expressed his conviction that the dietary was certainly insufficient for a man in the deceased's state. As, no doubt, he thought it was with the sanction of the Poor-law Board, the authorities could not be held amenable for it. If the jury felt that the poor man had been subjected to neglect, and that his death had thereby been accelerated, then the parties guilty of such neglect would be guilty of manslaughter, but in that case they would have to fix some person or persons with the responsibility. At the conclusion of the Coroner's address, the court was cleared, and after a consultation of about half an hour it was reopened, when the foreman announced that the jury had agreed unanimously to the following special verdict and resolution:—"That Richard Gibson was found dying and did die from the mortal effects of effusion of serum on the brain, and the said jurors further say that the said death was greatly accelerated by the neglect the said Richard Gibson received at the hands of the whole of the officials connected with the St. Giles's Workhouse." The jury desired to append to their verdict the following resolution:—"The jury impannelled at the Oporto Stores, in the parish of St. Giles's-in-the-fields, on the 15th and 21st of February, and on the 21st and 30th of March, 1865, to inquire into the death of Richard Gibson, desire to call the attention of the Poor-law Board to ward 47 of St. Giles's Workhouse, in which the said Richard Gibson was confined during his illness. They think the said ward is deficient in lighting, ventilation, and proper accommodation for the patients, as well as its very bad position, and ought to be closed. They also think that the dietary of the sick poor in the said workhouse is deficient, and that patients ought not to go from four o'clock P.M. to eight o'clock A.M. without food. They also think that more paid nurses should be appointed to attend the sick, and they are of opinion that the neglect of the nurses to change the linen in the case of Gibson is severely reprehensible. The jury also beg to express their acknowledgments and thanks to Sir Thomas Henry, chief magistrate at Bow street, for the prompt attention he paid to the information he received of Richard Gibson's illness, without which the present inquiry would probably not have been held." The Coroner expressed his cordial concurrence in the verdict and resolutions of the jury, and said they should be forthwith forwarded to the Poor-law Board. The proceedings of this protracted inquiry then closed.

This is another instance of the mismanagement of our parochial infirmaries, the condition of which we have before described as being disgraceful to our age and country. In the present case there is no attempt, such as is too often made, to throw the whole blame on the Medical officer, and to make him the scapegoat for the faults of his employers. We are, indeed, informed that the Medical officer of the St. Giles's Workhouse is suffering from ill-health, and that he was unconnected altogether with the circumstances leading to the recent inquiry, although he was in some measure responsible for the conduct of the gentleman who officiated for him. The latter gentleman was lately laid up with typhus fever, probably contracted when attending the patients at the workhouse, and his illness caused the postponement of the inquest.

As we have frequently noticed the subject on former occasions, we can only repeat that the treatment of the sick poor in the Holborn Union Workhouse and in St. Giles's Workhouse, and in other similar establishments, is merely the type of what this class of our fellow-creatures is daily and hourly enduring at the hands of the so-called Guardians of the Poor; but it is only by an occasional inquest and by the appearance of sensation-leaders in the newspapers that the truth is ever brought to light. The system goes on just as usual, and as the victims of mismanagement are "only" paupers, nobody is punished, and the particulars of each case are soon forgotten. The Medical officer, being very badly paid and being under the absolute control of the Guardians, dares not, under fear of dismissal, remonstrate against the abuses he perceives; and as for the Poor-law Board, it invariably takes the part of the Guardians, and in their defence never hesitates to sacrifice either paupers or Medical officers, as the case may be. Individually, the members of the Poor-law Board are no doubt humane men and educated gentlemen; but as a body they truckle to the side of those who possess most political power, and as the unfortunate paupers have no power, either political or otherwise, and no friends, they are necessarily sacrificed. In the recent case at St. Giles's, there will probably be the farce of a Poor-law inquiry into the conduct of the officials, and the end will be that a well-paid inspector will gravely examine into the matter; and as there is no Medical officer to be cashiered or censured, all the rest are sure to be exculpated, and the recommendations of the coroner's jury will be ignored.

DIFFERENCES AMONG DOCTORS.

A disputed case of railway compensation for an accident was tried at Kingston last week, and elicited, as is usual, a great amount of contradictory Medical evidence. It was an action by a literary gentleman to recover damages for injuries sustained through a concussion caused by a collision upon the South-Eastern Railway Company's line. The Company admitted the cause of action, and paid 1s. into court; not that they disputed a liability to substantial damages, but in order to preclude the case from being taken before the Sheriff, and to secure a trial at the assizes. The question was entirely as to the amount of damages, the point in dispute being as to the extent of injury caused, and whether it was or was not permanent. Upon that point the case was of interest on account of the conflict of Medical testimony.

The plaintiff, who laid his damages at 20,000*l.*, was a clerk in the War-office, at a salary of 215*l.* a year, rising 10*l.* every year. He was thirty-two years of age, unmarried, and, according to the evidence, before the accident he was rather a fine man and in robust health, and he added to his income by literary pursuits. He acted as private tutor, and was the author of several works. The case on his behalf was in substance, that he had sustained a severe injury of

the brain, and that the result was that he was entirely prostrated, and one side of his body was paralyzed, and that he was, in fact, a "total wreck," and, indeed, was reduced almost to imbecility. The accident out of which the case arose was the well-remembered collision in the Blackheath tunnel on the 17th of December last. There was no question that the accident had arisen from the negligence of the company's servants, and most of the other cases had been settled. In the present instance, however, the company conceived that the extent of the injury was exaggerated, and that the amount of the claim was excessive, although they admitted some substantial injury and repudiated the suggestion that it was a case of "sham." As the accident was admitted on the record, no direct evidence of it was or could be adduced, but indirectly and incidentally the Medical witnesses for the plaintiff, in stating the account which he gave them, at the time, of the nature of the injury he had sustained, repeated at second hand a sort of statement of it, from which it appeared that by the effect of the collision he was thrown violently forward against the compartment of the carriage, pitching upon the top of his head, so as to double it up in his neck and force it back upon the point at which the skull joins the top of the spine, and thus a terrible shock, it was said, was given to the whole cerebral and nervous system. The question was as to the nature and extent of the injury thus inflicted, and whether it had caused a "lesion," or organic injury to the brain, which, it was admitted, would hardly be curable. On the part of the company, although a serious injury was admitted, this latter result was disputed. There could be no doubt that symptoms resembling paralysis of the leg and arm on one side to some extent had supervened, but it was disputed whether this was paralysis which arose from an actual "lesion" of the brain or spinal cord, or was the mere effect of a shock to the nervous system, which might in course of time be cured and removed. The accident, it is to be observed, was in December, and it was beyond all doubt that the plaintiff was still in a bad state, though it was disputed whether he was better or worse. There were certain symptoms of physical pain particularly described by the witnesses for the plaintiff, who himself, on account (as was said) of his state, was not produced. The principal of these physical symptoms, as described, was severe pain from the back of the head over to the forehead. Mr. Quain, of University College Hospital, gave strong evidence as to the condition of the plaintiff, and declared that he believed it would have been dangerous to bring him into court, and he had so advised his attorney. Galvanism had, he stated, been applied as a test so recently as Monday—using the galvanic current on the two limbs said to be paralysed; and the result was that, as a matter of fact—not of mere opinion—the right arm and right leg were paralysed; and he considered that there was paralysis of the brain or spinal cord. The injury, he said, was not to the limbs themselves, or to the head, but to the brain or spinal cord. He declared that, in his opinion, the plaintiff was suffering from disease of the brain and nervous system. Dr. Walshe, Dr. Richardson, Dr. R. Reynolds, and Mr. Hulke, were called to confirm the case on the part of the plaintiff, and their evidence, as already stated, went so far as to establish not merely paralysis, but paralysis arising from organic injury to the brain, and resulting in entire prostration of the mental powers, and even in actual delusions. A clergyman who had lately seen the plaintiff, described him as talking wildly of devils, &c., and, in short, as showing all the symptoms of mental derangement and as being "quite prostrated," with scarcely power of hearing or speech, and with no capacity for connected conversation. The accident having occurred in December, he had been, it was stated, getting worse ever since, and was now reduced almost to utter imbecility. The effect of their evidence in substance was that there was paralysis arising from actual lesion of the brain.

On the part of the company several Medical witnesses were called to disprove the plaintiff's case—namely, Mr. Adams, of the London Hospital; Mr. Skey, of St. Bartholomew's; Mr. Solly, of St. Thomas's; Mr. Headland; Dr. Radcliffe, of the Westminster and the Epileptic Hospitals; and Mr. Critchett, the Ophthalmic Surgeon, of the London Ophthalmic Hospital. The effect of their evidence was that there was no actual "lesion" or organic injury to the brain, and that, although there were symptoms of paralysis, they did not arise from that cause, but were the mere results of the shock to the nervous system. Indeed, one of them said he thought that they had been a great deal aggravated by the inquiries and examinations made by the numerous Medical men (some ten or twelve) who had examined the plaintiff on the one side or the other, and the various experiments they had tried upon him, the effect of which had been, in his opinion, probably to frighten the patient, and lead him to fancy himself worse than he was. The purport of the evidence of the Medical men on the part of the company was, in a word, that if there had been actual "lesion" or organic injury, there would have been other symptoms not observable in this case, and that those which were observed were equivocal and equally referable to paralysis arising from disease or from shock to the nervous system; and they particularly dwelt upon the absence of contraction of the facial muscles; and, on the other hand, the value of the galvanic test was not admitted, and by some was disputed. They denied, in short, altogether any organic disease either of the brain or of the spinal cord, and only admitted the effects of a severe shock to the nervous system; and the practical result of their evidence was that, in the course of a year, with entire cessation from labour, the plaintiff would recover; whereas, the result of the evidence on the other side was that there was an organic injury to the brain which was incurable, and of which the effects would be permanent.

The above abstract of the Medical evidence on both sides shows the great conflict of opinion which the case evoked, but it is not, after all, a fair instance of the "fallacies of the Faculty." The question, in fact, was not to determine whether any injury had been received, or whether or not certain symptoms existed, but whether it was probable that the effects of the accident would be transient or permanent; in other words, the questionable point was the *prognosis* of the case, which must, in almost all diseases, be to some extent doubtful. The Lord Chief Baron put this point very clearly to the jury, and he commented upon the fact that the action had been prematurely brought, for the accident occurred only on the 17th of last December, and it was almost impossible for any one to determine whether the plaintiff would recover or not. As regarded the great and main question, he said, whether the plaintiff was likely to recover, the Medical witnesses on one side and the other were at variance. On the side of the plaintiff, it was said to be uncertain whether or not he would recover. But whose fault was it that the jury had to determine that question so much in the dark? It was said that the plaintiff could not now safely be produced in court. But what necessity was there to bring the action so early and try it so soon? It was almost a pity that there was not some power in the Court to stay the trial of the action in such a case, so that a party might not recover damages on the supposition of an incurable injury, when, possibly, he might hereafter recover. As the plaintiff himself, it was said, was not in a state to give directions, it must follow that the pressing the case on to trial was the act rather of his legal advisers. If it was doubtful at present whether the plaintiff would ever recover, the jury could only deal with it as a doubtful matter. As to the medical evidence it certainly was as much opposed as that of valuers in railway compensation cases. One set of witnesses said that there was "lesion" or organic injury; the other that there was not. On one side they stated that there was paralysis caused by the injury; on the other side, that there was a mere derangement of the nervous system, by reason of the concussion. It was for the jury to consider what was the fair result of the evidence on both sides, especially with reference to the question of the probability of recovery. It was a pity that the action had not been brought some months later, when the condition of the plaintiff and his

prospect of recovery would have been rendered far more clear.

The jury eventually brought in a verdict for the plaintiff, with 5,550*l.* damages, so that the Company probably paid no more than they would have done if no action had been brought.

MEDICAL GOSSIP. By VIGILANS.

No. XIV.

THE BLISTERING TREATMENT IN RHEUMATIC FEVER ON ITS TRIAL—HOLT'S DILATOR ACQUITTED—THE POET OF SEVEN DIALS AND BIDS FOR MEDICAL PRACTICE—POETICAL ADVERTISEMENTS — CHANGE OF TYPE IN DISEASE BY A SCOTTISH COUNTRY PRACTITIONER.

I observe in the 'Medical Times' a case related of "Rheumatic Fever quickly cured by Blisters," under the care of Dr. Davies, which is said to be an excellent example of the safe and rapid results of the treatment advocated by that gentleman :—

"The patient was brought into the London Hospital on Friday night completely crippled from acute rheumatism, and presenting the usual symptoms of that disease. He described his agony as very intense. Ten blisters were at once applied, and a grain of morphia was administered internally.

"On the Saturday evening he was free from all pain.

"On the Sunday he declared himself to be comfortable, and his joints to be moveable.

"On Monday morning he sat up and washed himself, and in the evening was able to walk down the ward to the closet.

"On Tuesday he was perfectly easy, with appetite returned, and thirst absent; and was ordered to have a chop and a pint of Bass's ale, as he had been accustomed to live *rather* freely. The urine in this case was found to be strongly alkaline on reaction, and perfectly free from any trace of albumen as tested by heat and nitric acid. He had had no strangury. On being questioned as to the pain induced by the blisters, he said he would gladly have them repeated were he unfortunate enough to have another attack of rheumatism. No cardiac mischief was developed. No medicine beyond the morphia already mentioned had been administered."

Now, the question is, whether a grain of morphia would not have been sufficient without the blisters. Most certainly we have all of us seen a severe attack of rheumatism yield to a single dose of Dover's powder. If no morphia had been administered, I would have given the blistering all the credit of the rapid recovery, but not when a remedy which we all know to be most useful in such cases accompanies it. I am afraid that, like our patients, we are too apt to ascribe recoveries to the medicines we prescribe, when it is just as probable they were a barrier to our success. Homœopaths have the advantage over us when meddling is carried too far, for literally they give nothing, and the patient profits by the treatment. In this sense I could wish that the do-nothing system, which is akin to homœopathy, were more generally followed in the Profession. I have no wish to disparage or even question the success of the blistering treatment, but, to make me a convert, let me hear of its being adopted without anti-rheumatic remedies. An esteemed friend of mine has been long troubled with a chronic stiffness of a joint: all the usual remedies have been tried in vain; he has placed himself in the hands of a skilful rubber, and no other means are adopted. If the joint recover its mobility under this rubbing system, there cannot be a shadow of doubt that to its influence the cure will be indebted.

I observe that Mr. Henry Smith has attempted, in the 'Lancet' (April 1—rather significant!), an explanation of discrepancies in the history of the death which he had unfortunately ascribed to the use of Holt's dilator. As I said in my last letter, Mr. Smith will gain no *fame* by the recital, nor can I fathom the motive which led to it. Like the cabman who received a sixpence for his fare, I am disposed to exclaim, "I *says* nothing, for the law forbids it; but I *thinks* a dooced deal." It is as clear as the sun at noon-day that the operation was not fairly chargeable with the death. In the relation of such cases, we cannot be too careful in the exactitude of our details. Mr. Smith has been obliged to unsay, to explain, and to modify almost all that he had previously said; and he really has good reason to thank Mr. Holt "for the temperate observations he has made" upon the case. Theophilus is of opinion that Mr. Holt will "come out strong" after it. *Nous verrons.*

I am favoured with several letters from correspondents, one or two of which I append :—

"The Poet of Seven Dials presents his compliments to Vigilans, and observing that euphony is much studied in the phrasing of Medical book advertisements, thinks that these bids for patients might be made more attractive by the aid of poetry. Champagne Wright, Warren, and Day of blacking notoriety, Moses and Co., and many others used to adopt it with great effect. Why should it not be revived by Medical authors? The poet begs to offer specimens of his ability by poetising the announcements of the ear, the skin, and the urine, adverted to by Vigilans' witty correspondent in last week's Circular, and further begs to say that he will undertake to turn out most rhythmical distiches adapted to any other organ of the body on remarkably low terms. He has some very excellent ones on the 'Chordæ vocales,' 'The Liver,' 'The Stomach,' 'The Spleen,' and other subjects, not yet provided for in health, much less in disease, and offering splendid opportunities for speculative young authors to distinguish themselves. Should an author prefer an acrostic or a conundrum, the Poet is equally *au fait* at the work.

"The Poet is free to confess that his muse sometimes fails him, as in the bid for practice, entitled 'Deafness Practically Illustrated,' which has not a spark of poetry or euphony in it: the poet, of course, means in the title, not in the book.

Specimens.

The Ear, when in health,
Will take care of itself;
But, in pain or disease,
Go to Harvey for ease.

When the Skin is in health
You may keep all your pelf,
But diseased—no man can endure it;
So, when the skin itches,
Unbutton your breeches—
Sam Bayfield's the man that can cure it.

The Urine in health and disease
Is as diff'rent as chalk is from cheese:
In health it is clear
As the Lake Windermere,
Or the rivers, the Tay or the Tees.

But with lithates or urates oppress'd,
Or otherwise foul, 'tis confess'd
The man that can cure
And make it run pure
Is Arthur Hill Hassall—he's best.

"The Poet cannot help thinking that the versification of the contents of reviews also would be highly advantageous to their publishers, and he begs to offer the following as a sample. If Mr. Hardwicke should adopt it as an advertisement of his review, he will have the goodness to send five shillings in stamps to P. P., near the Pump, Seven Dials, and the Poet will acknowledge the favour with thanks :—

The 'Popular Science Review'
Contains a deal that is new,
To be had at Hardwicke's,
Two shillings and six,
At Piccadilly, one ninety-two.

There's all about "Signalling Trains,"
A product of Charles Walker's brains;

And then we have "Extract of Meat:"
'Tis Boner who gives us this treat.

A paper "On Sponges" comes next,
From Robert Paterson's text.

Robert Hunt's "Other Worlds than the Earth"
Is a paper of eminent worth.

Leith Adams has pages of words
"On Eurōpean Migration of Birds."

The reader's attention will fix
On the "Lower Kinds of Algæ," by Hicks.

"On the Oldest Known Fossil," by Jones,
Adds another to "Sermons in Stones."

Then the Summary of Science and News
Truly stamps this, the best of Reviews."

TO VIGILANS.

ON CHANGE OF TYPE IN DISEASE.

SIR,—Should no other correspondent, wielding an abler pen than mine, or to whose opinions more weight will attach than to those of an obscure country practitioner, address you on the subject of this letter, perhaps you will afford me space in your columns for a few statements counter to those of "Vigilans" in his twelfth and thirteenth letters, hoping through the same medium to elicit the opinions of other general practitioners, whose reminiscences may extend over the past thirty years, on a question of considerable importance both in its historical and practical bearings.

Though far removed from the exceptional class of "men famous for their writings,"—as the result of my experience among a purely agricultural population—I unhesitatingly assert: That a change of type in disease *has* taken place, and that patients cannot bear bleeding so well as they did twenty or thirty years ago.

That pure idiopathic inflammations occurred much more frequently *then* than they do *now*, and that they *then* required and were benefited by larger and more frequently repeated bleedings than would with impunity be borne *now*; nay, that in a majority of cases the blood itself, when abstracted in inflammation, presents a different appearance *now* from what it then did, and instead of the solid, heavy, liver-like coagulum with thick, tough, cupped crust of the early period, a soft, friable clot, with a flat, soft, friable buffy coat, is that which is now generally met with. Further, that, during the first half of the above period, the mass of diseases which came under the care of the general practitioner was, generally speaking, of a sthenic or inflammatory type, frequently requiring general and topical blood-letting, and, as a rule, the employment of the antiphlogistic regimen; whilst in the same mass of diseases as now met with, the asthenic type is the predominant one, bleeding in any form being rarely or never required, and soups, cordials, and even stimulants, taking the place of the antiphlogistic regimen. In fine, that an early and rapid failure of the vital powers (I use the phrase advisedly, as expressing more than the simple word debility) is a well-marked peculiarity of the diseases of the present day.

I have already disclaimed being "famous" for my writings. Permit me to add, that the opinions here enunciated are not the result of reading, but, as to both periods, the reluctant convictions of my own experience. When I began practice, many considerations inclined me to be as sparing as possible in the use of the lancet. A very short trial, however, convinced me that it would not do; and even with my present views, I recollect with pain, after the lapse of more than a quarter of a century, some cases where bleeding was neglected, or too late, or too timidly employed. The satisfactory results of more than a dozen years' practice, in which the lancet, in conjunction with other evacuants, was regarded as the sheet anchor of the treatment, subsequently inclined me to view with distrust the statements of those who advocated an opposite practice; and to consider that, however suitable such might be to the poor, broken-down constitutions of large towns, it would not do at all with the ploughmen and farmers among whom my lot was cast. The failure of bleeding to afford its wonted relief in several consecutive cases of pneumonia, the great prostration of strength that followed its employment, the altered appearance of the blood, and the advantageous employment of nutritives and cordials in that disease were the first indications of the coming change. The other phenomena already adverted to have since gradually forced themselves on my observation, and led to the conviction "*that a change of type in disease has taken place.*"

I am, &c.,

A SCOTTISH COUNTRY PRACTITIONER.

Perthshire, April 1, 1865.

MEDICAL SOCIETIES.

(Continued from page 221.)

Mr. J. Z. LAURENCE read a paper on

THE FUNCTIONAL DISEASES OF THE RETINA.

The author first defined a "functional disease" as one which, in our present state of knowledge, was not referable to any ascertained deviation from the normal anatomical structure of a part. Mr. Laurence then spoke of "acute paralysis of the retina," adducing several cases he had met with of total and sudden amaurosis after blows on the eye, or in branches of the fifth nerve, where the ophthalmoscope failed in demonstrating the slightest change in the internal structure of the eye. A case was then mentioned of subacute paralysis of the retina, possibly from some extrinsic pressure on the nervous elements of the eye. Mr. Laurence then entered at length into that chronic form of retinal paralysis occurring in a squinting eye. He, in the first instance, proved from an analysis of 112 hypermetropic eyes that in them the retina was naturally below par in its sensibility; then, that strabismus convergens Donders had shown to depend on an hypermetropic structure of the eye. The persistent inversion of the eye, Mr. Laurence considered, contributed powerfully to its loss of vision, the already somewhat inert retina becoming additionally impaired in its perceptive faculty from its constant exclusion from the act of vision. That this really takes place, Mr. Laurence proved from the tabular results of thirty-three cases of strabismus: in no less than twenty-six of the cases the sensibility of the retina of the inverted eye was to that of the straight one as one to six. The author hence urged the imperative necessity of curing a squint early, whether by optical or operative measures. Mr. Laurence then adduced some cases of what Dr. Hughlings Jackson has termed "epilepsy of the retina," and finally concluded by insisting upon the importance of investigating the further relation of the interesting class of cases which formed the subject of his communications.

As Mr. Laurence, we believe, intends publishing his paper in a separate form, we confine ourselves to the above brief abstract of its contents.

On the motion of the President, it was resolved to adjourn the discussion on Mr. Laurence's paper till the next meeting of the Society.

Discussion adjourned until March 2nd, at eight p.m.

THURSDAY, MARCH 2.

A discussion was held on

ALCOHOL IN FEVER.

Dr. C. DRYSDALE observed that the Society had hoped that Dr. Hare would have opened the debate; but in his absence, he would endeavour to put together some of his own ideas on this important question. With respect, then, to the administration of alcohol in fever, he thought we ought to ask at the onset whether this question was to be decided entirely by experience, or whether it was not rather a question which, in addition to experience, ought to be reasoned upon from our knowledge of the physiological action of alcohol. The main difficulty in the experimental method of deciding this question was common to it with all others relating to therapeutical inquiries (in his opinion), viz., there was a great difficulty in tracing causation, when we experimentally administered brandy or wine in fever. This was well seen by the very contradictory statements made by Dr. Todd, Mr. Higgenbotham, &c. Dr. Barclay's

reeent publication had done much to popularise the great and immortal work of Mr. J. S. Mill 'On Method,' and the Profession was now becoming more and more alive to the fallacies lurking in statistics, for deciding a question such as the value of alcohol in particular diseases, on account of the innumerable variety of combinations of circumstances which surround each case. This rendered it necessary that each case should stand on its own merits, and that the principles of treatment should usually be derived from a physiological study of the drugs and ingesta used. With regard, then, to the physiological action of alcohol, Dr. Drysdale observed that be was inclined to say that the experiments lately made by Lallemand, Perrin, and Duroy, in Paris, which had been so ably corroborated by Dr. Edward Smith, seemed to him to have conclusively proved that the doctrines of the eminent chemical philosopher, Liebig, were untenable, since that gentleman had asserted that alcohol was an excellent respiratory food, being burnt in the body like any other non-nitrogenous food. This account of the destiny of alcohol in the body had been long accepted by the mass of physiologists in this country, even the most eminent, with but few exceptions, of which one noted one was that of Dr. Carpenter, to whom great credit was due for his maintaining contradictory views against an overwhelming majority of partisans of Liebig's theory. Dr. Parkes, in his admirable work 'On the Urine,' had said: "The belief that alcohol is very rapidly transformed into aldehyde in the blood (which, however, rests on no satisfactory analysis), and that this substance is then rapidly oxydised into acetic acid, oxalic acid, and carbonic acid, has obtained among the followers of Liebig general credence, and seemed to warrant the opinion that alcohol is a food, and that its combination gives out an equivalent portion of heat. Arguments for the use of alcohol in health and disease have been based on this belief; and the late Dr. Todd, in particular, strongly urged the claims of alcohol to the rank, not only of a stimulant, but of a valuable food." MM. Lallemand, Perrin, and Duroy had shown that alcohol is more easily discoverable in the blood than has been supposed; and they denied altogether its being changed in passing through the body. It is found in largest amount in the lungs, liver, and brain, after death. M. Perrin had stated (1) that alcohol, contrary to what happens with alimentary substances, remains in the blood as foreign substance; (2) unlike them, it is sent out of the body unaltered, through the various channels. This elimination commences almost immediately after the ingestion; is constant, whatever be the quantity absorbed; and continues as long as the blood and organs are impregnated with alcohol. (3) Alcohol undergoes no process of oxidation in the system; (4) it betrays its presence by certain special effects always alike, and which may become rapidly fatal: (5) it accumulates in certain organs (the nervous centres and the liver), which in equal weights constantly contain more of it than the blood does. Thus, alcohol is *no food*. The objection drawn from the inability to reproduce the total quantity taken cannot be received by physiologists. At most, it shows that some portion becomes lost during its stay; not that it has been burnt or destroyed. In answer to objections by M. Baudot, M. Perrin stated that, while maintaining that alcohol was eliminated from the economy, and that it was not a food, it was never asserted that the whole of any given amount taken could be recovered and exhibited. This could scarcely occur in a mere chemical apparatus, however carefully prepared; and the economy was no such apparatus. They had discovered an abundance of unchanged alcohol in the evacuations, the expired air, the blood, and various organs. The experiments of Dr. Edward Smith to ascertain the physiological action of alcohol were interesting. He says: "In adducing the necessity of alcohol in diseases to which it is suitable, I presume we are entitled to cite its action in health; for, whilst the *degree* of action in the former may differ from that in the latter, the *direction* is the same." Dr. Smith had also corroborated the experiments of Lallemand, &c., and showed that, when a moderate quantity of alcohol had been taken by a man or dog, the alcohol could be found in the expired air, the sweat, and the urine, for at least eight hours afterwards. Lallemand, &c., had not collected the alcohol, but had shown its presence by its action on the bichromate of potash (one part dissolved in 300 parts of pure sulphuric acid, a drachm of which is breathed through and the cherry-red colour is changed into emerald-green, if alcohol be present). Dr. E. Smith's conclusions were—(1) that alcohol in moderate quantities excites the brain and raises the spirits; (2) the hands and face are reddened, and the heart's actions increased. The skin becomes dry and hot. (3) It yields a pleasant feeling of warmth in the stomach and alimentary canal; (4) it diminishes muscular force; (5) it is sometimes a diuretic; (6) it causes the breathing to become laboured and irregular. Such were a few of the data which Dr. Drysdale said he thought it necessary to be acquainted with, in order to enter into the practical question of, when should alcohol be given in fever or any other disease? The consequences derivable from the above detailed experiments were, in his opinion, that we must abandon the theory that alcohol is a food, and henceforward use it as a valuable *medical agent*. And, in passing, he might say that this view would, he had no doubt, greatly modify in future the habits of daily indulgence in large quantities of alcoholic drinks in health. His own experience was, that these habits, both among the rich and especially among the uneducated, amounted at present to a very grave error, causing, in vast masses of cases, the miseries of gout, dropsy, and softening of the heart; and there could be no doubt that Medical men, in many instances, had—seduced by the theory of the illustrious Liebig—been too great advocates of such dangerous habits, the consequences of which were daily seen in hospital as well as private practice. Healthy persons should live without alcohol, in his opinion. As to the use of alcohol in fevers, he thought the physician was to be guided towards two great ends—(1) to use it to stimulate the weakened stomach; (2) to act on the nervous system and stimulate the failing heart. Thus, in the last stages of fever, when the body is much wasted and is still wasting, alcohol is indicated to sustain the heart's action and prevent metamorphosis. Wine, he thought, was a better form of alcohol for administration than brandy, and eight or ten ounces of sherry or a little more of claret was as much as was ever required, he believed, given along with milk and beef-tea. He could not see the rationale of the practice of administering as much as twenty-four ounces of brandy in the twenty-four hours; and, although it was a matter in which judgment was difficult, he thought he had more than once seen death follow this heroic practice, where it would not have ensued had less stimuli been taken. Again, it must be remembered that many cases of continued fever required no stimulants. In the case of young persons under sixteen in general, all that is required is nourishment and nursing, and they will usually get well. Dr. Graves's great merit consisted in "feeding fevers," instead of bleeding and purging and mercurialising the patients; but as alcohol was *not a food*, it ought not, in his opinion, to be used as if it were.

Mr. De Meric had not had much experience of his own on this question; but he would mention that one of his children, aged six, having been taken with fever, with flagging pulse and weak action of the heart, was put by Dr. West on large quantities of brandy, and it was surprising what large quantities he took with good effect.

Dr. Anstie said he had listened with interest to the lucid remarks made by Dr. Drysdale; but he must say he disagreed with every proposition advanced by that gentleman. In the first place, he desired to correct a most erroneous impression which was prevalent in the Profession and among the public with regard to the views which were held by the late lamented Dr. Todd. It was commonly believed and said that Dr. Todd, sustained by an extreme confidence in the views of Liebig, as to the alimentary nature of alcohol, imagined that this remedy might be used to any extent with impunity, and that accordingly he did employ it in acute diseases, and more especially in fevers, recklessly. This last word, which had been so freely bandied about by the censors of Todd, filled him (Dr. Anstie) with amazement, not unmixed with a sense of the ludicrous.

For his own part, he had always considered that those practitioners were to be considered truly reckless who used any remedy, whether in large or small doses, without having an accurate knowledge as to what are the symptoms which indicate that the agent is producing specific poisonous effects. Now, it is a fact that Dr. Todd's knowledge of these symptoms was profound; no one ever recognised with such tact and delicacy the first faint signs of any real oppression of the nervous system, or any true alcoholic poisoning; and it was the habit of vigilant watchfulness for these symptoms which taught him the purely theoretical and untrustworthy character of the common ideas as to the action of alcohol in directly increasing febrile excitement. At the present time, and indeed more or less ever since Dr. Todd's death, attempts had been made to revive these theories; and the kinds of arguments used for the purpose were such as to justify us in transferring the charge of "recklessness" from Dr. Todd to his censors. For instance, it is commonly assumed in these arguments that Dr. Todd was indifferent to the production of *intoxication* in febrile disease; and many of the assailants are even so little acquainted practically with the subject in dispute, that they appear to be ignorant of that extraordinary alteration in the reaction of the nervous system under considerable doses of alcohol which takes place in many acute diseases, and which Todd was the first to analyse in a really scientific manner. He was sorry to perceive that even so correct an observer as Dr. Gairdner appeared to be incapable of appreciating the immense importance of this consideration, the constant tendency of his argument being to lay down stringent rules as to the limitation of the quantity of alcohol to be administered in fever, which, in presence of the real disease, in its endless variation of type in persons of the same age and apparent strength, would be perfectly nugatory, and indeed very mischievous. Dr. Gairdner's observations about the less need of alcohol in the treatment of children than in that of adults was true in a general and rough way; but it was one of those rules to which the exceptions are so important, that to persons of moderate experience it might easily prove a most dangerous guide. A previous speaker (Mr. De Meric) had mentioned one pointed instance of the great value of alcohol in the case of a child only six years old; and he (Dr. Anstie) must say that he had seen so large a number of such cases, although he admitted they were rather the exception than the rule, that he felt bound to protest strongly against Dr. Gairdner's wholesale statement. Another misrepresentation of Dr. Todd's views, which had frequently been put forward, was the notion that he neglected to administer the substances ordinarily called foods in acute diseases, and trusted entirely to the supposed alimentary virtue of alcohol, and that he did this because his whole system rested on Liebig's theory as to the transformation of alcohol. Now, in the first place, Todd, so far from neglecting ordinary nourishment, was the most earnest inculcator of the necessity of constant feeding with beef-tea, milk, and such kinds of food; but he was accustomed to point out the fact, that sometimes the appetite and digestion of the patient will not allow us to make use to any effective degree of these aliments, and that, under these circumstances, the administration of very considerable daily quantities of alcohol had a power to sustain life and to prevent extreme emaciation, which entitled it distinctly to the name of an aliment. But it was a great mistake to suppose that Todd considered Liebig's views as at all necessary to the support of his own. No doubt he inclined to Liebig's views, as did the majority of physiologists till quite recently; but he did not consider them of any essential consequence to the proof that his own estimate of alcohol as an aliment especially suited to conditions of acute disease was correct. The common idea was, that Todd believed alcohol necessary in every case of acute disease: especially of fever. Nothing could be more incorrect, as the old pupils of Todd knew full well. He was to the full as sensible of the varying characters of disease as any other observer, and would have repudiated any such generalization. But he had the sense to see also that, with regard to the use of alcohol in fevers, quantity is a word which has no meaning, except a relative one. It mattered not whether two ounces or twenty-four be the total quantity given in the twenty-four hours, provided the rapidity of the pulse is seen to positively diminish and its force to increase under the administration of excessive doses, and at the same time there is an absence of the signs of intoxication. Every case must stand on its own merits, and it is for this reason that he (Dr. Anstie) would deprecate strongly the publication of hasty statistical conclusions on this question. Finally, he would say that Dr. Drysdale had far too summarily disposed of the question of the present opinion of physiologists as to the action of alcohol. It was quite true that the party of whom MM. Lallemand, Perrin, and Dr. Edward Smith were the representatives supposed that they had proved that alcohol is entirely eliminated from the body in an unchanged state, and that it is not in any sense a food; but he (Dr. Anstie) had the strongest reason for doubting the justice of these conclusions. He had himself repeated with care the French experiments, and had added to them a number of observations of his own, and he was convinced that, so far as any accurate evidence can be obtained, the balance of proof is decidedly in favour of the opinion of M. Baudot, that only a minute surplusage of the alcohol ingested reappears in an unchanged form, and that this waste portion amounts to a smaller or a greater part of the whole, just in proportion as intoxicative effects are or are not produced (including among these effects excessive action of excreting glands, which is a consequence of vaso-motor paralysis from the alcohol); and, besides all this, even if elimination "en totalité et en nature" had been proved, this would not satisfactorily demonstrate that alcohol was not a food. Water was so eliminated; and other much more complex substances, which are ordinarily transformed in the organism, if administered untimely or in excess, may be detected unchanged in the excretions. He (Dr. Anstie) considered, and he believed many sound physiologists agreed with him, that so far from this question being definitely settled, it was only now commencing to be discussed in an adequate manner.

(To be continued.)

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

March 29.

CHEMISTS AND DRUGGISTS BILL.

Sir F. Kelly moved the second reading of this Bill. He said it was a measure which had been long and urgently required for the protection of the public, and it was desired by all the members of the profession of chemists and druggists. It was well known to the House that as the law now stood there was absolutely no protection whatever for the public in general against the carrying on of the business of chemist and druggist, and consequently of the making up of Medical prescriptions by persons altogether ignorant and incompetent. It had long been felt that the law ought to provide some protection against the dangers to which the public were exposed in this respect.

Sir G. Grey had had communications with various Medical bodies on the subject of this Bill; but he could not get them to agree on what course to take. He thought that the Bill, and another on the paper, should be read a second time, and referred to a Select Committee.

Lord Elcho felt bound to support the Blll in preference to the one which followed it, although he was strongly of opinion that it should be taken up by the Government, and not by a private member. He thought, however, the best course to pursue was to refer them to a Select Committee as recommended by the right hon. gentleman the Secretary of State for the Home Department.

Mr. Beecroft also suggested the same course.

After a few words in reply, the Bill was read a second time and referred to a Select Committee.

CHEMISTS AND DRUGGISTS (No. 2) BILL.

Sir J. Shelley moved the second reading of this Bill

which was read a second time, and also sent to a Committee.

April 1.

PAROCHIAL MEDICAL RELIEF.

Sir J. Shelley asked the President of the Poor-law Board whether the Poor-law Board intended in this Session to take any, and, if any, what steps to carry out the recommendation of the Select Committee on Poor Relief, that in future cod-liver oil, quinine, and other expensive medicines should be provided at the expense of the guardians, and not, as heretofore, by the parochial Medical officers.

Mr. Ferrand also asked the same right hon. gentleman when he proposed to go into committee on the Union Chargeability Bill.

Mr. Villiers said that a great deal of correspondence had taken place between the Poor-law Board and the guardians of the poor throughout the country on the subject referred to by the hon. baronet (Sir J. Shelley), and he did not despair of inducing the guardians generally to adopt the recommendation of the Select Committee. Difficulties existed through the contracts entered into with the Medical officers, some of those contracts being made with the Medical officers for life, and there had therefore been an unwillingness to disturb them. In other instances the contracts were annual, and in those latter cases the Poor-law Board would insist on the adoption of the Committee's recommendations.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 23rd ult.:—Griffith Griffith, Edeyrn, Pwlheli, North Wales; Thomas Griffiths, Merthyr Tydfil; George Hunt Orton, Narborough hall, Leicestershire; James Vince Worthington, Ulverstone, Lancashire.

The following gentlemen also on the same day passed their first examination:—William Barnett Burns, St. Bartholomew's; William Henry Ellis, St. Bartholomew's; John Quick, St. Bartholomew's.

The Patriotic Fund.—The Royal Commissioners of the Patriotic Fund have appointed Dr. Armstrong, Deputy Inspector-General, Royal Navy, to be a member of the executive and finance committee of the fund.

Gratifying Testimonial to a Lecturer.—On the 17th ult., at the close of the last anatomical lecture for the winter session of 1864-65, the students of the Westminster Hospital presented to Christopher Heath, Esq., F.R.C.S., Lecturer on Anatomy, and Assistant-Surgeon to the Hospital, a very elegant silver épergne and stand, in token of their high appreciation of the zealous interest and untiring energy with which he has ever directed that portion of their studies which has been under his superintendence.

Social Science Association.—Dr. Lankester, the Coroner for Central Middlesex, will read his second Annual Report at a meeting of the Public Health Department of the Social Science Association, on Wednesday, April 5th, at eight o'clock in the evening, at the rooms of the Association, 1 Adam street, Adelphi. We are authorised to say that any Medical gentleman presenting his card will be admitted; and we understand the report will raise many questions of interest to the Medical Profession.

Cambridge: Facilities for the Study of Chemistry.—The Vice-Chancellor invited the members of the Senate of the University of Cambridge to a meeting in the Arts School on Thursday (23rd March), for the discussion of the report of the Syndicate recommending that adequate facilities be provided for the study of chemistry. The report states that a laboratory for students is requisite; that the professor of chemistry should be provided with suitable fittings of a simple character; and that the laboratory should be warmed with hot-water apparatus. In the anatomical department the chief desideratum is a students' dissecting-room, and the old Botanical Museum is named for the purpose. Mr. Salvin has prepared plans for adapting the anatomical schools to the uses of the departments of human anatomy and chemistry. The report concludes with recommending that the tender of Messrs. Gray, builders, to do the work for 925*l.*, be accepted. No opposition being offered to the report, it will most undoubtedly be carried into effect.

A Pharmacopœia for India.—The Secretary of State for India in Council has determined upon the publication of a Pharmacopœia, specially for India, with the view mainly of developing and utilizing the many medicinal products of our Eastern empire. The preparation of the work has been entrusted to Dr. E. J. Waring, of the Madras Medical service, subject to the control of a committee, of which Sir Ranald Martin is president. The other members named are—Sir W. O. Shaughnessy (now Brooke), Dr. R. Wright, Dr. T. Thomson, Dr. A. Gibson, Dr. Forbes Watson, and Mr. Daniel Hanbury.

The Case of Dr. Pritchard.—The authorities in Glasgow have received a communication from Professor Maclagan, stating that antimony has been found abundantly in the liver, the spleen, intestines, and blood of the late Mrs. Pritchard. We believe we are correct in stating that steps are now in progress for committing the prisoner for trial. Our Glasgow correspondent says that the result of the analysis is looked upon as having given to the case a decidedly unfavourable aspect for the prisoner. With regard to the late Mrs. Taylor, the mother of Mrs. Pritchard, we believe the exhumation of her body is considered necessary, on account of an allegation that there was something peculiar about the registration of her death. It is said that, when the registrar applied to Dr. James Patterson, who attended Mrs. Taylor, he declined to give a certificate regarding the cause of death, at the same time intimating that he considered there was something in connexion with her decease which called for investigation. It is further stated that Dr. Pritchard registered the death himself, and stated that deceased was seized with paralysis, and that an hour's attack of apoplexy supervened; whereas Mrs. Taylor's illness only lasted for four hours in all.—'Scotsman.'

The Convict Potter.—The man Potter, who was sentenced to death for the murder of his wife at the last Derby assizes, and on whose case we have made some remarks in our recent numbers, has been transferred to the Criminal Lunatic Asylum, at Broadmoor; a pretty significant indication that Dr. Hood and Dr. Meyer, who were sent down to examine the state of his mind, do not agree in the opinion of the jury, who, after a quarter of an hour's deliberation, declared that he was sane, and responsible for his actions.

A Village Hospital, for six patients, is now being erected at Capel, in Surrey. The building is in the style of the domestic Gothic of the early part of the fourteenth century; the walls are of yellow sandstone, with red-brick quoins and bathstone window-frames and dressings. It is, perhaps, the first building constructed purposely for a village hospital; as most if not all others have been adaptations of previously existing houses. The cost of the whole, including land, fittings, furniture, and every necessary, is borne solely by one lady in memory of her deceased husband. It will be maintained partly by subscriptions and partly by payments made by patients. The committee will be very glad to receive copies of reports, rules, &c., of similar institutions, which may be forwarded to Mr. J. L. Jardine, of Capel.

Diagnosis of Ovarian Tumours.—The difficulties attending the diagnosis of ovarian tumours in certain cases have received further illustration from the history of a case which lately occurred at the Middlesex Hospital. In this case, the tumour, which was considered ovarian, was found to be a tumour of the kidney, which occupied a very unusual position, lying, in fact, in front of the intestines. The removal of the supposed ovarian tumour was commenced; but its nature was discovered, and the operation of course, desisted from. The patient died on the following day.—'British Medical Journal.'

A Testimonial has been presented to Mr. Hoare, of Faversham, consisting of a massive, yet elegant and chastely-engraved silver salver, bearing the following

inscription :—"To Mr. William Parker Hoare, M.R.C.S., this salver is presented by two hundred and thirty inhabitants of Faversham, as a sincere, though slight, remembrance of the value which they attach to his professional services, during a residence amongst them of twenty-seven years. February, 1865."

POISONING OF HORSES BY YEW-LEAVES.—A cattle-dealer of Louviers entered a farm, after having tied his horse to a yew-hedge. The animal cropped the leaves, and died in a convulsive attack in the space of an hour. An inquest and post-mortem examination took place, and by the orders of the Commissary of Police several horses sold to the knacker were allowed to feed on the same leaves. One of the animals died in the course of a few hours.

VENEREAL DISEASES IN VIENNA.—Dr. Sigmund states that, in spite of the regulations respecting prostitution, he had in his venereal wards, in the course of 1864, four thousand patients. The two hundred and seventy-five beds given up to the treatment of sexual diseases are always full. From this number Dr. Sigmund picks out fifty-two of the most instructive cases, who are placed in the clinical ward, where the Professor makes remarks, and directs the attention of the pupils to the principal phenomena of the disease.

MUNIFICENT BEQUESTS.—The late Miss Julia Olivia Brodie, of No. 7 York place, Bedford square, has, amongst numerous legacies, bequeathed to Medical charities as follows :—Royal Westminster Ophthalmic Hospital, 200*l.*; Infirmary for Consumption, at 26, Margaret street, Cavendish square, 200*l.*; Samaritan Hospital for Women and Children, Edwards street, Portman square, 200*l.*; Cancer Hospital, Fulham road, 100*l.*; Orthopædic Hospital, Oxford street, 50*l.*; St. George's Hospital, 100*l.*; Middlesex Hospital, 100*l.*; University College Hospital, 100*l.*; Guy's Hospital, 100*l.*; and the Hospital for Consumption, Brompton, 100*l.*

THE MEDICAL CONGRESS OF BORDEAUX.—The prospectus of this congress has been published. It will commence on the 2nd of October next, and will last six days. Medical gentlemen who intend to take part in the same should intimate their wish to the secretary, Dr. Dubreuilk, Rue Victor No. 1, at Bordeaux. Resident members pay ten francs; to non-residents is made no charge. The committee are anxious to give freedom and animation to the congress, and leave to members the choice of subjects. Six questions, however, will be especially brought forward; they are as follow :—1. On Rheumatism. 2. On Expectation in Disease. 3. On the Malignant Forms of Furuncle and Anthrax. 4. On Sudden Death in Consequence of Wounds, or in the Puerperal State. 5. On the Abolition of Turnstiles (for Foundlings), in a moral and social point of view. 6. On the Internal and External Parasites of Man, and the best means of destroying them. Intended communications should be sent (*in extenso* or in abstract) to the Secretary before September 2nd. The admission will be free to the public; none, however, but the members who have organized the congress, and those who have signified their intention to attend, can take part in the discussions.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, APRIL 5.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Metropolitan Association of Medical Officers of Health, 4 p.m.; Hunterian Society, 7½ p.m.—Meeting of Council, 8 p.m.—Mr. Hutchinson, "On the Medical Aspects of Constitutional Syphilis;" Obstetrical Society of London, 7 p.m.—Meeting of Council, 8 p.m.—Dr. Meadows, "On a Case of Monstrosity."—Mr. Truman, "On Extra-Uterine Fœtation;" and other papers.

THURSDAY, APRIL 6.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 4 p.m.—Mr. Charles T. Newton, "On Recent Acquisitions to the British Museum;" Harveian Society of London, 8 p.m.—Dr. Camps, "In what Class of Cases, and under what Circumstances, may we reasonably hope for Cure in Epilepsy?"

FRIDAY, APRIL 7.—*Operations* at Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 8 p.m.—Dr. Hofmann, "On the Atomic Theory."

SATURDAY, APRIL 8.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Marshall, "On the Nervous System."

MONDAY, APRIL 10.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, APRIL 11.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On Intra-Thoracic Cancer. By John Cockle, M.D. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

QUACKS AND QUACKERY, BY DETECTOR.

Our readers will be much gratified, as we are ourselves, at a most admirable review of our correspondent's bold and fearless exposure of the quacks in the 'Saturday Review.' We trust that every newspaper in the British Empire will follow suit, and help us on in the discomfiture and downfal of a system which is a national disgrace.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—The following subscriptions have been further received on behalf of the above fund :—

	£	s.	d.
R. Slemen, Esq., Tavistock	0	5	0
H. T. Woodd, Esq., ditto, per ditto	0	5	0
J. Pearse, Esq., ditto	0	5	0
W. C. Northey, Esq., ditto	0	5	0
R. Willis, Esq., ditto	0	5	0
J. G. Doidge, Esq., ditto	0	5	0
J. H. Willis, Esq., ditto	0	5	0
From Lower Norwood	0	5	0
Amount previously announced	119	6	0
Received at the 'Lancet' Office	7	17	6

Yours, &c.,

ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
March 29, 1865.

THE OBSTETRICAL SOCIETY.—The report has been received.

THE HARVEIAN SOCIETY.—The notice has been received.

THE 'Forester' newspaper reached us too late for notice this week.

CYMRO BACH (Rhyl).—The word "diphtheria" is derived from the Greek word sigdifying a bag, or pouch, or membrane, from the membranous exudation which is the distinguishing mark of the disease. It is impossible to answer the other questions in a limited space; but our correspondent will find the subject treated at length in the work 'On Diphtheria' published by the New Sydenham Society in 1859.

REGISTRATION OF VACCINATION.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—I am a private practitioner, and occasionally vaccinate. Can you inform me whether I am legally compelled to supply the Registrar of the District with a duplicate certificate of my successful cases? A brief reply in your "Notices to Correspondents" will oblige

Yours truly,
IGNORAMUS.

[The question is a doubtful one, and has not yet been decided in a court of law. The intention of the Legislature was to secure an efficient system of vaccination and of registration of vaccinations, and it is the moral, if not the legal, duty of all practitioners to assist in this object; but if the State demands the performance of this duty from Medical practitioners it ought to pay them for it.—ED. MEDICAL CIRCULAR.]

DR. B. writes to us to state that a charge lately brought against a public Medical body in the pages of a contemporary has no foundation in truth. As the statement in question did not appear in our Journal, we do not feel bound to notice it.

TYRO.—Aloes is neither a gum nor a resin, but is more allied in its nature to the resins, but it dissolves in hot water, which true resins do not.

MR. F. PORTER.—The individual is unworthy of notice.

G. F.—The publication of the letter may answer a beneficial purpose.

DR. F. D.—Our publisher will communicate with you on the subject of your note.

A VICTIM—The letters are now reprinted, and may be had at our Office on remitting twenty stamps.

WHO IS VIGILANS?—You are altogether on the wrong scent. The gentleman you have named is naturally suspected, because he is known to be connected with this Journal; but you will guess and guess, and after all, perhaps, be wide of the mark.

DYSPEPTIC.—Send for Dr. Leared's book entitled "Imperfect Digestion," published by Churchill.

A GUARDIAN.—1st. Perfectly eligible, provided he is under the stated age. 2nd. Application should be made to the War-office.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

CASES FROM PRACTICE.

By H. S. PURDON, L.R.C.S.I., L.R.C.P. Edin.

CASE I.—*Erythema fugax.*—E. B., aged sixty, an inmate of the Belfast Charitable Institution, on her admission into the infirmary presented a number of red diffused patches on the arms, neck, and chest, which had made their appearance about four days before admission. On the chest the patches disappeared and reappeared in succession. There was considerable itching, and burning heat in the parts affected, which occasioned the patient to scratch at them, as also restlessness and loss of sleep. The patient had suffered for some time from dyspepsia, costiveness, and derangement of the functions of the liver. *Treatment.*—Pills containing podophyllin, ipecacuanha, and extract of colocynth, one at night, to be followed in the morning by a saline aperient draught, were ordered; also a farinaceous diet. Local treatment: a solution of tannic acid in glycerine, ten grains to the ounce, to be applied to the affected parts, combined with frequent sponging with tepid water. The following formula of the late Dr. Neligan is sometimes of great service:—

℞ Olei amygdalæ, ℥ij.;
Ceræ albæ, ℥vi.;
Aquæ lauro-cerasi, ℥j.

Fiat ungt.

CASE II.—*Tabes mesenterica.*—The subject of this disease was a child, aged fifteen months, a patient at the Templepatrick Dispensary. His parents were very poor, and lived in a damp, unhealthy situation. The child was evidently scrofulous, having chapped lips, tumid abdomen, emaciation of the extremities, tongue covered with a whitish coating, enlarged glands, mucous diarrhœa, and on the anterior surface of the right thigh, near Poupart's ligament, an abscess existed about the size of a hen's egg. *Treatment.*—Abscess opened; cod-liver oil ordered; and his parents were told to give the patient as much sweet milk as he could drink. I also gave them some arrow-root (*Maranta Indica*), which was to be mixed with equal parts of fine bran (the latter substance being a good tonic and stimulant to weakened digestion), both being made in the common way into jelly, and sweetened with sugar. In fact, arrow-root was the principal agent used in the cure of this complaint, as the child took a dislike to the cod-liver oil, and would not take it. When arrow-root is pure, it contains only $C_6 H_5 O_5$, and, as is well known, is a nutritious amylaceous substance, being useful in all diseases accompanied by much emaciation, the carbon and hydrogen that it contains forming fat readily and producing animal heat.

CASE III.—*Eczema ulcera.*—I am not aware of any authors having described this disease, but still, from the occurrence of an infiltrated, thickened, and scaly state of the neighbouring skin in connection with ulcers of the lower extremities, the above heading may be correct. N. K., aged forty, had been under treatment for some time at the Templepatrick Dispensary. Before my appointment as temporary Medical officer, when I first saw her, she had several ulcers on the front and side of her left leg, near the ankle. The superficial veins were enlarged and varicose, the ulcers being in a chronic state and somewhat irritable. The bone appeared to be diseased, but the patient would not allow of any examination. The surrounding skin for a considerable extent was infiltrated, hard, thickened to the touch, and covered with laminated scales, which occasionally exfoliated, this condition of the cuticle being what has been described by modern dermatologists as chronic infiltrated eczema. The patient also complained of costiveness and flatulence. The only local treatment pursued in this case was the application of anodyne lotions and oxide of zinc ointment, as she would not allow of any curative means being adopted.

CASE IV.—*Eczema ulcera.*—A. B., aged about sixty, an inmate of the Belfast Charitable Institution, had in some manner scratched her leg near the ankle, which, after a short time, presented the characters of an ulcer. She had been bathing it with warm water before it was seen by the Medical attendant. The ulcer was about the size of a penny, and in an irritable condition; the surrounding skin very itchy, infiltrated, and of a reddish colour, covered by scales. The treatment was, for the first three or four days, applying the oxide of zinc ointment, and rest. The ulcer was then strapped, some finely-powdered calamine having first been sprinkled over the surface. About the fourth day the straps were removed, the ulcer cleansed and restrapped, a calico bandage from the toes up to the knee being required. As an after-application to the infiltrated state of the cuticle, the unguentum picis, or other stimulating application, is required. I think that the following is a good preparation:—

℞ Picis liquidæ, ℥ij.;
Potassæ carb, ℥ij.;
Olei ricini, ℥j.;
Camphoræ, gr. xx.;
Ceræ flavæ, ℥j.

Fiat ungt.

As regards the castor-oil in the above formula, I think that it is slightly stimulating, and I have seen good results follow its use in skin diseases. The camphor allays any itching or tingling in the affected part. Oil of bergamot or bitter almonds may be combined, to cover the smell.

CASE V.—*Crusta lactea*, or *Porrigo larvalis*, appears to have its seat in the sebaceous follicles, according to modern observers. J. L., aged eight, had an eruption of yellowish white-coloured pustules on the forehead, cheeks, and chin, amongst which scabs of a yellowish colour were to be seen. There was a considerable discharge, and excoriations of the surrounding skin. The stomach was disordered, and appetite bad. The external treatment was, the scabs and crusts to be removed by frequent ablutions with tepid water, bran, and milk; after which the application of the ungt. hydrargyri nitratis dilutum; but this not succeeding, I tried the following:—

℞ Olei ricini, ℥j.;
Ungt. ceræ, ℥j.

This to be rubbed in night and morning. In an old edition of Ainslie's 'Materia Medica Indica,' he there states that 'the Hindoo physicians recommend the affected part to be well rubbed with finely-prepared castor-oil." The constitutional treatment consisted in giving the sulphate of quinia, and attention to the state of the bowels.

Belfast.

GENERAL CORRESPONDENCE.

DR. MORELL MACKENZIE'S ATOMISER.

To the Editor of the Medical Circular.

SIR,—I have already had to trespass so largely on your valuable space that I scarcely like to crave your indulgence again; Dr. Schmid's letter in your last number, however, obliges me once more to trouble you.

Dr. Schmid has, he says, replied to those paragraphs in my last communication "that have anything to do with the subject or would not necessitate repetition." Now, Sir, all the paragraphs (with the exception of the last, which was the corollary of the others, and which showed that Dr. Schmid seemed anxious "to point a moral" if not "to adorn a tale") were direct answers to Dr. Schmid's misstatements. Those who have read the correspondence between us will see that, in his second letter, he has completely failed to substantiate any of the charges originally brought forward. Dr. Schmid has, however, thought fit to introduce fresh matter for discussion; to this and to a few points connected with my last letter I must, therefore, address myself.

1. Dr. Schmid now kindly exculpates me from all blame

with regard to the non-insertion of his paper in the 'Lancet'; and I am not at all surprised at his annoyance—so ingenuously expressed—that the editor of that Journal should prefer the not very savoury subject of "a new stink-trap" to his doubtless "correct description" of Siegle's apparatus.

2. If Dr. Schmid wished to state that Dr. Siegle was "a German, not a Frenchman," it is a pity he did not do so in his first letter, instead of resorting to an oblique geographical mode of communicating such important information.

3. It is a mistake to suppose that with my atomiser only "a cold stream" can be obtained: the liquid can be of any temperature desired. It is also a mistake to suppose that I have a general preference for the cold stream; it is only in certain cases that my "unselfish preference" shows itself. With regard to "all experience having proved that the cold stream produces irritation and cough," I must refer those of your readers who are interested in the subject to the papers of Sales-Girons, Lewin, Tobold, Zdekauer, Trousseau, &c. From a perusal of these it will be seen that Dr. Schmid's statement is opposed to facts.

4. With respect to a thermometer *always* having formed an integral portion of Dr. Siegle's apparatus, I have only to say that, until last week, I was unable to obtain an apparatus provided with a thermometer. Those which originally came into my hands were sent to this country by Leiter, of Vienna (who, I believe, has made them on a very extensive scale); and you will see from the diagrams and explanatory text which accompanied them, and which I now forward you, that there is no mention or sign of a thermometer. (*a*)

5. With regard to the patenting of Siegle's apparatus, I am glad to find that I was mistaken in supposing that so enterprising an instrument-maker as Mr. Krohne was bound "by contract" to send to Stuttgard for the pieces of glass. Mr. Krohne's letter to me (which I must beg you to insert) will show how the mistake occurred, and also that his obligation to send to Germany was of a *moral* rather than of a *legal* character. I urged *three* objections to patenting Medical appliances: Dr. Schmid has only attempted to reply to *one*. The glass-tubes which I "suggested," it is true, had been used before, but in connection with *glass-kettles*. What I suggested was, that glass-tubes should be fitted to the *metal-kettles*. This improvement is now being generally adopted. So much for Dr. Siegle's apparatus, to the value of which I again bear testimony.

6. We now come to my own atomiser, which Dr. Schmid challenges me "to bring or send before the Academy of Paris." What encouragement does he hold out to me to take such an unusual course? Does he promise a prize? Does he hold out a prospect of an honourable mention? No, Sir, nothing so paltry. The premium is to be a confession from Dr. Carl T. Schmid that he is in the wrong! I am sorry to say I do not feel tempted by such a reward — however highly Dr. Schmid may estimate it; and notwithstanding that he actually offers me the alternative of *bringing* or *sending* my apparatus to Paris.

7. I must admit that I have neither the time nor the inclination to "watch saddlers or shoemakers blackening leather with iron solutions." Such exciting scenes I must leave entirely to Dr. Schmid; but if he can tear himself away from them, he will soon learn that leather can easily be prepared in such a way that iron solutions will not act upon it. In my atomiser, the colour of the iron solution is not tinged in the slightest degree by the leather in the piston. My experience, therefore, as regards the therapeutic value of ink is of the same negative character as Dr. Schmid's.

8. I am obliged to Dr. Schmid for the information that tannin is an acid. Whilst this fact, however, must be known to every apothecary's apprentice, most practitioners —even those of limited knowledge—are aware that its extremely feebly acid properties are not of the smallest therapeutic use, and that the value of tannin in medicine is entirely due to its astringency. Dr. Schmid has (no doubt unintentionally) misquoted my letter; for I said, "I leave acids and alcoholic solutions entirely to him." This he has altered to "*all* acids and alcoholic solutions." It was evident that my observation had reference to such powerful acids as could act on any part of my apparatus. With regard to the *tinctura ferri sesquichloridi*, I am quite aware that it is "an alcoholic solution," and I am also aware (though Dr. Schmid does not appear to be so), that the muriated tincture of iron, as commonly sold by chemists, usually contains a large quantity of free hydrochloric acid. For these two reasons *I never use the tincture*; and by referring to my letter, Dr. Schmid will see that I employed the term "*solution* of perchloride of iron." The solution of the solid perchloride of iron is made for me by Messrs. Bullock and Reynolds, of Hanover street, and I can strongly recommend it to your readers. Whilst Dr. Schmid has failed to show that any suitable remedy would act on leather, sealing-wax, or vulcanite, I may mention that neither of the two first-named substances are essential to my atomiser.

9. The second paragraph in Mr. Krohne's letter at once explains the warmth of Dr. Schmid's advocacy of the *Patent* Inhaler, and of his opposition to my apparatus. It also makes it unnecessary for me to continue this correspondence with that gentleman.

I am, &c., MORELL MACKENZIE.

(*a*) The title of Leiter's pamphlet (which is a reprint from the 'Wiener Medizinal-Halle,' 1864) is 'Ein nach dem Prinzipe Von E. Siegle neukonstruirter Flüssigkeits-Zerstäuber.'

Letter from Mr. Krohne to Dr. Mackenzie.

(COPY.)

241 Whitechapel road, E.,
April 5, 1865.

Dr. Morell Mackenzie,

SIR,—In answer to your note, I beg to assure you that you misunderstood me concerning my being obliged *by contract* to get the glass-tubes from Stuttgard. What I said was, that "he (Dr. Siegle) *wished* me to get these glass-tubes from Stuttgard;" and when you asked me "why," I said "Perhaps Dr. Siegle was under some obligation to his glass-blower."

As regards your inquiry about Dr. Schmid, I have no hesitation in saying, that I have conducted my negotiations with Dr. Siegle through Dr. Schmid.

I am, Sir, your obedient servant,
C. W. KROHNE.

[This correspondence must now cease.—ED. MED. CIRCULAR.]

[Dr. Clay makes the following rejoinder to the letters of Mr. Wells and Dr. Potter published in our Journal of March 22nd and 29th.]

THE OVARIOTOMY CONTROVERSY.

To the Editor of the 'Lancet.'

SIR,—In answer to Mr. Wells' letter in the 'Lancet' of March 11th, I would observe that your readers must bear in mind that the volume published by him brought his cases down to the end of 1864, and therefore my own and those of Mr. Walne, Dr. T. Smith, Mr. I. B. Brown, &c., terminated also with the year 1864. Judge, then, of my surprise to find Mr. Wells striking out, first, the cases of Dr. T. Smith (twenty-five) as too few to admit of comparison; and, secondly, adding nine cases of his own occurring in 1865, thus altering the results considerably to his advantage. I still adhere to the arrangement, as fairest of including all cases requiring the peritoneal section, as everyone at all conversant with such cases will admit their great similarity in treatment, risk, and result. With respect to the three cases which recovered for a short time but died soon after, I should like to ask, Where was I to arrange them? Amongst the permanent cures? Certainly not: as of the three the patient who survived longest lived but four months, and the wound was not healed at the time of death. It would have been equally unfair to arrange them as death from operation. The only fair mode which occurred to me has failed to satisfy. As to the comments on my remark that "I had not had the

mortification of closing the abdomen over an ovarian tumour, which I could not extirpate in consequence of adhesions," I again repeat the assertion, because I do not close the abdominal cavity in any case, ovarian or uterine, but always leave an opening; while Mr. Wells entirely closes it, and, in consequence, is often under the necessity of liberating pus, blood, serum, &c., by the trocar afterwards. These two modes of practice are perfectly distinct from, and opposed to each other. Mr. Wells also quotes five cases from my earliest experience (twenty years back), at a time, the reader will understand, when I had nothing to guide or help me; when I had the operation to myself; when I had rather to originate than imitate plans of operation and after-treatment. The first case allnded to was, from oversight, misplaced in the summary amongst deaths after complete ovariotomy, instead of amongst the exploratory incisions. This deviation, however, makes no alteration in the general results. In this case the incision was into an adhesion of the sac to the parietes, and, therefore, the abdominal cavity was not opened. The second case was one of ulcerative process; the abdomen was never closed until the case recovered. In the third case, the wound was nearly, but not closed; the ulcerative process established: the patient got well; is still living, though now twenty-two years ago. The fourth case: the abdomen was never closed until ulceration was completed; this was seventeen years ago; she is still living, has since married, and is now in perfect health. The fifth case: the abdomen was never opened; therefore required no closing; the incision went direct into an adhesion, it was drawn together temporarily, and subsequently extirpated; but she died on the sixth day. With respect to the illiberal doubt expressed as to the very existence of my cases over the last twenty-three years, it is too contemptible for me to reply to. The hundreds of Medical men who have been present at my operations must feel the injustice of doubting not me only, but every ovariotomist who has not published his cases in detail in the form of a book. I have avoided this, in consequence of the useless repetition it would involve (sufficiently apparent in the volume in question), and confined myself to making public those cases only which had some peculiarity worth noticing.

In answer to Dr. Potter's letter, I beg to say the opinion I gave (on case, p. 103) was as I have before stated, and was repeated to two of the nearest relatives of the lady operated upon on the day of consultation and the day following. Dr. Potter states that I tapped the case without previously consulting the other two consultants. Does Dr. Potter mean that at a consultation of three I, as one, took upon myself to tap, whilst the other two stood by and disapproved? Surely he would not put himself and Dr. Whitehead in so absurd a position. The simple truth was, my opinion was against the operation, when Dr. Whitehead, as the principal Medical attendant of the family, suggested that, if tapped, more favourable appearances might show themselves. It was, therefore, agreed she should be tapped. I never for a moment intended to tap the patient, but I believe Dr. Whitehead expressed his wish that I should do it, and it was done, all three being present. Dr. Potter also says I was neither asked nor did I refuse to operate. Yet Dr. Potter admits Dr. Whitehead recommended me as operator, having previously operated in one of his cases successfully; and I feel convinced, if my opinion had been favourable, I might have operated, as the lady wished me to do it. Dr. Potter goes on to state, "None of us believed the disease malignant," and that it was "an ordinary innocent multilocular tumour." It is evident it was not innocent in this case. Mr. Wells, after the operation, said it was a most serious and complicated case, with considerable adhesions; and in his published volume (p. 103) he records it as a cysto-sarcomatous tumour. Dr. Potter also states that the lady chose rather not to undergo the operation than to allow of my again interfering. This, if true, was unnecessary, as I had determined not to operate. Again, Dr. Potter observes that "the only adhesions he and Mr. Wells had to contend against were in the locality of the tapping." I was not aware before this that Dr. Potter was operator in part; but considerable adhesions were reported by Mr. Wells "to the side and front of the uterus, and we also detected adhesions to the abdominal wall." Further on he says, "the cyst was firmly attached to the bladder and to the right of the uterus and vagina and pelvic cavity." Compare the two statements, as well as the following. The case was operated on on Friday mid-day, and the patient died on Sunday evening, a little over two days. Dr. Potter states she lived four days; Mr. Wells says sixty hours.

I thank you, Mr. Editor, for the space afforded me for this reply; it is the last of this nature I hope to trouble you with. I am, Sir, yours respectfully,

Manchester, March 14th, 1865. CHARLES CLAY.

REVIEW OF BOOKS.

A Manual of Practical Therapeutics, considered chiefly with Reference to Articles of the Materia Medica. By Edward John Waring, F.R.C.S., F.L.S., Surgeon in Her Majesty's Indian Army. Second Edition. Pp. 956. London: Churchill and Sons. 1865.

The first edition of this work appeared about ten years since, its pages having been written when the author was at a remote and solitary station in Burmah, more than a thousand miles from Calcutta, and thus cut off from many sources of information which he might otherwise have consulted. Nevertheless, Mr. Waring made such good use of the means at his disposal, that his work was soon held in high esteem as a book of reference, and the necessity ultimately arose of preparing a new edition, which would have appeared at an earlier period but for the publication of the 'British Pharmacopœia,' which rendered it advisable to make such changes in the nomenclature of the drugs, and the mode of their preparation, as to bring the manual into harmony with the existing state of pharmaceutical science. The present edition contains all the preparations of the new 'British Pharmacopœia,' together with notices of the principal new remedies which have been introduced into practice since the publication of the first edition. The work being a manual of Therapeutics, the botanical and chemical history of the articles mentioned is not treated at any great length, but the uses and applications of each medicine are very elaborately described, and the authorities for their administration are quoted at the bottom of each page. The arrangement of the drugs is alphabetical and occupies the first part of the volume; but the second part is devoted to a treatise on Medicinal Agents and Classes of Medicines, the drugs or other appliances being grouped together according to their action. An Index of Diseases then follows, together with the remedies most appropriate for their treatment, and a reference, in each case, to the page of the volume where each agent is described; and a General Index of Medicines, &c., closes the work.

Mr. Waring's book contains an immense amount of information condensed within a very small compass, and it will be found a most useful work of reference to practitioners in all parts of the world. Many medicines, as is well known, are peculiarly efficacious in certain climates, and some which are greatly esteemed in one country are comparatively little regarded in others, probably in consequence of the different constitutions or the prevailing diseases of the inhabitants. The present manual is especially useful to those who may have occasion to travel to, or to settle in, tropical climates, Mr. Waring's experience in India having contributed most materially to enhance its value and to give weight to his opinions.

The Laws relating to Public Health—Sanitary, Medical, Protective; including the Legislation to the End of the Last Session of Parliament connected with Adulteration of Food, Alkali Works, Apothecaries, Arsenic, Bakehouses, Baths and Wash-houses, Bread, Burials, Chemists, Chimney-sweepers, Diseases Prevention, Factories, Gunpowder, Local Government, Lodging-houses, Lunatics, Meat, Medical Registration, &c., Metropolitan Management, Miners, Nuisances Petroleum, Poison, Recreation Grounds, Quarantine, Smoke,

Vaccination, Water, &c. Also Notes, Forms, and Practical Instructions. By Thomas Baker, Esq., of the Inner Temple, Barrister-at-law. Pp. 698. London: Maxwell and Co.; Dublin: Hodges and Co. 1865.

The very copious title-page copied above shows the multifarious nature of the materials of which this useful volume consists. The author tells us in the introduction that the Acts passed by the Legislature for the protection of the public health have now become so numerous as to render a compendious analysis of them an important desideratum; and he has accordingly imposed upon himself this laborious task, his aim being so to digest and arrange the various sanitary, Medical, and protective statutes under different heads, as to supply a key to every subject embraced within this wide field of legislation. The first part of the book contains a compendious analytical digest of the several enactments, so arranged that all the provisions under each head are brought together; but there is a very large appendix, in which all the statutes are set forth in full and arranged in chronological order, and any of them may be readily found by reference to the table of contents at the commencement, or the index at the end of the book. The volume is very well got up, the type is very good, and it will no doubt supply a public want which has long been felt, its value being very much increased by the numerous contributions lately made to sanitary science and the growing interest attached to this pursuit.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 28, 1865.

Dr. Alderson, F.R.S., President.

Dr. Roberts read a paper

ON THE SOLVENT TREATMENT OF URINARY CALCULI.

This paper is divided into two parts. The first part is devoted to experiments and observations relating to the solvent treatment of uric-acid calculi by alkalising the urine by internal medicines. The inquiry starts from two known data—namely: first, that uric acid is dissolved by solutions of the alkaline carbonates of a certain strength; and secondly, that alkaline carbonates can be introduced into the urine, so as to render it alkaline, by the administration of certain salts by the mouth. The practicability of dissolving renal and vesical calculi, composed of uric acid, by alkalising the urine, is inquired into under ten headings or sections as follows:—Section 1. Comparison of solutions of carbonate of potash and carbonate of soda: in which it is shown that solutions of carbonate of potash are better solvents for uric acid than solutions of carbonate of soda. Section 2. Comparison of solutions of different strength: in which it is shown that the greatest solvent power (for uric acid) lies in solutions containing from forty to sixty grains of carbonate to the imperial pint. Above this strength dissolution is soon prevented by the formation of a crust of biurate which invests the stone. Below this strength the solvent power gradually declines. Section 3. Comparison of the effects of varying volumes of solutions of constant strength.—It is shown that the quantity of the solution permitted to pass over the stone, between the limits necessarily imposed by the capacity of the kidneys to separate aqueous fluids, is of slight importance. A flow of three or six pints during twenty-four hours was found nearly as effective as a flow of eight or fifteen pints. Section 4. Absolute rate of dissolution of uric-acid calculi in solutions of the alkaline carbonates.—It is shown that solutions of carbonate of potash, of the maximum solvent power, when passed at the rate of from three to eight pints in the twenty-four hours over uric calculi, at the temperature of the body, dissolve from ten to twenty per cent. of the weight of the stone each day. Section 5. The most convenient way of alkalising the urine, the degree of alkalescence which can be communicated to it, and the doses required to produce the desired effect.—The bicarbonate, acetate, and citrate of potash are found the most effective substances to alkalise the urine. Of the three the citrate is preferred. It is found that forty grains of citrate of potash dissolved in five ounces of water, taken every two hours, alkalises the urine to a mean degree corresponding with the maximum solvent power of solutions of carbonate of potash. Section 6. The effect of alkalised urine on uric-acid calculi.—The urine of a person taking full doses of citrate of potash, as recommended in Section 5, is passed over a uric-acid calculus at blood-heat. The stone (weighing 180 grains) loses weight at the rate of twelve grains and a half in the twenty-four hours. In the performance of experiments on this point it came out that if the urine became ammoniacal (from decomposition of urea) it ceased to dissolve the uric acid, and the stone became invested with a crust of precipitated phosphates. Whence the important deduction is drawn, that ammoniacal decomposition of the urine in cases of vesical calculi puts an absolute bar to the effectiveness of the solvent treatment by alkaline carbonates. Section 7. Illustrations of the application of the solvent treatment in practice; first in renal calculi, secondly in vesical calculi.—Two cases of complete dissolution of uric-acid calculi in the bladder are quoted from other authors. The author relates three cases which occurred in his own practice. In none of the latter did complete dissolution occur. One of the cases proved to be an example of mulberry calculus; another, an alternating calculus of uric acid and oxalate of lime. This second specimen offers peculiarities of surface which indicate with certainty that dissolution of the uric acid had taken place; these peculiarities are explained by the aid of drawings of the stone after extraction. The third case proved abortive apparently because the treatment was not carried on sufficiently long. In neither of the cases was the treatment carried out as effectively (as the later experience of the author showed) as it might have been. The principal instruction from the cases is, the proof they offered that alkalising the urine does not cause the stone to be encrusted with a phosphatic deposit, so long as ammoniacal decomposition of the urine does not take place. Section 8. Discrimination of the cases in which the solvent treatment is and is not applicable.—The conclusions come to are:—That the solvent treatment is inapplicable in all cases where the urine is ammoniacal. When the urine is acid (before treatment) the case is *primâ facie* suitable for the alkaline solvent treatment; but exceptions must be made of cases where it is known or strongly suspected that the stone is composed of oxalate of lime, also where the stone is large. In cases where the urine is acid, and there is no indication of the nature of the stone, it may be either uric acid or oxalate of lime, or an alternating calculus composed of these two substances. Such cases deserve a trial of the solvent treatment for a limited period of a month or six weeks. The cases which are especially suitable for the solvent treatment are those in which (the urine being preliminarily acid) it is known or strongly suspected that the stone is composed of uric acid, and has not yet reached any large size. Section 9. Directions for carrying out the solvent treatment effectually.—The urine must be kept continuously alkaline, and alkaline to a mean degree corresponding with the maximum solvent powers of solutions of carbonate of potash. The treatment must be given up immediately if the urine become ammoniacal. Section 10. An examination of some of the objections which have been urged against the principles of the solvent treatment. The appendix to the first part contains some experiments showing that cystine is even more amenable to the alkaline solvent treatment than uric acid. The second part of the paper contains three sections. Section contains experiments on the solvent treatment of uric acid calculi by injections into the bladder. Solutions of the following substances were tried in a manner to imitate injections into the living bladder:—Bicarbonate and carbonate of potash, common phosphate of soda, basic phosphate of soda, borax, borax with liquor sodæ, potash soap, carbonate of lithia, liquor potassæ, and liquor sodæ. The results obtained demonstrated conclusively that their operation was so slow that no practical advantage could be obtained from their use. Section 2 records some experiments o

the effects of a solution of carbonate of potash and dilute nitric acid on oxalate of lime calculi; neither solvent promised any useful result. Section 3 shows the unsusceptibility of phosphatic calculi to solutions of the alkaline carbonates. Brodie's method of injecting dilute nitric acid into the bladder was imitated in one experiment, with results confirmatory of his statement respecting the use of this treatment in phosphatic concretions.

Dr. Harley had derived pleasure and benefit from the reading of the paper. It was valuable, as it combined chemical research with clinical instruction. Upon these two all improvements in Medicine must be based. A want of the knowledge of the chemical constitution of calculi formed the real obstacle to this mode of treatment in its earliest history. We now know that the uric-acid and phosphatic calculi require different chemical agents for their solution. That which was the antidote to the one was the bane to the other—one requiring the treatment by acids, and the other by alkalies. It was in cases of renal calculi, which he believed were more common than vesical and in which no operation could be performed, that the plan advocated by Dr. Roberts was most valuable. Renal calculi were more easily dissolved by means of chemical agents than vesical, in consequence of the constant flow of urine over them. By a judicious regulation of tests, and a careful examination of the urine at short intervals, the nature of the calculus might be determined, and he believed in many cases might be successfully treated by chemical agents.

Mr. Moore referred to a difficulty which might arise where there were two calculi in the bladder of different chemical constituents; where, for instance, one had a coating of urate of ammonia, and the other was a fusible calculus.

Dr. Roberts having briefly replied, the Society adjourned.

THE PATHOLOGICAL SOCIETY.

Tuesday, March 21.

Dr. Peacock, President.

Mr. Partridge showed specimens taken from the body of a child who had had

MALFORMATION OF THE GENITALS.

The patient had been considered a girl by his parents, as the external parts somewhat resemble those of a female. In what appeared to be the labiæ, however, were bodies which Mr. Partridge conceived to be testes. Mr. Partridge had shown the child to the Society when living, and then one of the members suggested that the bodies were ovaries, and not testes. On dissection after death, however, they were found to be testes.

Mr. Partridge next showed a specimen of

GANGRENE OF THE PENIS.

A man forty-five years of age, who had been sober, and who had never had venereal disease, went to bed ill, and became delirious and unconscious. Eight days later he was seen by a Medical man, who found the penis cold and colourless, and eventually it became gangrenous from root to extremity, and finally separated. The patient rallied under bark, acids, and wine and good diet. Mr. Partridge supposed that the gangrene followed low fever.

Dr. Murchison said that gangrene of the penis was not very uncommon after fever. He had seen six or seven cases during the recent epidemic.

Mr. Nunn said that he had rarely seen gangrene of the male genitals, although gangrene of the female genitals were not so rare. He had seen one case of gangrene of the penis in the Middlesex Hospital. The patient had not been a sober man.

Dr. Murchison said that in two of six cases he had recently seen there had been gonorrhœa. In one of the six cases there had been gangrene of the nose as well as of the penis.

Dr. Murchison showed specimens of

DISEASED MUSCLE FROM CASES OF TYPHOID FEVER.

He said he had frequently met with hæmorrhage and abscess in muscle after typhoid fever, and in none more frequently than in the rectus abdominis. Zenker, who had described similar conditions, attributed the rupture of the fibre to degenerations of either a granular or a waxy character. No doubt, in some cases, degeneration of the fibres was seen, but in some it was not to be found. In the specimen which he exhibited he could not satisfy himself that the fibres were much diseased. There was a cavity containing oily and granular matter and corpuscles like pus-cells. The patient had died of typhoid, the immediate cause of death being hæmorrhage from the bowels; the whole of the coils of intestine at the lower part of the ileum had sloughed out.

Dr. Murchison then brought forward the

ATROPHIED BRAIN OF AN IDIOT,

from a boy seventeen years of age, who had died of fever in the Fever Hospital. He had the manner and appearance of an idiot, and had always been idiotic. The brain was very small, and the chief bulk of the cranial cavity was occupied by fluid both externally and in the ventricles. It had unfortunately not been weighed at once, but after having been three or four days in spirit, it weighed twenty-five ounces.

The President said that the brain, though atrophied, was apparently much larger than in other cases on record. The weight of the brain after maceration in spirit could not be compared with other observations, as the organ diminished very much in weight after having been in spirit even a short time.

Mr. Norton exhibited a specimen of

ABSCESS OF THE CEREBELLUM.

It occurred in a boy seveenteen years of age, under the care of Dr. Sieveking, at St. Mary's Hospital. The symptoms he presented were extreme pain in the right ear; pain in the course of the right fifth nerve; dull, aching, throbbing pain in the head, extending down to the spine, and much relieved on pressure. The pupils dilated; vision double; pulse 70, easily compressed. No delirium until a very late period of the disease, and then but little marked. At the post-mortem examination, the vessels of the dura mater were found much injected. An abscess extended through a large portion of the right hemisphere of the cerebellum. The seventh nerve was highly inflammed; but there was no pus near it. Lymph was deposited over the whole of the interpeduncular space. The anterior surface of the petrous portion of the temporal bone was somewhat softened in the position of the tympanum, and on passing the knife into this part thick yellow pus exuded. Mr. Hinton and Mr. Norton examined the internal ear, and found the membranous labyrinth of the cochlea somewhat thickened, but the semicircular canals apparently healthy.

Dr. Cayley exhibited a specimen of

RUPTURE OF THE CAROTID ARTERY.

Dr. Cayley also exhibited a specimen of

TUMOUR OF THE SPINAL CORD.

A woman, fifty-four years of age, began to have pains in the left inguinal region, and loss of power in the left leg. Six months later both legs were paralysed and anæsthetic. There were occasional twitchings, but no reflex movements. At the autopsy a tumour, supposed to be of a myeloid nature, was found growing from the dura mater.

Dr. Morris Tonge exhibited, for Dr. Julius Pollock, a specimen of

COAGULUM IN THE PULMONARY ARTERY.

It was taken from one of Dr. Priestley's patients, aged forty-five, who was confined in the lying-in ward of King's College Hospital on the 31st of January last. She went on well till the fifth day after delivery, when she was noticed to be rather eccentric in manner, and on the twelfth day was quite maniacal. On the thirteen day she was seized suddenly with severe collapse, resembling that of cholera; the face, lips, and extremities became blue, and she passed into a state of syncope, from which she was roused for a time by the administration of stimulants. She soon relapsed into a semi-conscious state, and died the same night. Shortly after the accession of the attack of collapse it was found that the left leg was œdematous and very

painful and tender. On post-mortem examination it was found that there was recent and intense peritonitis. The left femoral vein and the veins of the left leg down to the foot were filled with large soft dark clots. The left ventricle contained fluid blood. The pulmonary artery contained a large firm colourless clot, which extended into the right ventricle on the one hand, and into the small ramifications of both branches of the pulmonary artery on the other. This clot had, no doubt, been the cause of the sudden attack of collapse, but in what manner was not very clear.

Dr. ROBERT LIVEING then brought forward a specimen from

A CASE OF TRICHINÆ IN MUSCLE.

The following is Dr. Liveing's account of the case:—Chas. G., aged sixty-eight, a native of Jersey, was admitted as a "casual" patient into the Whitechapel Workhouse on December 24, 1864. He complained of pains in his chest, with cough and expectoration. He walked with a peculiar shuffling gate, but nothing remarkable was noticed in his symptoms. His appetite was always good. Very little of his history is known previously to December 24, except that he had been several times to France. He was seized with a difficulty of breathing on March 7, and died on the following day, having been confined to his bed only thirty hours. On making a post-mortem examination of his body in the dissecting-room of the Middlesex Hospital, I found extensive pleurisy and pneumonia of the right side, sufficient to cause his death. On examining the muscles I found that they contained a large number of larvæ of the trichina spiralis, all enveloped in cysts which had become more or less calcareous, and thus very conspicuous to the naked eye. The muscular tissue itself was healthy and of a bright colour. The muscles were well developed, and showed no signs of wasting. The muscles containing the largest number of the larvæ trichinæ were those of the neck, chest, and upper arm, particularly the pectoralis major, deltoid, and biceps. Those of the abdomen and thigh contained a much smaller number, while in the sole of the foot they were comparatively rare. The muscles of the abdomen, however, contained a large quantity of fat between the bundles of muscular fibre, which accounts for the small number of trichinæ found in this region. They abound in the larynx and pharynx, also in the upper part of the œsophagus, but they could not be found in the lower half or in the heart, or any of the purely involuntary muscles, such as the stomach, &c. In spite of a copious injection of Burnett's fluid into the arteries of this subject, the trichinæ showed unequivocal signs of life when removed from their cysts. I think it probable that they existed in the muscles of this man at least some weeks (possibly months) before he was admitted into Whitechapel Workhouse.

Dr. COBBOLD remarked that although he had enjoyed fewer opportunities of investigating the natural history of this parasite than he had in the case of other human entozoa, yet not less than three instances of trichina in the human subject had now come under his personal observation. In all these cases similar features presented themselves, and two of them were dissecting-room subjects. From the condition of the cysts in Dr. Liveing's case, he believed that the man must have been attacked with trichinosis at least six months prior to his death, and notwithstanding that this person had entirely recovered from the immediate effects of the disease, he (Dr. Cobbold) was tolerably certain that they had indirectly promoted his decease. In cases of recovery from flesh-worm disease, the lungs were often left in a very weakened condition. Dr. Cobbold also remarked (in reply to a question by Dr. Murchison) that in trichinosis death ordinarily resulted from irritative fever superinduced by the almost innumerable wounds caused by the migrating larval brood. The injuries might even be classed as traumatic. Dr. Liveing had remarked upon the comparatively small number of trichinæ in the abdominal muscles. This was probably due to the abundance of fat in these muscles. Dr. Cobbold stated that he had fed various animals, such as the dog, rabbit, guinea pig, rat, mouse donkey, fowl, sheep, &c., with the diseased flesh, but at present he had only killed two dogs. These gave a negative result, probably from having vomited the lumps of muscle given to them. No doubt this arose from the circumstance that the body had been injected with chloride of zinc.

Dr. FREDERICK ROBINSON exhibited a specimen of

MITRAL VALVE DISEASE.

The orifice was narrowed owing to bony deposit, so as only to admit of the passage of a large quill. The heart was much enlarged, occupying a position transversely across the chest, and weighing seventeen and a half ounces. Left auricle much dilated, as well as the ventricle; the latter also hypertrophied. The subject of the disease was a delicate young man, aged twenty-eight, who never suffered from rheumatism. Whilst serving in the army in India, in 1860, he was attacked by pain in the cardiac region whilst running to the parade-ground. He dated the cough, bronchial affection, and dyspnœa which followed, and continued at intervals ever since, to this seizure. Dr. Robinson considered that this case strengthened the views of Dr. Peacock as to congenital and accidental lesions of the valves being a more frequent source of organic disease than has generally been received.

CASE OF SPONTANEOUS CHELOID.

Dr HILLIER exhibited a man, twenty-seven years of age, the subject of that somewhat rare disease of the skin the true cheloid of Alibert. The morbid appearances first presented themselves eleven years ago on the front of the chest, over the middle of the sternum, and were not preceded by any injury or scar. At first there was one hard shining tubercle, oval in shape, firmly set in the skin, of a red colour, and attended at intervals with darting pains. Since the commencement of the disease two other similar growths had appeared, one above and the other below that first formed. They varied in length from three-quarters of an inch to one inch and a half, and were about three-quarters of an inch wide. The one which first appeared was undergoing absorption; it had lost its red colour, and exhibited a depression similar to that due to the scar from a deep wound. The one last formed was larger than an almond, was red, and small blood-vessels were to be seen on its surface, with claw-like processes extending from it into the adjacent skin. The man's general health was good. No local treatment had been adopted; the experience of former cases discouraged the use of caustic or the knife.

Mr. HOLMES (Hon Sec.) exhibited, for Mr. Chas. Roberts, of York, a specimen of

HORNY GROWTH REMOVED FROM THE FACE.

Mr. Roberts' report was the following:—The horny growth which I enclose was removed by me from the face of an old woman, about seventy-five years of age, the wife of a blacksmith, residing in a small agricultural village a few miles from York. It was growing from the skin immediately over the edge of the lower jaw on the left side, at a point corresponding to the angle of the mouth. The patient stated that about three years ago a small wart (which she had had all her life) became irritable, and from frequent scratching bled freely. As the irritation subsided, a horn grew, and slowly increased in size for two years, when she broke it "short off." The enclosed horn has been the produce of the last twelve months, and has increased in diameter and length much more rapidly during the last three months. The soft, bulbous base was very vascular and painful, and the horn, by hanging down into the neck and catching the dress, was a source of great pain and inconvenience to the patient. In removing it, it was only necessary to divide the skin, as the tumour had no connexion with the deeper tissues.

Dr. CRUCKNELL showed a specimen of

RUPTURED ANEURISM OF THE AORTA.

The symptoms had been so obscure that aneurism had not been suspected. The patient, a woman, thirty-four years of age, had complained of pain in her chest, and had spat blood. She was getting up one morning, when profuse hæmorrhage occurred, and she died. The aneurism was of the descending part of the aorta, and had opened into the left bronchus.

HARVEIAN SOCIETY.

THURSDAY, MARCH 2.

President, Dr. LANGMORE.

(Continued.)

ALCOHOL IN FEVER.

Dr. COCK thought it important to define very clearly the kind of fever spoken of. In scarlet fever, for instance, where there was great heat and rapid pulse, if alcohol was given no benefit was derived. In the active state of continued fever, again, it was not indicated; but it is in the low state, and in the period of convalescence from continued fever, that it is so necessary and beneficial. He mentioned the case of a patient whom he had seen a short time ago, who remained in a very prostrate condition for a week, and for this took a bottle of brandy a day. At the end of the week variola broke out.

The PRESIDENT said he believed that a number of persons in the Profession were under very false impressions with regard to Dr. Todd's practice in administering alcohol. Thus, he had heard it said that Dr. Todd's method killed more than it cured. He believed that Dr. Todd only gave alcohol in such quantities as each patient required. In diseases of low type, such as diphtheria, large quantities may be given with great benefit; and he had known a patient in this state do well with a pint of brandy in the twenty-four hours.

Dr. BROADBENT observed that, in the London Fever Hospital, it was the general custom to commence with alcohol at once in all cases of fever. The amount was measured, not by rule, but by the requirements of each case.

Mr. CURGENVEN said that some years ago, when clinical clerk to Dr. Brinton, that gentleman used to give brandy and beef-tea every hour in fever with excellent results. In one case, a night-nurse took ℥xxiv. of brandy in twenty-four hours, and got well. In Scutari the same plan was found to succeed admirably.

Mr. OWEN agreed with Dr. Drysdale in thinking that Medical statistics were usually of but little use in therapeutical inquiries. Sometimes, however, in an epidemic, we might learn something by watching the results of different plans of treatment. Twenty-five years ago, whilst a student in Edinburgh, a great discussion was held on the subject before the Society: one physician (Dr. Alison) treated all fever cases with large quantities of stimulants, whilst Dr. Graham gave none. The results of the statistics were, that an equal proportional number of both patients died. He, consequently, on becoming Medical officer to a large county Poor-law union, did almost nothing; and the consequence was that his statistics were better than those of either Alison or Graham. This result he ascribed to the greater strength of the country population and the better air in their dwellings. Since coming to London, however, he was inclined to think that the weaker constitution of the townsmen required more alcohol in the treatment of their diseases than was necessary in the country.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

FRIDAY, APRIL 7.

THE EPIDEMIC AT ST. PETERSBURG.

The Bishop of Oxford.—Before the House rises for the recess, I should wish to ask the noble lord (Earl Granville) whether he can give the House any further information than it already possesses on the subject of the epidemic at St. Petersburg mentioned by my right rev. friend. The noble lord has no doubt noticed in one of the leading papers of to-day a telegram purporting to give details of the symptoms of that epidemic which tend to identify it with the disease commonly known as the plague. As Parliament is about to rise for the recess, and as the northern ports will shortly be open, no doubt great anxiety will arise with regard to this epidemic, which would be considerably allayed by an intimation from the noble lord that Her Majesty's Government were making inquiries as to the causes of the disease.

Earl Granville.—It is quite true that a telegram came to-day from Berlin which gives a worse account of the epidemic than we had previously received from St. Petersburg. A Medical officer of great experience has been sent to St. Petersburg, and another gentleman of equal professional attainments has since been sent to the Valley of the Vistula, to ascertain the real character of the disease. I am not aware that we can take any further steps in the matter.

Their lordships adjourned at twenty minutes past six o'clock.

HOUSE OF COMMONS.—APRIL 6.

THE EPIDEMIC IN RUSSIA.

Sir J. Pakington asked the Secretary of State for the Home Department whether the attention of Her Majesty's Government had been directed to the disease now prevailing in Russia and some parts of Prussia; and whether the Government proposed to take any steps to ascertain the true nature of the disease, and to avert its introduction into this country.

Sir G. Grey said,—The attention of the Government was directed to this subject by a statement which appeared in one of the daily papers on the 29th of March. Instructions were immediately sent by telegraph to Sir A. Buchanan, at St. Petersburg, to make without delay the fullest inquiries into the subject, and to send from time to time all the information he can obtain as to the origin, nature, and progress of the disease, and as to the treatment of it. Instructions were also sent to Her Majesty's representatives at Berlin, Vienna, Copenhagen, and Stockholm, and to the Consuls at the Baltic ports, to send full information as to the disease, should it appear in any of those parts of Europe. A Medical officer has also been directed to proceed at once to St. Petersburg to investigate and report upon the disease, and the officers of Customs have been directed to exercise the utmost vigilance in the examination of vessels coming from the Baltic. The information we have as yet received has been by telegraph, but Sir A. Buchanan says that he has forwarded by post a printed Medical report on the disease, which is stated to be a fever new in Russia, but not unknown in other parts of Europe, and it was said to be diminishing at St. Petersburg. Lord Napier says that the Minister of the Interior had told him that an unknown disorder had appeared along the Valley of the Vistula, but that he was not aware that it came from Russia. The Consul at Dantsic, in a telegram dated to-day, says that a disorder prevalent in that district is a complaint of the brain, chiefly affecting children. The Consul at Warsaw, in a telegram also received to-day, says that some cases of typhus have occurred there, but no disease having the proportions of an epidemic disorder has up to the present time appeared in Poland. The Consul at Königsberg reports that no particular epidemic disorder exists there, and the Consul at Memel says that no symptoms of the disease have appeared in that district nor in the adjacent Russian provinces; and a telegram just received from the Consul at Stettin reports that no epidemic disorder prevails there.

THE GAZETTE MEDICALE DE STRASBOURG publishes the following returns of the state of the Medical Profession in the Département du Bas-Rhin. The list of practitioners includes 155 doctors of Medicine, 28 officiers de santé, 69 apothecaries, and 461 midwives. The previous census displayed a total of 163 doctors, 50 officiers de santé, 73 apothecaries, and 505 midwives. The corporation has therefore decreased in numbers in each of its sections, and the diminution bears especially on the numbers of the officiers de santé, who from 50 are now reduced to 28. This result is undoubtedly referable to the severity of the examination-tests; the Faculty of Strasbourg within the last fourteen years has admitted but two officiers de santé. If all the French universities were equally strict, it would obviously be unnecessary to petition for the abolition of the second class of practitioners; gentlemen who have successfully passed through such a severe ordeal are clearly entitled to practise Medicine.

THE MEDICAL CIRCULAR.

WEDNESDAY, APRIL 12, 1865.

THE RUSSIAN PESTILENCE.

Very great alarm has been excited throughout this country by the news of a formidable disease having appeared in Russia, sweeping off thousands of the population, and marching with gigantic strides into lands not primarily infected with the disorder. It is said to have come originally from Siberia, and to have reached the city of St. Petersburg, where, we were told by telegraph on Friday last, it had caused 2,000 deaths out of a total of 10,000 cases, and had carried off forty physicians. It was also reported to have shown itself in Prussia and in the ports of the Baltic. The symptoms described in the telegrams are of the most alarming, but, at the same time, of the most anomalous and contradictory character; so that it is almost impossible, from the information they convey, to form any accurate idea of the real nature of the malady. Some of the accounts describe it as beginning with a cramp at the back of the neck, rapidly extending to the whole frame, which, the 'Times' tells us, indicates affinities with cholera on the one hand! and typhus on the other!! and a disease probably arising from the same causes, and perhaps amenable to the same treatment, as those two!!! Another newspaper, with more show of probability, attributes the disease to the absence of meat diet among the poorer classes of the population, and the use of diseased grain, especially the spurred rye. The telegram from Berlin, however, tells us authoritatively that the disease is not cholera, but *plague*, with dilated pupils, carbuncles, and pestilential bubo.

Dr. Murchison, of the London Fever Hospital, in a letter to the 'Times,' considers that the disease is relapsing typhus, which, under different designations, has been well known in Great Britain and Ireland for nearly two centuries, and which constituted a great part of the Irish epidemic of 1847, and about the same time was very prevalent in Upper Silesia and other parts of Germany. It is said that the causes of the Russian epidemic now prevailing are the crowding into St. Petersburg of 43,000 labourers in search of work, and the unusual destitution among the poor, and their use of unwholesome food, particularly of bread ontaining the horned rye.

Dr. Murchison comforts the English public with the dubious assurance that the importation of the Russian epidemic into England need not be apprehended, for the best of all reasons—namely, that we have it already! at least in the form of true typhus. On the whole, we are disposed to agree with him. What may be at present the exact condition of the wards of the London Fever Hospital, we know not; but having had former opportunities of witnessing epidemics of typhus at that establishment, we can testify that the appearance of the miserable and ghastly objects crowded together in the wards (well-built and well-ventilated as they are) would inspire with terror any person unaccustomed to such scenes, and might lead telegram-writers to jumble together in their minds the ideas of plague, yellow fever, cholera, black-death, and many other similar visitations, and infuse their own terror into the minds of the public.

It is, therefore, more than probable that the Russian epidemic is nothing more nor less than a variety of our own indigenous typhus, aggravated by some peculiar circumstances injuriously affecting the lower classes of the Scythian population.

During the time we are writing on the subject, information and opinions of a more or less trustworthy character are coming under our notice. We consider the following particulars, communicated to the pages of a daily contemporary by Dr. Julius Althaus, to be especially worthy of attention, because they are derived from authentic sources, and because Dr. Althaus is a physician who is fully competent to estimate the value of Medical evidence, and to deduce accurate conclusions from the facts which are recorded. Dr. Althaus having lately received several communications from his professional friends residing in Russia and Germany, in reference to the epidemics now prevailing in those countries, is in a position to announce that "there was then neither plague nor cholera in those countries. At St. Petersburg an epidemic of recurrent fever has prevailed since September last, and has rather increased than diminished of late. Not much is known as regards its origin, although there can be no doubt that the severe cold, the dram-drinking which is now carried to an unheard-of extent, the vile quality of the spirituous compound which is sold to the people, the bad black bread, the putrid canal water which is used for drinking, and the overcrowding in the miserable lodgings of the poor have done much towards rendering the epidemic severe. Scarcely any but soldiers and working men have hitherto been affected by the disorder. Scurvy, which is usual in St. Petersburg about this season, has also appeared there.

"The recurrent fever generally commenced with a shivering fit, and a considerable increase of animal temperature. The fever continued for ten or twelve days in a very irregular manner, after which there was a sudden fall in the temperature of the body, accompanied by profuse perspiration and other symptoms of a crisis. The patients then appeared to be in a fair way of recovery, when, three or four days afterwards, a fresh attack of fever supervened, which lasted from two to four days. This was again succeeded by comparative well-being, but in a short time a third attack came on. In all these cases the liver and spleen were considerably enlarged and painful as long as the attacks lasted; and in those patients who died in the attacks, inflammation of the liver and congestion of the spleen were discovered. The mortality was not very large, being about 5 per cent.

"Another epidemic which has during the last few months prevailed on the Polish frontier of Prussia, and in Brunswick, Hesse, and Hanover, is of a far more dangerous character, the average mortality ranging from 30 to 60 per cent. This disease, which is a purulent inflammation of

one of the membranes of the brain and spinal cord, has chiefly affected children and young people up to twenty years of age. It is ushered in by a severe shivering fit, followed by intense heat, vomiting, and headache. There is great restlessness and tremor of the limbs. After a few hours tetanic spasms of the muscles of the neck come on, which are in some cases followed by general epileptiform convulsions and delirium. Some patients succumb to the disease within three or four hours, others only in four or five days; or again, all symptoms gradually vanish, and convalescence sets in, which is, however, always very protracted. During the prevalence of the epidemic many people suffer from symptoms resembling those of the first stage of the disorder, but, if carefully treated, they fall into a profuse perspiration and recover. This disease is decidedly infectious, and would prove a great national calamity were it to assume considerable proportions, it being as fatal as the worst forms of typhus, yellow fever, and cholera."

The news received at the Home Office in London from St. Petersburg, on Saturday evening, is calculated in a great measure to allay the fears entertained with regard to the approach of the reported pestilence to our own shores. It is stated on the authority of Sir A. Buchanan, the British Minister at St. Petersburg, that the fevers in that city have no affinity with the plague, and are attributed to the overcrowded lodgings of the labouring classes, to the use of spoiled vegetables, and the drinking of canal water. It is also stated, on the same authority, that only *two* physicians have died in the hospitals.

The Medical Department of the Privy Council have already dispatched Dr. Whitley, late Medical Registrar of Guy's Hospital, to St. Petersburg, and Dr. J. B. Sanderson, the Medical Officer of Health for Paddington, to Dantzig, for the purpose of examining and reporting upon the alleged pestilences in Russia and Prussia; and we understand that Dr. Thudichum will proceed this week to another quarter of the Continent on the same errand. In the meantime, we believe that we may safely allege that the British nation is in but little danger from the invasion of the epidemics to which we refer. That in Russia, we repeat, is pretty clearly typhus fever, assuming a relapsing form, and traceable to the indigenous morbific influences to which we have specially alluded; that in Prussia, and other parts of Germany, is of a totally different character, attacking, principally, children, and assuming the form of inflammation of the membranes of the brain.

THE MEETING OF THE MEDICAL COUNCIL.

As time advances and as the Medical Council becomes more and more acquainted with the work it ought to do, it apparently becomes more helpless. Its proceedings hitherto have been altogether wanting in dignity, and the admission of the members of the Medical Press has only fully revealed what before was generally surmised, that from such a chaos of conflicting elements as the present Medical Council, no permanent good to the Profession can fairly be expected to arise. Much of this confusion necessarily springs from the nature of the Medical Act itself, and much from the individual characters of the members of the Medical Council, and the interests which they represent.

This Act, which was intended, by the ardent Medical reformers who advocated its passing into a law, to protect the Profession from the quacks and to improve and harmonise the formerly existing systems of Medical education, has accomplished neither purpose. On the contrary, the quacks are directly recognised and protected by the measure, and an attempt is actually made, in one of the clauses of the Act, to include the quacks, if they choose to demand admission, into the ranks of legitimate Medicine. The quacks therefore may practise with perfect immunity out of the pale of the Profession, and may, if they please, practise within it; and many of them, particularly the homœopathic quacks, actually do so. The hope entertained that the Act would make a radical change in the former schemes of Medical education has been almost equally fallacious; and the only result in this direction has been, that, like a Dutch auction, the prizes, in the shape of professional titles, are conferred upon the lowest instead of the highest bidders. For ourselves, we are no admirers of the one-faculty system in the sense in which it is generally understood, nor have we ever been able to agree to the principle that admission into one portal should necessarily command the entrance into all the others. We fully and freely admit that every one ought to have the power of raising himself to the highest position by the exercise of his talents, and many have done so; but we cannot conceal from ourselves that the different educational and examining bodies possess very different standards of qualification, and that one of them is no necessary guide to the rest.

But under the present constitution of the Medical Council, all the constituted Boards have nearly equal rights, and, what is still worse, many of the members of the Council are the avowed advocates of the privileges, or it may be the abuses, of the corporations which they represent; so that their object is not to concur for the general benefit of the Profession, but to defend with the utmost tenacity the peculiar course which their limited constituencies may think proper to take. As for the bulk of the Profession, and especially the general practitioners, they have hardly any representatives at all in the general Council, even some of the Crown nominees being more or less pledged to the views of certain corporations. From such materials we conceive it to be not only improbable, but even impossible, that any good results can be expected; for every attempt at general improvement will be frustrated by the opposition of conflicting interests.

The justice of our strictures is amply proved by the experience of the last week's discussions in the Medical Council. We actually regret to have occupied so much of our space with the debates, which, wordy as they are, and not destitute of individual merit, lead to nothing except to prove the utter impotence of the Council to originate any

beneficial measures, or even to carry out the very duties which it was appointed to fulfil. The express and avowed purpose of the Act is to enable the public to distinguish between the qualified practitioner of Medicine and the unqualified pretender; and after seven years of labour and the expenditure of some forty thousand pounds, wrung from the pockets of the Profession, even this very trifling boon has not been obtained; while, as to regulating the course of study at the different licensing and educational boards, the Council has just declared that it is powerless in carrying out its own resolutions. The only result of so much wordy warfare as has characterised the recent sitting of the Medical Council may be summed up in a few lines —first, that it is unwilling or unable to define even the minimum amount of qualification which should be enforced by the educational and examining Boards; and, secondly, that it at last consents, though evidently with great reluctance, to apply for an amendment of the Medical Act' which has so signally failed to give satisfaction to the Profession.

MEDICAL GOSSIP. By VIGILANS.

No. XV.

THE RUSSIAN EPIDEMIC AND MURCHISON'S LILLIPUTIAN ESSAY IN THE 'TIMES' — QUARTERLY ACCOUNT OF VIGILANS' SAYINGS AND DOINGS, ETC., ETC.

The itching of Medical men to get into the newspapers in what is called the "legitimate way" is notorious—sometimes it rises to *fever* heat, of which we have an example in this day's (Friday) 'Times.' Flying rumours of a flying pestilence have for some days past been an *on dit* among us, and on last Thursday, as ever was, the 'Times' gave us extracts from the 'Medical Gazette' of St. Petersburg, and from a communication to the 'Nazione' of Florence, by Dr. Tillner, concerning it; moreover, there was a leading article on the subject. Notwithstanding all this hullabaloo, it is quite clear we have not much to fear from the visitation which is anticipated, for it is an old friend with a new face—a sort of bastard typhus with a cross of ague in it, and not half so fatal—but it has afforded a "legitimate" opportunity for Charles Murchison, M.D., F.R.C.P., Physician to the London Fever Hospital, 79 Wimpole street, W., to publish to the whole world his opinions of the much-dreaded epidemic. Perhaps, this rushing into print will be considered premature, for the learned doctor prefaces his observations by an *if*. "If the details furnished by foreign physicians are to be relied on, it is not a new pest which has invaded the world, nor has the disease any relation whatever to Asiatic cholera." If the details are not to be relied on, what then? But the Doctor treats the details as reliable, and goes on to make some very sensible remarks; indeed, he gives us quite a Lilliputian essay on the malady, which would be far more appropriate in a Medical Journal than in the 'Times.' From the accounts we have received, it appears to be a species of typhoid-ague fever, from its tendency to recur at intervals. Dr. Tillner says:—

"The initiatory attack of the fever lasts from seven to eight days, and terminates with a very copious perspiration. After the first paroxysm an interval occurs of seven or eight days, during which the patient appears almost as well as ever, but at the expiration of that period a second attack manifests itself like the first, but accompanied with still greater prostration. This continues also about seven days, terminating, like the other, with profuse perspiration. Sometimes a third paroxysm declares itself after a further interval of seven days, one of the symptoms being a burning thirst, and the patient sinks into the most profound state of prostration. The rate of mortality is 8 per cent., and the victims of this malady generally die during the second attack, usually from a kind of general paralysis, or through severe derangement of the nervous organs, with real decomposition of the blood, and an enormous increase in the spleen. The liver becomes greatly enlarged, but the intestines, on the other hand, are either found healthy or else hardly congested."

Several names have been given to the fever, but the best to my liking is *Febris recurrens*, or, if Dr. Tillner has described its paroxysmal attacks correctly, we might call it *hebdomadal ague*, for it has all the symptoms of an ordinary attack of ague complicated with typhus. Theophilus thinks that *typhoid ague* would be an appropriate and characteristic designation. But what's in a name? Let us think of the means to be taken to stave off the threatened invasion and to prepare the country to fight it successfully when it comes. On these points I have two or three suggestions to make. Let Dr. Murchison or some other Fever Doctor, instead of writing to the 'Times,' with no positive facts to write about, start off forthwith to the localities in which the epidemic is said to prevail. Suppose it should turn out to be what some of the reports would indicate, a sort of *Febris secalis cornuti*, a fever generated by the extreme of poverty and starvation, life being sustained only by eating of rye bread, which, in the present instance, is to a certain extent poisonous. In this case, Dr. Murchison would have the happiness of dissipating at once all the alarm which is spreading and terrifying people out of their senses. My own impression is, that the course of this epidemic may be as geographically indicated as an eclipse of the sun, and that where squalid poverty and misery prevail there its dark shadow will fall. It behoves us, then, to scare away the enemy by providing better food for the poor and needy; and this brings me to my second suggestion: let the British Medical Association forego the publication of their useless print for one year and devote the 2,400 gs. which would thus be saved, to the beneficent object of feeding the susceptible poor. The 'Lancet,' 'Medical Times,' and MEDICAL CIRCULAR would readily print the two or three pages of the Society's transactions which appear weekly in their Journal, and the Association would gain rather than lose by the arrangement, by the increased publicity given to their proceedings.

[We are reluctantly compelled to postpone the remainder of "Vigilans'" communication till next week, owing to the press of matter occasioned by the proceedings of the Medical Council.—ED. MED. CIRCULAR.]

OBITUARY.

DR. F. W. MACKENZIE.

We deeply regret to announce the death of Dr. Frederick William Mackenzie, at the early age of forty-nine. The deceased gentleman was a pupil of University College, London, where he took off several prizes, and in which institution he was a Fellow, and a Member of the Council. He was a Doctor of Medicine of the University of London, where he graduated in 1841, and he became a Member of the Royal College of Physicians of London in 1855. He was also a Fellow of the Royal Medico-Chirurgical Society, and Physician to Queen Charlotte's Lying-in Hospital. He contributed several papers and lectures to the Medical Societies, among the principal of which were a course of lectures (the Lettsomian) "On the Pathology and Treatment of Phlegmasia Dolens," and a paper "On the Action of Galvanism upon the Gravid Uterus, and its Remedial Powers in Obstetric Practice," published in the 'Medico-Chirurgical Transactions.' Dr. Mackenzie was a handsome man, and possessed of most pleasing manners, and was engaged in large and lucrative practice. His premature death will cast a gloom over a wide circle of friends and patients, and his loss will be especially lamented by many of his old fellow-students in University College, of which he was one of the most distinguished pupils.

GENERAL MEDICAL COUNCIL.

The General Medical Council commenced its annual sittings at the Royal College of Physicians on Tuesday, April 4.

The following is the list of members present at the sittings:—Dr. Burrows (President), Dr. Alderson, Mr. Arnott, Mr. Cooper, Dr. Acland, Dr. Paget, Dr. Embleton, Dr. Storrar, Dr. Andrew Wood, Dr. Fleming, Mr. Syme, Dr. Thomson, Dr. Smith, Mr. Hargrave, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Dr. Sharpey, Dr. Parkes, Dr. Quain, Mr. Rumsey, Dr. Christison, Dr. Stokes, and Dr. Francis Hawkins, Registrar.

The President, in opening the proceedings, said that the very peculiar nature of the business to be transacted this year required the Council to meet at an earlier period than usual; and he much regretted to learn that the period which he had been called upon to fix was not altogether in accordance with the wishes of many of the members, and no doubt had led to the inconvenience of others. When, however, he looked round and observed the chairs all occupied by distinguished men, some holding most important offices as Medical teachers at our universities, and others holding prominent positions in various localities, he believed it quite impossible to fix any time for the assembling of the Council which would not be attended with more or less inconvenience to its members. Of all the duties which devolved upon him as President, the least agreeable was that of deciding the time for the meeting of the Council. Appeals of a conflicting character were very naturally made to him from different quarters as to the time of meeting, and it was very painful not to be able to respond to them; and therefore it was with peculiar pleasure that he had observed that the Irish Branch Council had taken the subject into their consideration, and would probably propose some modification of the standing orders relieving the President from the responsibility of fixing the time of meeting. He feared, however, that the proposition of the Irish Branch Council, as far as he understood it, would hardly accomplish the desired object. In the month of January the Scotch Branch Council passed a resolution from which it might be inferred that they deemed it important that there should be a very early meeting of the Council this year, and in the latter part of the same month he called the attention of the English Branch Council to that resolution. After due deliberation, the English Branch generally agreed that the meeting this year should be earlier than usual, and that the time at which they were now assembled would probably be the most convenient, and give an opportunity for the accomplishment of one object which they had in view. At a later period he learned that the Irish Branch Council were not of the same opinion, and that they believed delay would be advantageous, and that the deferring of the meeting till after the Easter recess would be more likely to conduce to the attainment of the objects of the Council with respect to fresh legislation. That opinion might be quite correct, but he feared that their proposal that the President should appeal to the three Branch Councils before fixing the time for the meeting would not exonerate him from the responsibility of deciding. He assured them that in giving his decision he had not been actuated by any consideration of personal convenience, but he had endeavoured to the best of his ability to suit the time to the nature of the business to be transacted, and after obtaining information from Parliamentary agents and other sources he had assumed the responsibility of summoning the Council for the present time. Whatever might be the opinions of the members of the Council as to the time of meeting, he felt confident that now they had assembled they would all earnestly and cordially co-operate in an effort to expedite public business and grapple with those questions that pressed for solution and decision. Those questions were—first, the amendment of the Medical Act; and, second, the question of Medical registration and education, the consideration of which had been temporarily suspended through the rising of the Council last year. Looking back with a pleasurable remembrance on the year during which he had filled the office of President, he felt assured that he could reckon upon the loyal and generous support of all the members to enable him to conduct their deliberations with that regularity, order, calmness, and dignity which ought to characterise the proceedings of the General Medical Council, and which were essential to the proper protection of the public and professional interests with which they were entrusted.

The following were appointed as a Committee for the transaction of the business of the Council during the present session:—Dr. Andrew Wood, Dr. Acland, Mr. Rumsey, and Dr. Alderson.

The following were appointed as a Finance Committee:—Dr. Sharpey, Mr. Arnott, Dr. Fleming, Dr. Aquilla Smith, and Dr. Quain.

Dr. Andrew Wood moved—"That the consideration of the question of the amendnent of the Medical Acts shall take precedence of all other business." He said that he did not think the motion would require much enforcing. Whatever had been the opinion of the Council on the subject in previous years, it was now absolutely necessary for the Council to take action in the matter, unless they wished to be superseded by another body. The excuse had been formerly made that the matter had been brought forward so late in the session that it was impossible for the Council to deal with it. He had therefore resolved to do away with that excuse by bringing it forward as early as possible. With regard to the time of the meeting of the Council, he had listened with much satisfaction to the explanation of the President, but he much regretted that the meeting was not fixed for an earlier date. He then called attention to the position in which the subject was left at the rising of the Council last year, and said that what was actually carried was that it be committed to the Branch Councils to consider the needed amendments in the Medical Act, and communicate the result of thetr deliberations to the General Council. The Branch Councils had acted in accordance with that resolution, and the present Council had the result before them. It would now be their duty to consider what amendments they should adopt, get them drafted by a Parliamentary solicitor, and put the bill into the hands of the Secretary of State. He believed that unless the bill were taken up by the Government, there would be no chance of improvement in the legislation.

Dr. Corrigan said he believed nothing could be done at present in the matter, but he should, under the circumstances, support the resolution. The Irish Branch Council had been charged in the press and elsewhere with being obstructive in the matter, and he wished now to openly rebut that charge. He was glad to see the press now represented, although he had refrained from entering the arena outside the Council, and answering the attacks which had been made by anonymous writers. He stated that the first proposal for the amendment of the Medical Act originated with him after consultation with his colleagues on the Irish Branch Council. They repeated their proposal year after year, and in the year 1864 the English Branch Council passed a resolution to the effect that it would be inexpedient to interfere with the existing legislation. Who had been the obstructives time after time? It was neither the Irish Branch Council nor the Scotch Branch Council, but the obstruction took place with the General Council, and it was no use to disguise the fact.

Mr. Arnott said he should neither vote for nor against the motion, but he was not satisfied that the time had come for new legislation. He contended that the powers now possessed by the Council had never been fairly tried, and therefore any alteration would be premature. The question might arise whether the Council was so constituted as best to promote and protect the interests of the public on the one hand and the Profession on the other. He for one believed that the Council was too numerous, and he was not at all satisfied that it was well constituted for effecting the purposes it had in view. He contended, however, that it had the power to lay down a scheme of professional education, and he should hesitate to go to Parliament for further enactments until those now existing had been properly applied.

Mr. Hargrave said the Council had, at all events, whether it was or was not constituted in the best way, done much good in bringing into the Profession a class of very highly-educated men, and publishing a valuable Pharmacopœia.

Dr. Aquilla Smith said that the fixing of the meeting of the Council for the present time was due to the English Branch Council. With regard to the remarks of Mr. Arnott as to the powers of the Council not having been fully tried, he believed that they had tried all the powers they had, and the result proved that they had really no powers at all.

Dr. Paget rose to ask the Council whether there was any objection, as a mere formal matter, to receive the communications to the Council, so that they might be placed in the hands of the printer rather than be delayed perhaps three or four days during the discussion of the Medical Act. As to the time of the meeting, he believed the English Branch Council had merely meant to express an opinion that if the meeting were delayed, legislation in the present session of Parliament would be more difficult, and that opinion was founded on the representation which had been made to them that the Bill would probably have to remain in the hands of the Secretary of State before anything were done.

Dr. Andrew Wood, in reply to Mr. Arnott, said that that gentleman seemed to consider they should not go to Parliament lest Parliament should say the Council was not qualified for its duty, and that it ought to be abolished. That, however, was one of the strongest reasons why they should go to the Legislature at once, for if the Council were inapt or unqualified for its work, let it be superseded by some other body better adapted for the attainment of the end in view. As to the powers of the Council not having been fully tried, he contended that they had been tried to their greatest extent, and found wanting. The Council would not be true to itself, to the public, and to the Profession, unless it endeavoured to remedy the defects which now existed.

The motion was then put, and carried *nem. con.*

Dr. Andrew Wood moved that the names should be taken down of those who voted and those who did not.

Dr. Aquilla Smith seconded the motion.

The President said the resolution had been carried without a dissentient voice. Very possibly some had not held up their hands because they thought the motion would not be opposed. The standing order was that when there was a division the names might be taken, but there had been no division in this instance.

After some little discussion, the motion relative to the consideration of the Medical Act was again put, and there appeared, for it eighteen, and against it none, two or three of the Council declining to vote.

Drs. Wood and Smith pressed their request to have the names taken down.

Mr. Hargrave said he should like the names taken down, in order that those who had voted might be defended from the attacks of those outside the Council.

Dr. Paget moved, and Mr. Rumsey seconded, that certain communications to the Council should be printed.

Dr. Corrigan objected to the printing of communications of the contents of which the Council knew nothing.

Dr. Paget said he did not propose to have them entered on the minutes, but merely to print them that they might be placed in the hands of the members.

Dr. Andrew Wood said that the motion for the consideration of the Medical Act precluded any other business till that had been disposed of. He therefore moved that the communications which had been received relative to the amendment of the Medical Act should be referred to a Committee to be reported on.

The motion was seconded by Mr. Hargrave, and carried unanimously.

Dr. Wood moved, "That the Committee consist of Dr. Embleton (chairman), Dr. Acland, Dr. Paget, Dr. Fleming, and Dr. Aquilla Smith.

The motion was seconded and agreed to.

Dr. Wood moved, and Dr. Embleton seconded, "That the communications of the various Branch Councils relative to the amendment of the Medical Act be read, and used as the basis of the proceedings of the present Council."

The clauses in the Act in which amendments were proposed were 20, 31, and 40.

The communications of the Branch Councils relative to clause 20 were then read by the Registrar.

Dr. Andrew Wood suggested that the Council should then proceed to discuss that clause before the communications as to the other clauses were laid before the meeting.

Dr. Paget said it would perhaps be better to discuss first that clause on which there was least diversity of opinion, namely, clause 40.

Dr. Andrew Wood thought it would be better to adhere to the natural order.

Dr. Corrigan thought the whole of the Act should be discussed. The Council were not unanimous as to the other parts of the Act; and it would be a piece of patchwork to repair three clauses when the whole Bill needed to be reconsidered. The more common-sense way of dealing with the subject was to go through the Act clause by clause. When the Amendment Bill was laid before the Secretary of State he would be deluged with communications on the subject of the whole Act, and he would naturally say, "I cannot do anything with this Amendment Bill, for the Medical Council, who should have considered the whole Act, have given their attention to only three clauses of it."

Dr. Andrew Wood said that what occurred last year was a sufficient reason for proceeding with the three clauses in question.

Mr. Arnott said that he thought Dr. Wood would do the question more justice by allowing the discussion to be deferred till to-morrow. The members of the Council would then be better prepared for the consideration of the subject.

The President said it would probably be desirable to act on the resolution requiring the communications from the Branch Councils to be read.

The communications on the remaining clauses (31 and 40) were then read by the Registrar.

The President suggested that the resolutions of the three Branch Councils should be printed on the minutes for easy reference.

The suggestion was agreed to.

Dr. Andrew Wood moved "That the Council now proceed to consider the expediency of amending Clause 20 of the Medical Act, and that the following resolution be adopted:—'That the amended Bill should contain clauses conferring on the Medical Council definite powers to issue to the various licensing bodies regulations on the subject of preliminary and professional education and examination; and that, in order to carry out that object, clauses to the following effect be adopted, viz.:—'That it shall be lawful for the General Medical Council from time to time to issue to the various licensing bodies such regulations respecting the preliminary and professional education and examination of persons desirous of obtaining any of the qualifications mentioned in Schedule (A) to the Medical Act, as may appear to the Council fitted to secure, on the part of such persons, the requisite knowledge and skill for the efficient practice of their Profession. That all such regulations as shall have been passed by a majority of two-thirds of the General Council shall be obligatory on all Universities, Colleges, and other Bodies enumerated in Schedule (A) to the Medical Act of 1858. That, in the event of any of the said bodies not conforming to such regulations, it shall be lawful for the General Council, if they see fit, to intimate to the said body that it has not conformed to such regulations, and to direct that, in the event of the said body not conforming within six months after such intimation, the qualification granted by such body, after the lapse of the said period of six months, shall not be registered. That it shall be lawful for anybody in regard to which such directions shall have been given to appeal to the Privy Council, who shall have power, if they see cause, to disallow the direction of the Medical Council. That it shall be lawful for the General Council to restore any right to registration which may have been suspended by them, when they shall be satisfied that their regulations have been conformed to.'" He said that

the reason for taking legislative action in this matter was, that the Council might recommend to the various educating licensing bodies the course they considered desirable; but those bodies might, if they chose, entirely disregard those recommendations. It was true that the recommendations might be enforced by an appeal to the Privy Council, and that that course had been taken; but it was most desirable that the Council should have the power of initiating and enforcing regulations, and of suspending any licensing body which did not conform to them. In order, however, to check any arbitrary exercise of power by the Council, the resolution provided that no recommendation should be enforced which had not received the sanction of two-thirds of the Council. The resolution was in the terms of the recommendation of the Scotch Branch Council.

Professor Syme seconded the motion, and, in doing so, remarked that moral suasion, which was advocated by some, had not, of itself, been found effectual. In one instance he had tried to induce the Council to report a certain body to the Privy Council, but after a lengthy consideration of the circumstances, they came to the conclusion that it would not be expedient to take that step. Moral suasion had been much applauded among them, but, with all his admiration for it, he did not deem it adequate to meet the case they had before them.

Mr. Arnott said he did not think that the Council would agree to the resolution. In England, at least, the influence of moral suasion had been effective, and the requirements of the Council as to preliminary education had been complied with, and he believed it would continue to be effective if no imperative powers were conferred on the Council. There was, however, great doubt as to what the Council really required in respect to preliminary education. As to Professional education, he did not consider that the Council should be entrusted with the imperative power of saying that no man should commence his professional career until he had had a certain amount of instruction at a Medical School. He did not believe that such a power would be conferred by the Legislature.

Mr. Hargrave said that in the resolution before the Council they were beginning at the wrong end of the question. They were seeking amended legislation and further powers when they ought to be dealing with the questions of education and registration. As regarded compulsory powers, he did not think the constitution of the Council was such that they ought to be entrusted with them. There were only two pure Surgeons in the whole body. ("Oh.")

Dr. Corrigan proposed as an amendment,—"That the whole Medical Act should be taken into consideration, clause by clause, for approval or amendment, as the taking into consideration of only three clauses must lead to an imperfectly considered Bill, which would not command the attention of the Legislature." He said the essential difference between the Scotch and Irish Branch Councils was, that the latter had recorded their opinion that the Council should not have power to enforce regulations before they had received the sanction of the Legislature, while the Scotch Branch Council proposed that the General Council should have the power of making and enforcing regulations without first submitting them to the Privy Council, but reserved to the licensing bodies the right of appeal to the Privy Council. Mr. Hargrave was in error in saying that the College of Surgeons were ready to comply with the requirements of this Council. On the contrary, there was in Churchill's 'Medical Directory' a resolution of the College of Surgeons to the effect that they would not comply because other bodies had not done so.

Dr. Sharpey said he entirely concurred with the resolutions of the English Branch Council, and he believed that those resolutions were in accordance with the spirit of the amendment proposed by Dr. Corrigan. With regard to the general subject of new legislation, he was of opinion that there had been a large amount of compliance in England with the requirements of the Medical Council, and he believed the Scotch Branch Council could devise some means of securing an equal amount of compliance in Scotland. He felt sure, however, that any attempt to bring about a general assimilation in all points would fail, especially with regard to the subjects of study in preliminary education. There was a general agreement as to what those subjects should be, but any attempt to secure more than that would not be attended with good results. As to the respective merits of the suggestions of the English and Scotch Branch Councils with regard to the appeal to the Privy Council, he thought it better for the Medical Council to submit their regulations to the Privy Council before endeavouring to enforce them than to frame them independently of the Privy Council and reserve the right of appeal. It would be less inconvenient for the Medical Council to obtain the preliminary sanction of the Privy Council than to have their regulations disallowed. He should second the amendment of Dr. Corrigan.

Dr. Christison supported Dr. Corrigan's view as to the desirability of reconsidering the whole of the Medical Act before going to the Legislature. He was also of opinion that the application to the Privy Council should take place before the Medical Council attempted to enforce their regulations.

Dr. Paget said he considered it would be very inconvenient for the Medical Council to submit their regulations to the Privy Council before they had the right to enforce them, and such a practice would stand in the way of any modifications of the regulations which might from time to time appear desirable.

Dr. Storrar said that the impression which would be conveyed by the recommendations passed in previous years was, that the Medical Council either thought themselves wrong in taking the subject in hand, or that they had not the courage to go forward. He did not think them wrong, but he believed they had not the courage to go forward. The new powers proposed by the motion might prove a very dangerous weapon in the hands of the Council, and he considered the Council wholly incompetent to lay down a universal scheme for preliminary education for the nineteen bodies represented at the Council. They had not as yet exercised the powers which they had, and therefore they had no case for seeking new ones.

Dr. Quain said he thought the amendment objectionable. It would be better to take the three important clauses first, and then the other part of the Bill could be taken clause by clause.

The amendment and motion were then put to the meeting. The numbers were—For the amendment 7, and for the original motion 11.

The original motion was then put separately, when there appeared—For it 3, and against it 14.

WEDNESDAY, APRIL 5.

Dr. Andrew Wood rose to bring forward a motion of which he had given notice yesterday in relation to the amendment of Clause 20 of the Medical Act. He said the rejection of the resolutions of the Scotch Branch Council yesterday left the General Council only two courses open to them, instead of three. These were the adoption of the resolutions either of the English Branch or Irish Branch. The adoption of the English Branch Council's resolutions would be practically the adoption of nothing at all, for they recommended that the legislation should remain *in statu quo*. He repudiated the idea of the regulations of the Medical Council being left simply to moral suasion to be enforced. As the Council had rejected the Scotch dose as too strong for them, he had now to present to them the Irish dose, which was milder, and would possibly be accepted by them. The proposal was that it should be enacted that the regulations framed by the Council should be submitted to the Privy Council for endorsement, and that they should then be capable of enforcement on the educational bodies, the right of appeal to the Privy Council being reserved to such bodies as might not comply with them. He doubted very much whether, after regulations had been carefully framed by the Medical Council, whose special business it was to consider such matters, and been endorsed by the Privy Council, the Privy Council would give any aid to recalcitrant Medical bodies. He believed

that practically the recommendation of the Irish Branch Council would be effective. He should, therefore, move—"That the following be adopted as an amendment of Clause 20 of the Medical Act :—'It shall be lawful for the General Council from time to time to lay down such regulations respecting the education and examination of Practitioners in Medicine and Surgery as may appear to them fitted to ensure adequate knowledge and skill in the practice of their Profession. And the said General Council shall submit their regulations to Her Majesty's most honourable Privy Council. And the said regulations, if sanctioned by the said Privy Council, shall then be obligatory upon all Universities, Colleges, and other bodies enumerated in the Act. And it shall be lawful for the Privy Council, upon its being represented to them that any University, College, or other body enumerated in the Act does not comply with such regulations, to declare that any qualification granted by such University, College, or body shall not confer any right to be registered under the Act. Provided always that it shall be lawful for Her Majesty, with the advice of her Privy Council, when it is made to appear to her, upon further representation from the General Council or otherwise, that such College or body has made effectual provision, to the satisfaction of such General Council, for the improvement of its course of study or examinations, or the mode of conducting its examinations, to revoke any such order.'"

Dr. Corrigan rose to order. He said the motion could not be entertained, though if it could he should vote in its favour. A motion and amendment on the subject having been made and negatived already this session, the standing orders precluded another motion on the same subject.

The President, after some discussion, ruled that the motion was in order.

Professor Syme moved the following amendment :—"That Clause 20 of the Medical Act stand as it is at present, and that if any of the bodies mentioned in Schedule (A) should decline or neglect to comply with the recommendations of the Council with regard to education, whether preliminary or professional, the Council shall express their disapprobation."

Mr. Hargrave seconded the amendment. He said it would be the effect of pouring oil on the troubled water.

Dr. Corrigan said he should support the motion of Dr. Wood. He could not agree with the amendment of Professor Syme, which was in favour of moral suasion. He was beginning to get a perception of what moral suasion was. It was the principle that in the event of any body not complying with the regulations of the Council as to education, the Council should express its disapprobation. It was remarkable that the amendment for the expression of disapprobation should be moved and seconded by the representatives of two recalcitrant bodies—the University of Edinburgh and the College of Surgeons of London.

Dr. Christison said that the University of Edinburgh were much more blameless than Dr. Corrigan thought. They had refused to comply with a certain regulation of the Council, but they did so because they discovered that in making that regulation the Council had exceeded its powers. There was another point with which they had not complied, because it was thought unadvisable; but although there had been an appearance of misconduct on their part, there was really no wish to act contrary to the Council.

The amendment and motion were then put. The numbers were—For the amendment, 10; against it, 11.

Dr. Embleton moved,—"That Clause 20 of the Medical Act of 1858 stand as it is at present." He considered that the powers conferred by it were quite sufficient, but the Council had not made use of them. The age of moral suasion seemed to be returning, and he thought the Council would now have a worse case for compulsory powers than they had before.

Mr. Rumsey seconded the amendment, and said that the Council should use the powers they had before they asked for more. If any Medical body did not comply with the regulations of the Council, did they take the means to carry them into effect?

Dr. Fleming said he considered that it was intended by the Legislature that the Medical Council should have compulsory powers of regulating the practice of educational and licensing bodies. They were well qualified to decide on questions of education and registration, and if an application were made to the Legislature for an alteration of the Act, he should not fear the result. He did not approve of the regulations of the Council being submitted to the Privy Council for endorsement. The Privy Council was composed of noblemen and gentlemen not acquainted with Medical subjects. They would probably confer with some Medical man unknown to the Medical Council, and he would practically be the person who decided the whole question.

Dr. Corrigan, in reference to the statement that the powers of the Council had never been tried, said that that was quite true, and they never would be. There were different bodies who had neglected to comply with the regulations of the Council, and the powers could be tried within two days. He maintained that they dared not appeal to the Privy Council in reference to the bodies he alluded to, and he wished to know when the occasion was to arise. As long as the Act remained as it was, the standard of education would never be improved.

Mr. Arnott said it was contrary to the whole spirit of English legislation for a body like the Medical Council to be raised up, and to seek the sweeping powers which were contemplated by the motion. It was not desirable to interfere with the different educating bodies for the purpose of securing a uniform system of education. There was no uniform way of educating a clergyman or a lawyer, and the attempt should not be made in the present case to lay down a uniform plan of education for Medical Schools.

The amendment was then put. There appeared, for it 11, against it 9.

It then assumed, according to the standing orders, the form of a substantive motion.

Dr. Parkes said he did not approve of the resolutions of the Branch Councilf or England, which was that no alteration should be made in the legislation; and, with regard to those of the Irish Branch, he could not approve of the proposal for the regulations being submitted to the Privy Council for endorsement before they were promulgated. The Privy Council would naturally consult some other professional persons, who would really be a higher authority than the Medical Council, and possibly override their decisions. He should, therefore, move as an amendment the substance of Dr. Wood's motion of yesterday on the subject, with some slight alterations in the latter part :—"That, with reference to amending Clause 20 of the Medical Act, the following resolution be adopted :—That the amended Bill should contain clauses conferring on the Medical Council definite powers to issue to the various licensing bodies regulations on the subject of preliminary and professional education and examination, and that, in order to carry out that object, clauses to the following effect be adopted—viz., 'That it shall be lawful for the General Medical Council from time to time to issue to the various licensing bodies such regulations respecting the preliminary and professional education and examination of persons desirous of obtaining any of the qualifications mentioned in Schedule (A) to the Medical Act as may appear to the Council fitted to secure on the part of such persons, the requisite knowledge and skill for the efficient practice of their Profession. That all such regulations as shall have been passed by a majority of three-fourths of the General Council shall be obligatory on all Universities, Colleges, and other bodies enumerated in Schedule (A) to the Medical Act of 1858. That, in the event of any of the said bodies not conforming to such regulations, it shall be lawful for the General Council, if they see fit, to intimate to the said body that it has not conformed to such regulations; and that, in the event of the said body not conforming within six months after such intimation, representation be made to the Privy Council to authorise the suspension of the registrations, decrees, or licences of such bodies. That it shall be lawful for anybody in regard

to which such an intimation shall have been given to appeal to the Privy Council, who shall have power, if they see cause, to disallow the direction of the Medical Council. That it shall be lawful for the General Council to recommend the restoration of any right to registration which may have been suspended by the Privy Council when they shall be satisfied that their regulations have been conformed to.'"

Dr. Fleming seconded the amendment.

Dr. Corrigan said he did not think the amendment would confer any additional power on the Council. It provided for an application to the Privy Council to have the registering and licensing powers of recalcitrant bodies suspended. That power was conferred by the existing Act.

Dr. Andrew Wood supported the amendment.

Mr. Rumsey said it seemed that Dr. Parkes had overlooked Clause 21 of the Act. That really contained the provisions suggested by the amendment before the meeting.

The amendment was put; the numbers were—For it, 5; against it, 12.

The motion of Dr. Embleton, for the legislation to remain as at present, was then put:—For, 12; against, 8.

The recommendations of the three Branch Councils as to Clause 40 of the Medical Act were then read.

Dr. Quain said that the object of the clause was to enable the public to distinguish between qualified and unqualified practitioners, but in that respect it had been an entire failure. It was necessary that some alteration in the law should be made to protect the public, and to guard the Profession against having attributed to them the misconduct of unqualified persons calling themselves Doctors or Surgeons. He did not, however, think that registration should be made compulsory before a person was allowed to practise; but he considered that, as recommended by the English Branch, persons practising without the qualification specified by the Act should be subject to a penalty. He should therefore move the following clause in amendment of the 40th clause of the Act:—"Any person practising Medicine or Surgery, or being engaged in the treatment of diseases or injuries, not being registered under this Act, nor being able to give evidence of being qualified to be registered under this Act, who shall take or make use of any of the titles or designations enumerated in Schedule (A) to this Act, or that of Physician, Surgeon, Doctor, Professor of Medicine, Professor of Surgery, or any professional title, name, or distinction commonly used by, or used to distinguish, duly educated or qualified practitioners in Medicine or Surgery, shall, upon a summary conviction, be liable to a penalty not exceeding 20*l.* for each offence." That was the resolution of the English Branch Council, with the omission of the words "for gain."

Dr. Paget seconded the motion.

Dr. Andrew Wood moved, as an amendment, the adoption of the following clause:—"Any person practising Medicine or Surgery, or being engaged in the treatment of diseases or injuries, not being registered under this Act, who shall take or make use of any of the titles or designations enumerated in Schedule (A) to this Act, or that of Physician, Surgeon, Doctor, Professor of Medicine, Professor of Surgery, or any title, name, or distinction used by, or used to distinguish, duly educated or qualified practitioners in Medicine or Surgery, shall, upon a summary conviction, be liable to a penalty not exceeding 20*l.* for each offence." He said that the clause should be framed so that a very small amount of evidence would be required in a court of law to prove the offence of practising without due qualification. Nothing could be simpler than the proposal he had submitted, which was that persons should not practise unless they were registered. The words, as proposed in the original motion, "not being able to give evidence of being qualified to be registered," would very much complicate the matter. The past year had been prolific of instances of the necessity of protecting the public against the extortions of unqualified men. He wished it to be distinctly understood by the public that, in attempting to improve legislation in this respect, they were doing it for the protection of the public, and not for their own benefit. There was an impression among some Parliamentary men that Doctors wished to have a monopoly. It was important to correct that mistake. The subject was really more important to the public than to Medical men. He did not wish to prevent duly-qualified persons from practising if they were not registered, and he would never attempt to do so.

Dr. Christison seconded the amendment.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, APRIL 12.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, Caledonian road, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, APRIL 13.—*Operations* at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Surgical Home, 2 p.m; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, APRIL 14.—*Operations* at Westminster Ophthalmi Hospital, 1½ p.m.

SATURDAY, APRIL 15.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Metropolitan Association of Medical Officers of Health, 7½ p.m.

MONDAY, APRIL 17.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, APRIL 18.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On the Method of the Study of the Mind. By Henry Maudsley, M.D. Lond., &c. London: John Churchill and Sons, New Burlington street.

The Journal of Mental Science, No. LIII.

The Ward Manual. By T. W. Nunn. London: R. Hardwicke, 192 Piccadilly.

The Personal Responsibility of the Insane. By Jas. F. Duncan, M.D. Dublin: Fannin and Co., Grafton street.

NOTICES TO CORRESPONDENTS.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross Post-office.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

IN consequence of the crowded state of our columns, we are compelled this week to omit our usual "Review of the Periodicals," and many other articles.

MR. S. shall receive a private note.

DR. F.—We have alluded to the subject in another part of our Journal.

DR. MORELL MACKENZIE'S letter is inserted.

MR. E.—No formal document is necessary, but the fact must be properly attested.

A. B. (Monmouth).—We learn that Dr. Hatton, the Medical Officer of the Coleford District, has lately made application to the Monmouth Board of Guardians for an increase of his salary, which application has been, as is usual in such cases, refused. But the ratepayers themselves have unanimously passed a resolution recommending the augmentation to the Board, and we do not see how this remonstrance can be resisted. The argument generally employed by Boards of Guardians is, that their liberality is restrained by the fear of displeasing the ratepayers; but in the present instance the latter have actually censured the niggardly conduct of the Board, which has therefore now no course to take except to act with fairness and justice to Dr. Hatton.

MR. PURDON'S paper is inserted.

THE ROYAL INSTITUTION.—The report has been received.

THE HARVEIAN SOCIETY.—The report has been received, and will appear next week.

MR. G. CHATERS (Tenby).—From a perusal of the documents, we have no reason to suppose that the case is other than a genuine one; but a note addressed to W. Self, Esq., 8 Lucas place, Commercial road, East, would be answered by that gentleman, and would set all doubts at rest.

THE ANTI-QUACKERY ASSOCIATION.

20 KING WILLIAM STREET, W.C.

THIS Association has been formed for the protection of the Public against the operations and impositions of quacks and pretenders. This object the Association purposes to promote—

1st. By the active dissemination of facts and allied information connected with the subjects referred to.

2nd. By undertaking careful examinations and analyses of quack medicines.

3rd. By affording legal assistance and advice to those parties who have been victimised, either in health or pocket, by pretenders to Medical Science.

The evils inflicted on the community by the extensive and indiscriminate sale and use of quack medicines have been long seen and deplored by philanthropists; but these evils, great though they be, are enormously surpassed by those arising from the operations of the "practising quack," who attracts his victims by clap-trap and plausible advertisements and pamphlets, rich only in enormous falsehoods, and valuable only when (contrary to intention) they serve as beacons to warn the afflicted from the dens of vice and infamy from which these appalling evidences of human degradation are issued.

The gross annual revenue of the Empirics and Nostrum-mongers of these realms is estimated to very nearly approach in amount the whole sum raised by the Poor's-rate.

The Promoters of this Association are in possession of statistical facts as well as private information on the subject of Quackery, which, to parties unacquainted with the extent to which quackery has reached in England, would indeed appear fabulous. These, in due time, will be laid before the Public. For the present it is deemed advisable to confine the efforts of the Association to the more practical objects, and to extend the field of its operations, step by step, as its progress and means may permit. Already the necessary co-operation of some eminent Chemists and Pharmaceutists, thoroughly experienced in this Department of Analysis, has been secured for the laboratory examinations; whilst several Medical Practitioners of high standing and philanthropy have kindly promised their assistance. The Legal Department will be under the immediate direction of an able and experienced Solicitor.

For reasons which will be obvious to all who reflect on the objects of this Association, its promoters deem it desirable for the present to preserve a strict incognito; but the public may be assured of its integrity and its trustworthiness by the fact that it has been able to secure the aid and co-operation of an old-established Journal, the MEDICAL CIRCULAR, as the mouthpiece of its transactions.

All communications addressed to the Secretary of the Anti-Quackery Association, 20 King William Street, W.C., will meet with immediate attention; or, if intended for publication, will appear in the pages of their Journal, the MEDICAL CIRCULAR, on the following Wednesday morning.

OFFICE: 20 KING WILLIAM STREET, STRAND, W.C.

THE ANTI-QUACKERY ASSOCIATION.

20 KING WILLIAM STREET, W.C.

CAUTION.—The Anti-Quackery Association deem it their duty to the public, as well as to the Medical Profession, to caution persons against the multifarious modes of quackery pursued by unprincipled pretenders to a knowledge of the Medical Art, and to expose the means they take to accomplish their nefarious ends:—1, by pretended specifics; 2, by spurious lectures; 3, by promises of self-cure; 4, by exciting the fears of the timid; 5, by pretended "Museums;" 6, by the invention of cured cases and testimonials.

Persons will do well to address the Secretary of the Anti-Quackery Association before replying to suspicious advertisements, who will be able, in most cases, to furnish the past histories of the quacks and pretenders from whom they emanate.

All communications addressed to the Secretary of the Anti-Quackery Association, 20 King William Street, Strand, W.C., will meet with immediate attention.

N.B. The letters of "Detector," entitled "Revelations of Quacks and Quackery," are now reprinted, and may be had at the Medical Circular Office, price 1*s.* 6*d.*; or, by post, twenty stamps.

OFFICE: 20 KING WILLIAM STREET, STRAND, W.C.

The Medical Circular.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

Up to the date of our last number, the General Medical Council had arrived at two results of their deliberations, first, that it was not expedient at present to enforce any definite regulations upon the various licensing bodies as to the preliminary and professional education and examination of persons desirous of obtaining qualifications under the Medical Act; and, secondly, that the Council resolved to apply for an amendment of the present Act, the resolution of the English Branch Council being substantially adopted, which is as follows:—

"Any person practising Medicine or Surgery, or being engaged in the treatment of diseases or injuries, not being registered under this Act, who shall take or make use of any of the titles or designations enumerated in Schedule A to this Act, or that of Physician, Surgeon, Doctor, Professor of Medicine, Professor of Surgery, or any other title, name, or designation used by, or used to distinguish, duly qualified practitioners in Medicine or Surgery, shall, upon a summary conviction, be liable to a penalty not exceeding 20*l.* for each offence."

COMMUNICATIONS FROM THE DIRECTORS-GENERAL OF THE ARMY AND NAVY MEDICAL DEPARTMENTS RELATIVE TO THE EXAMINATIONS OF CANDIDATES FOR MEDICAL COMMISSIONS.

Army Medical Department, 20th June, 1864.

SIR,—In acknowledging the receipt of your letter, dated 27th ultimo, conveying the request of the General Council of Medical Registration to be furnished annually with information on the following points, viz.:—

"(*a*) The total number of candidates for Medical commissions who have presented themselves for examination;

"(*b*) The number of those who passed, and of those who did not pass, the examinations of the Board, distinguishing the number of successful and unsuccessful candidates under the respective heads of the several licensing bodies mentioned in Schedule A to the Medical Act, and specifying their qualifications, Medical and Surgical, and whether they had failed in Medicine or Surgery;

"(*c*) The general nature and scope of the examination conducted by the Board, together with a list of the questions proposed by the examiners:"

I have the honour to inform you, in reply, that Lord De Grey has been pleased to accede to the wish of the General Council, and I shall be obliged by your signifying from what date the information is required.

I have the honour to be, Sir,
Your most obedient humble servant,
(Signed) J. B. GIBSON, Director-General.

F. Hawkins, Esq., Registrar, General Medical Council.

Army Medical Department, 23rd February, 1865.

SIR,—With reference to your letters dated 27th May and 24th June last, the former communicating a resolution passed at a late session of the General Council of Medical Education, that certain information should be furnished by this Department annually in regard to the number of candidates who have presented themselves for examination, and specifying certain points on which the Council request to be informed, I have the honour to forward a statement on the subject, with a list of the questions proposed by the examiners; and to observe, in regard to the general nature and scope of the examination, that the enclosed copy of the regulations for the admission of candidates into the Medical Department of Her Majesty's Army (sec. 5, p. 8) will probably supply the information which the Council are desirous to obtain.

I have the honour to be, Sir,
Your most obedient humble servant,
(Signed) J. B. GIBSON, Director-General.

Fras. Hawkins, Esq., Registrar, General Council.

To this letter is appended a statement of the Degrees, Diplomas, and Licences of the Candidates for Commissions in the Medical Department of the Army, who, during the year 1864, have presented themselves for examination, showing the number that passed and did not pass, also distinguishing the qualifications, both Medical and Surgical, under the heads of the several licensing bodies, and specifying whether the candidates failed in Medicine and Surgery.

Admiralty, W.C., 13th March, 1865.

SIR,—With reference to your letter of the 27th of May last, I have the honour to forward, for the information of the General Council of Medical Education and Registration of the United Kingdom, a report from the Board of Examiners on the examinations of candidates for Medical commissions in the Royal Navy during the year 1864.

I have the honour to be, Sir, your very humble servant,
(Signed) A. BRYSON, Director-General.

Dr. F. Hawkins, Registrar of the General Council of Medical Education and Registration of the United Kingdom, 32 Soho square.

Admiralty, Somerset House, 6th March, 1865.

SIR,—We have the honour to submit, for the information of the General Council of Medical Education and Registration of the United Kingdom, the following report on the examinations of candidates for Medical commissions in the Royal Navy during the year 1864:—

1. The total number of candidates who presented themselves for examination during the year was forty-nine; of these twenty-one were rejected, having failed to satisfy us as to their professional knowledge, and one was found to be physically unfit for the service.
2. The accompanying table supplies the information required by the Medical Council with reference to the qualifications of the candidates, and the points on which they were chiefly deficient.
3. The examination is *viva voce*, but each candidate is furnished with a paper containing a question or questions upon subjects of a Professional nature, to which he is expected to reply in writing, and previous to the oral examination he is required to translate a paragraph from a Latin author.
4. In its scope the examination embraces all the ordinary subjects of Professional study—viz., anatomy, surgery, practice of medicine, midwifery, materia medica, chemistry, and botany.
5. Being a *viva voce* examination, and the questions being left to the judgment of each individual examiner, it is not possible to furnish a return of those actually proposed; but appended hereto is a list of the subjects on which the candidates have at different times been examined, and which, put in the interrogative form, gives a fair idea of the general character of the questions. The Council is doubtless fully aware that in such examinations the same question requires to be put in a variety of forms, to meet the various comprehensions to which they are addressed.
6. We regret to have to report that in a very large number of cases indeed the candidates displayed a lamentable ignorance of Latin; some were scarcely able to translate the 'Pharmacopœia,' and but few possessed a useful knowledge of the language. From the nature of the excuse most frequently made by them, it appears to us that very many had acquired only a sufficient acquaintance with the language to enable them to pass the preliminary examination of other boards, and that they had then thrown it aside as altogether useless.
7. We have also to regret that so important a branch of Professional education as operative surgery on the dead body should so rarely enter into the curriculum of study

of those who come before us ; and we desire to express a strong opinion that no surgical diploma should be attainable without satisfactory evidence being produced that the principal operations in surgery had been performed on the dead body under a qualified teacher.

We have the honour to be, Sir,

Your very humble servants,

E. Hilditch, M.D., Inspector-General.
J. W. Salmon, Dep. Inspector-General.
Alex. E. Mackay, M.D., Dep. Inspect.-General.
Dr. Bryson, F.R.S., &c., Director-General.

Dr. Andrew Wood moved that the returns be printed, and entered on the minutes. The Council, he said, owed a deep debt of gratitude to Dr. Paget, the original proposer of the application for the returns, and although the whole body must share in the odium which attached to many of them in reference to the laxity which had recently attended some of their examinations, yet he felt satisfied that there was no examining board in the country that would not be benefited by the publication of the returns, which might be regarded as one of the most important results of the meeting of the Council.

Dr. Parkes seconded the motion, and suggested that the Director-General of the Army Medical Department be requested to furnish in future corresponding returns from the Indian army.

The motion was carried unanimously.

The Practice of Medicine by Chemists and Druggists.

A letter was read from Mr. J. F. Milner, of Hereford, dated Dec. 2nd, 1864, praying for protection of registered Medical practitioners against the practice of Medicine by chemists and druggists, and against the holding of club appointments by the same.

Dr. Acland moved that a committee be appointed to consider and report whether the Medical Council was charged under the Medical Act with any duty in relation to Medical and Surgical practice by chemists and druggists, and whether any changes were desirable with regard to it. He said that the position of chemists and druggists was exceedingly unsatisfactory. Two Bills in reference to pharmacy were now before Parliament, and under the consideration of a select committee ; and it was of the highest importance that the Council should come to a decision as to whether it has any duty in relation to Medical and Surgical practice by chemists and druggists. He did not propose at present to discuss the question, but only to refer it to a committee. His opinion was that, under the present Act, the Council was charged with no such duty. There were several reasons why the question should be settled at once. He did not know how it might be in Ireland or in Scotland. There were great differences, he believed, in the modes of practice in the three branches of the kingdom. Certain it was that in many parts of England the chemists and druggists were, without blame to themselves, by the very nature of the case, becoming the small practitioners of the country districts—becoming, in fact, without any Medical education whatever, what the apothecaries were prior to 1815. That being well known to them all, he conceived it was the duty of some member of the Council to bring the subject forward in a definite form. The question was, no doubt, a complicated one. No doubt amongst the eminent practitioners in large towns there were some who were not aware of the extent to which the practice was carried on, and of the very complicated nature of the question. He knew that there were chemists and druggists who had considerable Medical practice both in and out of the house. He also knew that there was a fresh condition of things arising, which was somewhat singular—namely, that some registered practitioners found it to be worth their while to appear as chemists and druggists, opening regular chemist's shops, finding it to be more to their worldly advantage to practise in that manner than in the ordinary way. It would be remembered that, by a previous vote of the Council, it was decided that the new Act should require that all those persons should be subject to compulsory registration. There were other cases, with which they had nothing to do, in which chemists thought it desirable to retain the help of registered Medical practitioners. Thus the question was more complicated than might at first sight appear. There were skilled pharmaceutists who would not prescribe for the world ; there was another class of chemists and druggists who practised both in and out of the house; and there were qualified practitioners keeping regular chemist's shops. It was absolutely necessary that they should consider whether the Medical Council stood in any relation of responsibility towards the public in the matter ; and, if they had no such responsibility, whether it was desirable that the question should be handed over to another body having no relation whatever to the Medical Council.

Dr. Parkes seconded the motion, and suggested that the committee to be appointed should also take into consideration the two Bills now before Parliament. He conceived that the subject was one of the greatest importance to a large number of practitioners in England. The letter that had been read from Mr. Milner certainly represented a very great grievance, and the Council ought to take it into its serious consideration. He observed that in the Chemists and Druggists Bill No. 2 there was no saving clause protecting the rights of Medical men. In the other Bill, Clause 17 did save the rights and authorities of Medical men, but not in a sufficiently stringent and comprehensive manner. He thought also that Clause 13 might be found to bear rather hardly upon some classes of Medical men. He thought they would be entitled to call upon the Pharmaceutical Society or the Chemists' and Druggists' Society to insert a clause providing that no pharmaceutist should take charge of any club or friendly society which required a knowledge of the practice of Medicine and Surgery.

Dr. Christison supported the motion, believing that it was imperative upon the Council to take the subject into consideration. The Council had formerly applied to Government, pointing out the condition in which the practice of pharmacy was, and the necessity of legislating in the matter, and the proposed committee would be really following up the steps then taken. It was certainly their duty to follow it up, and to see that the legislation which ensued was correct legislation, and likely to carry out the desired object. He thought the Council should take an active part in the consideration of the two Bills before Parliament. One of them, the Pharmaceutical Society's Bill, seemed a very useful measure, and, with some alterations, might secure the objects they desired to accomplish.

Dr. Andrew Wood called attention to Clause 55 of the Medical Act, and expressed his opinion that the Council should not agree to any Bill that did not contain a clause which should specifically protect the rights and privileges of practitioners in Medicine and Surgery, and also define what was the occupation and business of a chemist and druggist. Unless some such clause was inserted, protecting chemists and druggists from practising or prescribing, the Bill before Parliament might become a very dangerous one. If the Bill were to pass in any dangerous form, such as he had indicated, it might be the means of raising up a new Apothecaries Society. He supported the motion, and thought the subject well worthy of consideration.

Mr. Cooper thought the subject should be entered into with great caution. He was glad to hear that a committee was to be appointed, and hoped their deliberations would be attended with a beneficial result.

Dr. Acland said he wished to present his motion in a somewhat modified form :—"That, with reference to the letter of Mr. Milner of Hereford, a committee be appointed to consider and report whether the Medical Council is charged under the Medical Act with any duty in relation to medical and surgical practice by chemists and druggists and whether any, and, if so, what changes in the Medical Act are desirable in regard to it ; and to consider and report on the two Bills with respect to pharmacy now before Parliament." He hoped the committee would consider that the question was a most important one as regards the future of Medical practice in this country. Having thought over the matter for a lengthened period, he was very doubtful whether it would not be for the genuine

interests of the public and the Medical Profession, in the event of the regulation of pharmacy in this country being committed to the Medical Council, that some eminent pharmaceutist should have a seat at their board. The compounding of Medical men's prescriptions and carrying out their directions were so intimately connected with the discharge of their functions, that should their conclusion be to separate them entirely and remove them from their regulation, it would be a most unfortunate thing for the public and for themselves.

The motion was put, and unanimously adopted.

APPLICATION OF LICENTIATES IN DENTAL SURGERY TO BE PLACED ON THE REGISTER.

The following memorial, dated April 3, 1865, from twenty-eight Licentiates in Dental Surgery of the Royal College of Surgeons of England, was read by the Registrar:—

"To the General Council of Medical Education and Registration of the United Kingdom.

"We, the undersigned, Licentiates in Dental Surgery of the Royal College of Surgeons of England,—(a Degree founded by the College on Section xlviii. of the present Medical Act)—although entitled to register under that Act, in virtue of our other Professional qualifications, considering it to be desirable, and believing it to be only just, that those persons who have taken this degree should be allowed the privilege of registering as 'Licentiates in Dental Surgery,' under the proposed amended Medical Act, beg respectfully to bring this, our view of the subject, under the consideration of your honourable Board.

"We are aware that the following objections have been raised to this privilege being allowed to the possessors of this degree:—

"First.—That, if the privilege were granted to persons who have taken this degree only, they would, under Clause xxxiv. of the present Medical Act, be considered in law as 'duly qualified Medical Practitioners,' and might, if so disposed, practise legally any or all branches of the Medical Profession without having received a full Medical education, and thereby interfere with the interests of the fully qualified Medical man.

"Second.—That to grant this privilege to them would be to infringe upon and injure the existing rights of those persons at present practising Dental Surgery who do not possess this degree, by giving to the new Act a retrospective character; and

"Third.—That it is open to those persons practising Dental Surgery who desire to possess the privilege of registering under any Medical Act to take the degree of 'Member of the College of Surgeons,' as well as that of 'Licentiate in Dental Surgery,' and to register under the former title.

"To the first of these objections we respectfully submit that the very slight additions we have suggested to the wording of Clauses xxxi. and xxxiv. of the present Medical Act would, if adopted, make it clear, beyond the possibility of a doubt, that the possessors of this degree only, if registered as 'Licentiates in Dental Surgery,' could not legally practise any other branch of Medicine or Surgery, and therefore that the incorporation of these, or similar words, into any amended Medical Act, would fully meet and do away with this objection.

"To the second objection we also respectfully submit that the few words proposed to be added to Clause 55 of the present Medical Act would, if adopted and incorporated with such amended Medical Act, completely protect all the existing rights of those persons at present practising Dental Surgery who do not possess this degree, as also the prospective rights of those at present preparing to practise Dental Surgery who may not have it in their power to take this degree, and so meet and do away with this objection.

"And to the third objection we respectfully submit:

"First.—That the argument on which it rests is founded upon an imperfect knowledge of the amount of 'special study' required to form the duly qualified Dental Surgeon, as we think will be apparent to your Honourable Board by a reference to the accompanying curriculum of education required by the College of Surgeons for the degree of licentiate in Dental Surgery:—

"Next.—That to expect the full course of education required for the 'membership' of the College to be added by the Dental Surgeon to the curriculum required for his special diploma, in order to give him the power of registering under such Act, would be to exact a more extensive and more expensive Professional education, both in respect to time and money, from the dental than from the general Surgeon—a requirement which we most respectfully submit would be both unnecessary and unjust; and

"Lastly.—That to be registered as a 'fellow' or 'member of the College only does not *in itself* afford any proof that persons so registered are duly qualified to practise the speciality of Dental Surgery, as we think will also be apparent to your Honourable Board after referring to the curriculum above named.

"Entertaining these views, we think it right to bring them under the attention of your Honourable Board, and we pray that you will take them into your favourable consideration."

This memorial was very respectably signed, and the subject to which it related excited some discussion; but no definite resolution was passed, the President observing that with all respect to those twenty-eight licentiates of dental surgery, who also were members of the Royal College of Surgeons, and were, therefore, upon the 'Register,' he thought they would be entering upon a most dangerous course if they admitted upon the 'Register' gentlemen who simply had the qualification of having passed the Royal College of Surgeons as practitioners in dentistry. It would tend very much to mislead the public, as, seeing their names on the 'Register,' it would be very difficult for them to distinguish the licentiates in dental surgery from other practitioners in surgery. He was extremely pleased with the suggestion as to whether it could not be so arranged that a separate list should be published of licentiates in dentistry as well as in midwifery, but felt that there were very grave objections to entering a new qualification of that special kind upon their 'Register.'

THE PRACTICE OF MEDICINE AND SURGERY WITH A SINGLE QUALIFICATION.

A letter was read from Mr. E. E. Tucker, of Abersychan, dated Feb. 3rd, 1865, complaining of the practice of surgery by a gentleman in his neighbourhood, whose only qualification was that of the Society of Apothecaries of London.

Mr. Syme said there was at present no restriction on the practice of Medicine and Surgery. The only question was whether the person complained of was entitled to charge for his attendance. He could see no means of redressing the grievance except in the good sense of the public.

Dr. Andrew Wood said that the communication raised a very important question. By the present Act a person could practise Medicine or Surgery, having the qualification for either of those branches, and could practise both with the double qualification. The whole tenour of the working of the Medical Act had tended to convince him of the deficiency of the Medical Act as regards Clause 31. He was now satisfied that no man should be on the 'Medical Register' who had not been educated and tested both in Medicine and Surgery. Here was the case of a gentleman who went to the Apothecaries' Society, and, taking out a qualification as an Apothecary, was thereby entitled to practise Medicine; and then, without any surgical qualification whatever, went about practising Surgery, to the great detriment of the public. On the other hand, a person who had passed the College of Surgeons, but had never been tested in Medicine, often practised that branch. Every registered man should, in his opinion, be tested in both branches. No man could be a good surgeon who was not also acquainted with physic; and although a man might practise Medicine without knowing surgery, he ought to know sufficient to enable him to be prepared for emergencies. He did not wish to introduce any radical change, but the difficulty might, he thought, be easily obviated by the Colleges adopting an amalgamated examination, which

should send forth practitioners tested and qualified in every way. He was glad to find the College of Surgeons of London tending towards that conclusion, admitting its advisability, and only questioning its practicability; while the College of Physicians regarded it as both advisable and practicable. That it was practicable, was proved by what had taken place in Scotland, where the system of amalgamation was working out in the most harmonious and efficient way, calculated to give satisfaction to the public. He only wished that the authorities in Dublin and London would carefully look at the matter, because he could not conceive that there were any insurmountable difficulties in the way. There was certainly no difficulty in the money part of the question. The College of Surgeons in Scotland charged so much for their diploma, and the College of Physicians so much for theirs; and when a gentleman obtained a double qualification, the money was paid into a common purse, and afterwards divided between the Colleges in the regulated proportion. The price of the diploma of the College of Surgeons in London was twenty guineas, and that of the College of Physicians fifteen guineas; and there could be no difficulty in the candidate obtaining the double qualification paying the thirty-five guineas at once. The difficulty suggested, however, was not, he believed, with reference to the payment, but with reference to the claim of the College of Surgeons to take the sole charge of examing in anatomy. No doubt it should take a large share in that examination; but there were branches of anatomy connected with the internal vital organs which were of special importance to the physician, and it would be unreasonable in the College of Surgeons not to allow the College of Physicians to have a share in the examinations. If the two bodies would only come together with a desire to act harmoniously, they would find such an amalgamation to be desirable, not only for their own interests, but for the interests of the public; and surely what had been carried out in Scotland could be readily accomplished in England and Ireland.

Mr. Syme said that when the Branch Council of Scotland had under its consideration the proposed amendment of the Medical Act, he brought forward Clause 31, and maintained that no man should be entered on the Register who was not qualified to practise all branches of the Profession. That view appeared to be taken by the other members; but at the next meeting of the Council he (Mr. Syme) was absent, and nothing was done in the matter. The unfortunate patient alluded to in the communication might almost be entitled to bring an action against the Council for admitting the person in question on the Register when he was not qualified in Surgery. He would move "that Clauses 19 and 31 be referred to the proposed Committee on the Medical Act."

Dr. Acland was glad to find Dr. Wood approving the course suggested, the more so because at the last meeting he (Dr. Acland) received a censure from Dr. Wood for proposing that the Council should draw up a list of studies and subjects required for every person entering the Medical Profession—a step which Dr. Wood considered retrograde and obstructive. Until the Council had given its opinion on the subject, the examiners did not know what their duty was. Both examiners and students should know definitely what was required.

Mr. Rumsey said that the register had conferred a nominal and legal qualification upon many persons throughout the country who would not otherwise be believed to possess that qualification; it had, therefore, been an injury to the public and a means of degradation to the Profession. He could give a remarkable illustration in proof of his assertion. A few months ago three large counties in the West combined to establish a lunatic asylum. Several candidates applied for the office of resident physician; and one of them, who had great personal influence with the majority of the magistrates, was appointed. He was a highly respectable young man, and his influence was sufficient to carry his appointment. He was, however, only a member of the Royal College of Surgeons, and had no Medical qualification whatever, never having been examined in Medicine. Before the appointment was made, the fact was stated to the visitors, gentlemen of the highest position in their respective counties, one of whom felt the difficulty, and applied to the Lunacy Commissioners to know what should be done. The Commissioners replied that anybody could be appointed possessing any of the qualifications mentioned in Schedule A; and it was stated by way of explanation that the gentleman now had a legal qualification which he would not have been supposed to possess if the Register had not been published. If he had applied for the office before the Register was published, he would have been called a mere surgeon, and probably would not have been deemed qualified for the post.

Dr. Alderson stated that the College of Physicians had not put any difficulty in the way of a combination with the College of Surgeons.

Mr. Arnott apprehended the Council had no power to interfere in the matter at present. It did not depend upon them, but upon what the lawyers might say upon the subject. It should be borne in mind that it was impossible to define what was a Medical case, and what a Surgical. There were some broad cases, no doubt, that could be easily distinguished, but there were others of a mixed character, in which the distinction could not be drawn; and if it was impossible for Medical men to draw the distinction, how could it be expected that a lawyer or a jury should do so? Any man might practise surgery and medicine, whether with a diploma or not; he was simply prohibited from taking certain names and designations, and had no power to recover his charges at law. He concurred in the opinion that no man should be placed upon the Register who did not possess the double qualification; but he did not think the Council should attempt to compel the Colleges to unite in the way proposed. He was of opinion that it was of immense importance to the public that there should be a distinct College of Surgeons, and, whenever the question came forward, he should be prepared to show why the proposed union could not be effected.

Mr. Cooper said that he advocated last year the necessity of a double qualification, and the case now before the Council was strongly confirmatory of that view.

Mr. Syme said the Council ought not to interfere with the Colleges, and endeavour to force them to combine. All that it should require was that the double qualification should be possessed.

Mr. Syme's motion, "That Clauses 19 and 31 be referred to the proposed committee on the amendment of the Medical Acts," was then adopted unanimously.

On the motion of Mr. Arnott, seconded by Mr. Andrew Wood, it was resolved that a letter be written to Mr. Tucker to the following effect:—"The Council has learnt with deep regret the particulars of the case stated in Mr. Tucker's letter. The Council have not, under the present Act, the power to interfere for the protection of the public against ignorance of surgery on the part of practitioners who have no surgical qualification, but the subject now engages the serious consideration of the Council."

THE RIGHT OF THE APOTHECARIES' HALL OF DUBLIN TO GRANT LICENCES IN MEDICINE.

Dr. Stokes moved the following resolution, which was left from the last session of the Council:—"That with reference to the resolution of this Council, on the motion by Dr. Leet, June 2nd, 1863—viz., 'That this Council is of opinion that registered licentiates of the Apothecaries' Company of Dublin are, as apothecaries, entitled to practise Medicine in Great Britain and Ireland'—the Council resolve that it did not desire to convey that the licence of the Apothecaries' Company of Ireland carried any other qualification than that specified in the Act of Incorporation of the Company." He said the resolution referred to was unworthy of the Council. Misapprehension existed in the minds of some of the members of the Council as to the comparative requirements of the Apothecaries' Company of England and the Apothecaries' Company of Ireland. The Apothecaries' Company of England were required to examine all persons who applied to them, for the purpose of ascertaining the skill and ability of such persons in the science and practice

of Medicine, and as to their fitness to practise in Medicine. In the Apothecaries' Society of Ireland there was no such power. The only certificate given by them was, that the directors authorised the person who had passed the examination to open a shop and practise the art and mystery of an apothecary. That was the whole power comprehended in the certificate.

Dr. Leet said that, as the framer of the resolution, he felt bound to object to the motion. The whole matter had been before the Council over and over again, and in drawing up the resolution he had the assistance of the late President and of several members of the Council. He maintained that the Apothecaries' Society of Ireland were fully competent, as a qualifying body, for granting licences to practise Medicine, and quoted authorities in support of that view, among which was an opinion expressed by the Attorney-General for England. His resolution of June 2, 1863, did not express any opinion on the rights conferred by the Apothecaries' Company, but only the peculiar privileges of the registered licentiates of that body. Why did not those who supported the views expressed in Dr. Stokes's motion proceed against the Apothecaries' Society by *mandamus*, and bring them into a court of law, instead of continually bringing the subject before the Council for the purpose of satisfying a feeling of jealousy? ("Hear, hear," and "No.") He referred to a case which had recently occurred in Ireland before Mr. Justice Fitzgerald, in which his lordship decided that apothecaries attending coroners' inquests were entitled to fees as duly-qualified Medical men. He was prepared to move an amendment if the motion were not withdrawn.

Mr. Syme said he saw no reason for making any alteration in the resolution of 1863. He moved as an amendment—"That the Council do not see any reason for entering into an explanation of their resolution of June 2, 1863, respecting the licences of the Apothecaries' Company of Dublin."

Dr. Wood said that this was a wider question than the question whether the apothecaries of Ireland were qualified to practise Medicine. It was a question whether the Council was entitled to grant charters in Medicine. He believed the decision of the Council had been wholly illegal. The Dublin Apothecaries' Company had no right to come to the Council and ask them to grant them a charter in Medicine; and the effect of the decision of the Council was, that they had now assumed the right to give licences in Medicine. The Council should have treated the application of the Apothecaries' Company as a legal matter on which they could not decide, as they had done in another case. It was no part of the business of the Council to give an opinion as to whether a particular body could qualify to practise. A body was qualified to practise just what its charter granted. He was not jealous of the Apothecaries' Company of Dublin, but he was jealous of the Council going out of its way to express opinions on the charters of any company.

Dr. Corrigan said he should cordially second the amendment, if it were not for the fact that the Poor-law Commissioners of Ireland had, in consequence of the resolution of June, 1863, accepted the licence of the Apothecaries' Company of Dublin as a sufficient qualification for the Medical officer discharging the duties of physician of a hospital or dispensary, thus placing the licence of that body on a level with that of the highest university or of the College of Physicians itself. He could not believe that that was the intention of the Council; and if it was not, their resolution had been misunderstood, and therefore required explanation. The Poor-law Commissioners had been misled by the resolution, and it was desirable that the Council should give a clearer expression of what they intended. He believed the position of the Irish apothecary was a very important one. It was, in fact, equivalent to that of the *officier de santé* of France. He (Dr. Corrigan) was the last man in the world who would interfere with the Irish apothecary. He was a most useful man, and was one much trusted by the poor. When the cases under his care became serious, he applied to the physician or the surgeon; but did the Council intend by their resolution to convey to the authorities in Ireland that they put the apothecary on a level with the physician or surgeon? If they did not mean to imply that, an explanation was necessary, in order that the mistake into which the Poor-law Commissioners had fallen might be corrected. It had been asked why those who wished the resolution altered did not apply for a *mandamus* against the Apothecaries' Company, and that question was cheered by those gentlemen who did not understand the question. (Laughter.) The fact was that a *mandamus* would not affect the case, for the Poor-law Commissioners in Ireland had extraordinary powers. They had full powers by Act of Parliament to determine what they required, and they were entitled to receive what qualification they liked. He reviewed various Acts of Parliament bearing on the question for the purpose of showing that they contained no authority to the Apothecaries' Company of Dublin to examine in Medicine. Since the passing of the resolution of June, 1863, however, they had included in their certificate the qualification to practise Medicine.

Dr. Leet said that was not correct. The qualification in Medicine was included in the certificate before the passing of the resolution.

Dr. Corrigan: I will ask Dr. Leet this question—When did the Apothecaries' Company first issue that certificate referred to by Dr. Stokes?

Dr. Leet: This certificate, which is the one accepted by the Poor-law Commissioners, was issued before that resolution.

Dr. Corrigan: When was the certificate spoken of by Dr. Stokes issued for the first time?

Dr. Leet: They are exactly the same. It was before the resolution.

Dr. Corrigan disputed the statement.

The President said that Dr. Corrigan must see that Dr. Leet, who represented the Apothecaries' Company, must possess more definite knowledge on the subject than Dr. Corrigan himself, who had only general knowledge. The statement, therefore, was not open to dispute.

Dr. Corrigan referred to various certificates of the Dublin Apothecaries' Company to show that up to 1859 the qualification as to Medicine was not included. The assumption, therefore, in giving diplomas in Medicine had taken place since that year. It was for the Council, as their resolution had been misunderstood, to determine whether they would correct the misapprehension which had taken place, and whether they were content to endorse the examination in Medicine of the Apothecaries' Company, and thus make it equivalent to examinations of the most learned Medical bodies in the kingdom, under the most eminent Medical examiners. The examinations of the Apothecaries' Company were conducted by the shareholders of the Company, and they could not place the duty in the hands of any deputy. There were originally sixty shareholders in that Company, but now the shares had come into the hands of forty-seven persons. Some of those shareholders were barristers, and some were abroad, and there were only about twenty-eight apothecaries in the neighbourhood of Dublin among them. If the Council recognised their examinations, the most ignorant man among them who ever dissolved an ounce of salts could give a certificate of qualification which would be as valid as that of any examiner in the kingdom.

Dr. Embleton recommended that the question should be referred to the Committee on the Amendment of the Medical Act.

Dr. Storrar said that it was never meant that the "full qualification" of the Apothecaries' Company went to the same extent as the "full qualification" of the College of Physicians. It was only "full" as far as regarded the qualification to practise Medicine. Dr. Corrigan had said something about the shares in the Dublin Apothecaries' Company. He (Dr. Storrar) believed that those shares were very valuable—so valuable, in fact, that it had been worth the while of some of the members of the College of Physicians of Ireland to obtain some of those shares. ("No.")

Dr. Aquilla Smith denied the assertion.

Dr. Corrigan stated in explanation that two gentlemen of the College of Physicians held shares in the Apothecaries'

Company. One of them had married the daughter of a very respectable apothecary, who was a shareholder, and he now held those shares in trust for his children. ("Oh!" and laughter.) The other was Sir Robert Kane, who commenced his career as an apothecary, but who had given up his shares. The Society, however, had persisted on keeping his name on their list to give them an appearance of respectability. (Loud laughter and "Oh! oh!")

Dr. Storrar said that he would give Dr. Corrigan a remedy against the fear of the examinations of the Apothecaries' Company not being efficiently conducted. Let him vote for the inspection of examinations. Dr. Leet himself, the representative of that body, had supported such inspection.

Dr. Thomson said that the resolution of June, 1863, merely declared that the Licentiates of the Dublin Apothecaries' Company were entitled to practise Medicine. It did not, in itself, confer that authority upon them.

Dr. Stokes, in replying to the observations which had been made, remarked that the certificate of the Apothecaries' Company of Ireland giving license to practise Medicine was illegal. He most strongly repudiated the imputation of jealousy of the Apothecaries' Company.

The amendment was put to the meeting. There were in favour of it 10, and against it 6.

The amendment being, therefore, carried, was put as a substantive motion, and carried by 10 against 6.

The Registration of Medical Students.

Dr. Aquilla Smith moved "That the registration of Medical students be placed under the charge of the Branch Registrars."—The motion was carried unanimously.

Dr. Aquilla Smith then moved "That every student be registered at the commencement of Professional study, the date of such registration to be considered as the date of commencement of Professional studies."

Dr. Corrigan moved "That every student be registered at or before the commencement of Professional study."

Dr. Fleming moved "That each student shall be only once registered—namely, at the time he enrols himself as a Medical student."

Mr. Syme advocated the registration of students, and said he thought that that most painful, most demoralising, and most useless system of certificates should be abandoned.

Dr Paget said that the resolution of last year as it was finally settled could not be misunderstood. He proposed that the motion of last year should be adhered to. It accomplished all that was necessary. It was that students should be registered at the commencement of Professional study.

The President entreated the Council to consider whether a change was really necessary. It was undesirable to alter so recent a decision as that of last year unless there was some valid reason for it. It would make it appear that the Council had no settled purpose.

Dr. Wood said he was not in favour of alterations, but the resolution of last year left it in the power of any Medical school to slip through the noose.

Dr. Paget observed that if the registration were to be "at or *before*" the commencement of Professional study, a student might be registered before he commenced his studies, and so have only two years instead of four.

Mr. Arnott said the chief object of the registration was to determine when the Professional study really began.

Dr. Thomson said the only real difficulty which suggested itself to anybody with reference to Medical education was to determine what time should elapse between the preliminary examination and the commencement of Professional education. Registration was necessary only at the commencement of the Medical education, but it should be provided that no registration should take place until a preliminary examination should be passed.

Dr. Aquilla Smith said that all that was wanted in the first instance was proof of preliminary examination.

Dr. Paget said that the determination of the preliminary education took place at the last session of the Council, and stood on the rules.

Dr. Wood said that that stood on the minutes; but it did not go forth to the different licensing bodies as a requirement of the Council.

Mr. Syme proposed the following motion in substitution for that of Dr. Smith:—"That all Medical students shall be registered at the commencement of Professional study, and not until they have passed a preliminary examination."

Dr. Corrigan said that before the Council could pass such a resolution they must define what was the commencement of Professional study. It was a point on which a diversity of opinion might arise; and the words "at or before the commencement of Professional study" would meet the difficulty.

The motion of Dr. Smith was not seconded.

The motion of Mr. Syme was put and carried by a large majority.

Dr. Aquilla Smith moved:—"That each of the Branch Registrars shall open a Register of Medical students from the 1st of April to the 15th of May, and from the 1st of October to the 1st of December in each year, according to a subjoined form."

Dr. Fleming said that the provision would give a latitude of two months to some of the schools, which was a very serious matter.

Mr. Arnott said that that latitude would be a very great evil. Two months in the winter session were of the highest importance.

Dr. Aquilla Smith said that he was willing to alter the resolution so that the registration should take place within fifteen days of the commencement of the session.

Dr. Corrigan asked how the resolution was to be carried out. There was no authority for anything of the sort in the Act of Parliament, and he wished to know how the Branch Registrar was to be paid for the duty? The Treasury would not sanction a payment for any purpose not included in the Act.

Dr. Wood said the case might be met simply by increasing the salary of the Branch Registrar.

Dr. Paget said the place of study should be mentioned in the Register to avoid confusion in the case of two names being alike. He moved "That a column for the 'place of study' should be added."

Dr. Apjohn said that fifteen days was too short to allow for registration. It should be twenty-five days.

Mr. Rumsey said that, in order to make the *time for* registration shorter and more definite, he would move as an amendment—"That after the words 'Medical students,' the following words should be added, 'and that every student be required to register within twenty-five days after the commencement of each session or term;' and that a column be added for 'place of study.'"

Dr. Christison thought that twenty-five days was too long. Fifteen days would be long enough.

Dr. Thomson said he was in favour of requiring the registration to take place as soon as possible, but he considered fifteen days too short a time. He would suggest that twenty-one days should be allowed. He was aware that the attendance was much improved by shortening the time for registration.

Dr. Wood said that the Council would be going backwards in its requirements if it allowed twenty-five days.

The amendment of Mr. Rumsey was modified as follows:—"That after the words 'Medical students,' there should be added, 'and that application be made by every such student for registration within fifteen days after the commencement of Professional study,' and that a column be added for the place of study to be entered."

The amendment as modified was then put and carried, and it was afterwards put as a substantive motion, and carried unanimously.

Dr. Aquilla Smith then moved—"That every person desirous of being registered as a Medical student shall apply in writing to any one of the Branch Registrars, according to a form to be had on application, and shall produce or forward to him a certificate of his having passed a preliminary Examination in Arts recognised by the General Medical Council, and furnish satisfactory proof of his age; whereupon the said Branch Registrar shall enter his name and

other particulars in the Students' Register, and the Registrar shall give him a certificate of such registration accordingly."

Mr. Arnott said that proof of age and preliminary examination were not sufficient to constitute a person a Medical student, and the Branch Registrar ought to have fuller proof of his being a student than that before registering him as one.

Dr. Sharpey said that a certificate of his being entered as a student at a Medical school should also be required.

Mr. Rumsey said the difficulty might be met by the production of a certificate of entering a Medical school.

Dr. Aquilla Smith agreed to add to his resolution, after the word "age," the words "and place of study."

Dr. Christison said he did not think that a certificate of age should be required of a student on commencing his Professional study. A declaration would be sufficient in that case. He should not, however, be allowed to receive a diploma to practise until he produced evidence of his being twenty-one years of age.

The President said previous acts of the Council provided that he should not be allowed to practise until he was twenty-one years of age.

Dr. Corrigan advocated the omission of all allusion to age in the resolution.

Dr. Fleming moved that, in the original resolution, after the words "General Medical Council," there should be added the words "and of having entered on Medical study."

After a few suggestions, Dr. Aquilla Smith agreed to alter his resolution as follows :—"That every person desirous of being registered as a Medical student shall apply in writing to the Branch Registrar of the kingdom in which he resides, according to a form to be had on application, and shall produce or forward to him a certificate of his having passed a preliminary examination in Arts recognised by the General Medical Council, and place of study; whereupon the said Branch Registrar shall enter his name and other particulars in the Students' Registrar; and the Registrar shall give him a certificate of such registration accordingly."

Mr. Rumsey said that, after having heard the resolution as altered by Dr. Smith, he should prefer it to the amendment which he had seconded; and, if Dr. Fleming would allow him, he would withdraw his name from the amendment.

Dr. Fleming said he considered the alteration he had raised a very important one, and he could not allow Mr. Rumsey to withdraw his name.

The amendment was then put and lost.

The original motion as altered, on being submitted, was carried by a large majority.

Dr. Aquilla Smith moved, "That each of the Branch Registrars shall supply to the several qualifying bodies, Medical schools, and hospitals in that part of the United Kingdom of which he is registrar, a sufficient number of blank forms of application for the registration of Medical students."

The motion was unanimously agreed to.

Dr. Aquilla Smith moved, "That a copy of the Register of Medical students so prepared by the Branch Registrars be transmitted to the Registrar of the General Council, who shall, under direction of the Executive Committee, prepare and print an alphabetical list of all registered students, and supply a copy of such authorised list to each of the bodies enumerated in Schedule (A) to the Medical Act." The motion was carried.

Dr. Aquilla Smith moved, "That the several licensing bodies be requested not to admit to examination, after October, 1869, any candidate for licence or degree whose name does not appear in the authorised list of Medical students, or whose name is not already on the Medical Register."

The motion was carried unanimously.

Dr. Aquilla Smith moved, "That the several Branch Councils shall have power to admit special exceptions to the foregoing regulations as to registration, for reasons which shall appear to them satisfactory."

The motion was carried unanimously.

Dr. Andrew Wood moved, as an addition to the regulations as to registration, "That the Branch Councils be desired to take means to make these resolutions known to the Medical students of the various Medical schools."

The motion was unanimously agreed to.

THE SUPERVISION OF EXAMINATIONS.

Dr. Parkes moved, "That a Committee of three be appointed, one member from each division of the kingdom, to be called the Committee on Education. That the powers and duties of this Committee be—1. To prepare a definite statement of the systems of examination of the different licensing bodies, as stated in the documents already sent in to the Council, so that the agreements and differences of the several systems may be brought into one view. For this purpose the Committee shall be enabled to seek further information, if necessary, from the different licensing bodies, through the Registrar of the Council. 2. To arrange a plan by means of which, without actual visitation, the different examinations may be continually supervised, and to submit this to the several Branch Councils, after which the Committee be empowered to act upon it. 3. To arrange a plan for the visitation of examinations, when that is necessary, either by the agency of members of the Council or of other members of the Profession selected especially for this duty, and to submit this plan to the Branch Council, and subsequently, when it has been approved of, to act upon it." He said he considered the appointment of a Committee important. It would be their business to take into consideration the documents which were sent in from the different examining boards and frame some comprehensive scheme which might show the precise mode of examination, and to give particulars of the qualification required by the different licensing bodies. That plan should be submitted to the different Branch Councils in order that a general plan for the continual supervision of examinations might be adopted. The Committee should require from each licensing body a full statement of the questions which were put at each examination, and the amount of time occupied in each examination as to general, elementary, and practical subjects. They should also require a statement as to the mode in which the examination of the different candidates was considered and determined by the examiners and obtain samples of the written examinations. There should be constant supervision of the examinations, in order that a uniform system might be insured.

Dr. Corrigan said he did not think Dr. Parkes had estimated the frightful labour his motion would put on the Committee of three. In the first place, they would have all the papers to read.

Dr. Parkes: Not all; only some of them.

Dr. Corrigan said if they were to have only some of the papers the supervision would be totally valueless. The examining bodies would, perhaps, send only the most favourable. On the other hand, if all the papers were laid before them the labour would be enormous. There were about 4,000 candidates, and they were examined in ten different subjects; that would give 40,000 papers, and he had estimated that they would take one-hundred and seventy-five days and nights to read, without a wink of sleep. He should certainly himself refuse to be on the Committee. (Laughter.) The best safeguard for proper examinations, and the one most calculated to induce examiners to do their duty, was that advocated last year by Dr. Stokes—namely, the admission of the public at the examinations. In France the public were admitted to all Medical examinations, from the lowest to the highest degree.

Mr. Syme said that it appeared to him that if the supervision of examinations were to be carried on effectually it must be done by all the members of the Council taking part in it.

Dr. Quain said that the motion as it stood was impracticable. It must either be rejected as a whole or taken up clause by clause.

Dr. Christison sincerely trusted that the Council would not separate this year without instituting a new system as to examinations, or declaring themselves satisfied with the

(Continued at page 258.)

THE MEDICAL CIRCULAR'S WEEKLY GUIDE TO THE "OBSCENE" QUACKS OF LONDON.

By DETECTOR.

Messrs. BRIGHT and Co., 29 George street, Hanover square, W.

J. LA'MERT, otherwise Dr. CURTIS, 15 Albemarle street, Piccadilly.

Dr. WALTER DE ROOS, M.D., 25 Bedford place, Bloomsbury square.

Dr. HAMMOND, 11 Charlotte street, Bedford square.

Messrs. HARVEY and Co., Weymouth street, Portland place.

(*a*) W. HILL, Esq., M.A., Berkeley House, South crescent, Russell square.

(*b*) H. JAMES, Esq., Percy House, Bedford square.

Dr. KAHN, Kahn's Museum, 3 Tichborne street, Haymarket.

JAMES LOWE, Strand Museum.

Dr. MARSTON, 47 Berners street, Oxford street.

(*c*) Messrs. PERRY and Co., Berners street, Oxford street.

Dr. RUSSELL, 28 Clarence road, Kentish town.

Dr. SMITH, *alias* SMITH and Co., 8 Burton crescent, Euston road.

H. SCOTT, formerly HAMILTON, addresses himself "to ladies," Henrietta street, Cavendish square.

Dr. THOMAS, 9 Markham square, King's road, Chelsea.

Dr. THOMSON, 21 Harrington square, Hampstead road.

*** A list of the newspapers which carefully exclude the foregoing quack firms will shortly be published, by which a good example will be presented to the few which still permit their columns to be disgraced by filthy advertisements.

(*a*) This person acts in conjunction with the so-called Dr. Watson.

(*b*) This individual hunts for victims in co-operation with the person styling himself Dr. Hammond. See "Detector's" letters.

(*c*) Bright and Co., Harvey and Co., and Perry and Co. are all carried on by one gang. See "Detector's" letters.

THE MEDICAL CIRCULAR.

WEDNESDAY, APRIL 19, 1865.

THE PROCEEDINGS OF THE GENERAL COUNCIL.

Since last week we have to report a greater degree of useful activity on the part of the Medical Council, and although, as usual, there has been a perfect labyrinth of talk, yet it is not impossible, however difficult the task may be, to trace the clue to some definite conclusions which may eventually be beneficial to the Profession. Instead of presenting to our readers the dreary details of the discussions which have taken place, and many of which concern only the interests of certain Medical Schools or Corporations, we offer an abstract of the more important topics on which resolutions have been agreed to, and we now pass them in review for the benefit of our readers who may wish to know how much has been *done*, and not how many speeches have been made.

It may be taken as an accomplished fact that an amendment of the present Act is to be applied for at the hands of the Legislature, and the details are now under the consideration of a Committee.

The returns from the Director-General of the Army and Navy Medical Departments prove in the most emphatic manner the great deficiencies existing in the present system of Medical Education and Examination, for they show that many candidates who have received Diplomas or Licences from the different Examining Boards have subsequently failed to satisfy the requirements of the Army and Navy Medical Examiners. This circumstance, however, is not quite so discreditable either to the candidates themselves or to the Examining Boards as may at first sight appear, for it must be recollected that the ordeal at the ordinary Examining Boards is a mere pass examination, often in a limited branch of the Profession, and it may naturally be sometimes a question with the Examiners whether certain deficiencies may not be overlooked in consideration of the subsequent struggles which the aspirant may have to encounter in making a livelihood. Again, it is admitted that in consequence of the present diminished numbers of persons entering the Medical Profession, the higher rate of emolument now offered to civil practitioners, and the unpopularity of the Army and Navy Medical Departments, the best candidates do not seek admission into the military services, which are therefore supplied with inferior articles. The class of persons now seeking admission into the Medical service of the Army and Navy would have been received without question twenty or thirty years ago, when patronage was the portal through which they entered, but now that patronage is abolished and competitive examination is substituted, and when, we may add, honest examiners are appointed, and a high standard is very properly required, many are necessarily excluded, who, although fit for becoming assistants to civil practitioners, or for beginning their career under the auspices of seniors, are not qualified to excel in competition for a prize which constitutes a provision for life in a sphere where they must often be called upon to fulfil the most arduous duties.

We have, on a previous occasion, directed the attention of our readers and of the Profession in general to the dangers with which they are indirectly threatened by the proposed legislation for Chemists and Druggists; the two Bills for the regulation of Pharmacy, although apparently quite harmless, being of a very suspicious nature in reference to the practice of Medicine. We are glad to find, therefore, that this subject has attracted the attention of the Medical Council on the occasion of a letter praying for protection of registered Medical practitioners against the practice of Medicine by chemists and druggists. We understand that the petitioner alleged that a chemist and druggist in his neighbourhood actually held some clinical appointment and received a salary as a Medical practitioner. It will be seen that a resolution was unanimously adopted to appoint a Committee to consider and report upon the relations existing between the Medical Council and the illegal practice of Medicine by chemists and druggusts, and whether any changes in the Medical Act are desirable in regard to such practice; and also to consider and report upon the two Pharmacy Bills now before Parliament.

The application of Licentiates in Dental Surgery to be placed as such upon the 'Register,' although specious enough, was but coolly received by the Council, who very properly regarded such a proposition, like the legislation for Pharmacy, as the introduction of the thin end of the wedge; the probable, though not avowed result, being the confusion in the public mind between registered Medical practitioners and persons possessing only a very limited education, and hanging, as it were, upon the outskirts of the Profession. It is to be hoped that the Council will accede to no such demands, however plausibly they may be urged; or otherwise the Profession, already too much split up into sub-divisions, may be further parcelled out into dentists, oculists, aurists, laryngoscopists, dermatologists, lithotomists, ovariotomists, chiropodists, &c., &c., all of whom might require special licences or diplomas.

The important question of the uniform registration of Medical students appears at last to be on the point of solution; and this duty is no longer to be left to the Registrars of the different corporations, but to be conducted by the Branch Registrars appointed under the Medical Act. The regulations on this subject are very stringent, and they will have the effect of defining a Medical student as clearly as a Medical practitioner is defined under the Act; and after a certain period, none but regularly registered students will be allowed to present themselves for examination at any of the licensing boards. It is also ordered that registration cannot be permitted until after the student has passed the Preliminary Examination, so that the whole career of the Medical pupil is accurately laid down for him from the period of his classical and mathematical ordeal in the first instance, through his hospital studies and lectures, till his final appearance at the Medical Examining Boards.

Another resolution which we rejoice to find has been passed, is one for the systematic visitation of the examinations at the different examining boards. This course has not been adopted without a very severe struggle, which we cannot help thinking has been caused by the interested opposition of some of the corporations; and the plan, as at present proposed, is a very feeble and inefficient one, but still it is better than none at all. It is a good beginning of a very necessary work, and will bring forth important fruit in the course of time. No examining board, which is conscious of doing its duty, can do otherwise than rejoice at the proposed supervision of its examinations; and, on the other hand, when the members of the Council (those at least who are not examiners) are made practically acquainted with the difficulties experienced in many cases by conscientious examiners, they will be able to form more correct ideas on the subject than they at present hold. As to the examinations being held in public, such a course would be quite acceptable to honest examining boards, but would press very hardly upon the candidates. Some of the Irish members seem to have thought the idea a very good one, while the Scotch members pleaded the bashfulness of their fellow-countrymen as an objection to the proposal; but without joining either in the enthusiastic readiness of our Hibernian brethren, or sharing in the modesty of the Northerns, we cannot but think that the publicity of the examinations, in the extended sense of the term, could do no possible good; while their supervision, by competent assessors, is a measure fraught with many and obvious advantages.

A deputation from the General Medical Council, as to amendments in the Medical Act, consisting of Dr. Burrows, president, Mr. Arnott, Dr. Andrew Wood, Edinburgh, Dr. Stokes, Dublin, Dr. Hawkins, registrar, and Mr. Ouvry, solicitor to the Council, transacted business at the Home Office on Saturday.

THE RUSSIAN EPIDEMIC.

In our remarks last week upon the alarming reports which have arrived in this country in reference to an epidemic prevailing in Russia and some other parts of the north of Europe, we endeavoured to show that the disease in Russia was nothing more nor less than our well-known typhus, rendered more extensively fatal in the Russian capital by the poverty, the bad food, the worse drinks, and the overcrowding of the population of St. Petersburg and its environs. All the information which has subsequently reached this country tends to confirm this view, and so far all unnecessary apprehension that we are threatened with a new form of pestilence may be relieved; but we are by no means unmindful of the fact that typhus is bad enough, and that we have it already in the midst of us. Numerous communications have appeared in the daily newspapers on the subject, and we are glad to perceive that the authors are not intent, as is too often the case in existing or threatening epidemics, to vaunt some infallible specific of their own discovery to counteract the malady, but that they are really writing for the public good in warning the nation against the approach of pestilence, and urging the authorities to take such steps as may best diminish the disease already among us, and prevent its future ravages.

We cannot accuse ourselves of any want of zeal in pointing out the existence of epidemics, and in urging the adoption of measures to prevent their extension, and we have on repeated occasions adverted to the limited power possessed by the Medical Officers of Health, whose duty it ought to be to warn the authorities in their respective localities as to the presence of conditions unfavourable to the public health. But the inefficiency of the Act under which these officers are appointed, or rather the unsatisfactory manner in which the Act is administered, is now made abundantly obvious by the facts brought to light by Dr. Horace Jeaffreson, the Resident Medical Officer of the London Fever Hospital. We may remark, in passing, that this gentleman adduces nothing new, for all his facts and arguments have been used over and over again, but hitherto in vain; and it is only under the alarm excited by the news of an epidemic prevailing in Russia, and

likely to extend to ourselves, that they are likely to attract attention and lead to the adoption of preventive sanitary measures.

It really seems incredible that in the heart of many of the Metropolitan parishes there are localities which are the habitual abodes of fever, *and which are known to be such*, but in which sanitary improvement has never been attempted. In all the "fever-nests" described in Southwark, in Lambeth, in St. Pancras, in St. Giles's, in St. Luke's, and elsewhere, Medical Officers of Health are supposed to be exercising supervision, but it is perfectly certain that whatever representations they may have made, have made no impression, and fever is allowed to take its course.

"I know one glaring case," says Dr. Horace Jeaffreson, "in which an obstructive vestryman owns a typhus nest, which is named after him. It is but too clear what support an energetic health officer would get when the lives of the poor were in the balance against the vestried (vested ?) interests of the landlord. It will be a great step in sanitary matters when a Bill is passed to give more dignity and freedom of action to Medical Officers of Health, by making their tenure of office and its emolument less swayed by local interests."

We have expressed in our pages on former occasions exactly the same sentiments as those of Dr. Horace Jeaffreson; but as the occasion of our remarks was *only* the death of a few paupers, and not the threat of a foreign plague, our warnings were unheeded. But the subject now commands attention, and the revision of the Public Health Act is imperatively demanded. The first step to take would be summarily to dismiss all those Medical Officers of Health in whose districts it was proved that fever had been allowed to prevail unchecked, on the same principle that a police-constable is punished for being asleep on his beat while a robbery is being accomplished.

MEDICAL GOSSIP. By VIGILANS.

No. XVI.

VIGILANS' FIRST QUARTERLY ACCOUNT TO LADY-DAY—RECAPITULATION.

I have just drawn out, my first quarterly account, terminating at Lady-day, and have no reason to be dissatisfied with the results. On January 1st I sat down with the hope of wiping out, or whipping out if you please, by a sort of cat-o'-nine-tails, made up of satire, ridicule, sarcasm, exposure, suggestion, persuasion, criticism, denunciation, and menace, some very disfiguring blots on the Profession's escutcheon. Whilst you, Mr. Editor, and that clever matter-of-fact writer, "Detector," have been engaged in purifying the press of quack advertisements, and boldly and fearlessly exposing their authors by name and address, I have been devoting a few spare hours to the purification of the Profession itself.

Let us have a brief recapitulation of what has been attempted and what has been done. In No. 1, the uselessness of the Journal known as the 'British Medical' was made evident to the meanest capacity—an incubus on the Association, keeping it always in a state of insolvency by its enormous cost, amounting to 2,400*l.* a year—leaving the Society powerless for good in any direction, because penniless. The result of this and similar exposures in other quarters will not be known for some three or four months, when a grand fight will come off between Mr. Carter, of Stroud, and Dr. Markham, the editor, on the question of Journal or no Journal, for 200*l.* a side; but as every cock is a terrific antagonist on his own dunghill, so the odds are greatly in favour of Dr. Markham. In this letter also will be found a few caustic remarks on the system of Medical reviewing as at present practised, of which I have seen symptoms of amendment, especially in the MEDICAL CIRCULAR and the 'Dublin Medical Press.' Literary piracy from German sources also came in for a lash, which it well deserves.

In No. 2 will be found a most sensible letter from one of my correspondents exhibiting the subject of literary piracy in loathsome colours, pointing to examples within his own knowledge, but leaving the reader to discover the guilty parties. The effect will be most wholesome, for we shall not for the future be inundated with German mystifications nor (I trust) German doctors.

In No. 3 is shown that the fact of writing a book involves the necessity of advertising it, that is to say, if it is to be sold; and, therefore, the injustice, nay, the ignorance, which is exhibited by those who cast reflections upon authors because they advertise their books. An anecdote by the late Mr. Highley is given in illustration. It is to be hoped that the voice of calumny will, for the future, be silenced on this head. Then we have an account of a class of men denominated "Medical Muffs," which has many existing examples. The suggestion I have offered to prevent such useless incumbrances will, I hope, be acted on.

In No. 4, the advantage to be derived from a temporary residence in the Grand Hotel at Brighton, by sufferers from irritability of the air-passages, was set forth, and the success which might be expected from a Sanatorium specially erected for such cases was demonstrated. Who doubts that the idea will be carried out? But will "Vigilans" get the credit of it?

In No. 5 I have given a brief narrative how two young men reached success in their specialty by different means. They practised a subject on which the Profession was as ignorant as the public, and therefore as easily quacked. Advantage was taken of this fact by the one, and, assuming the garb of science, he addressed himself to the societies and to the Journals, talking and writing in language which had the semblance of philosophy, cribbing ideas and modes of practice from others, and by such means he came to be considered an authority. The other took an honest and independent course, thought and acted for himself, turning neither to the right nor to the left, cringing to no living being, and thus he achieved fame and fortune. Theophilus thinks that the career of the last is the most enviable. In this letter also is a criticism upon a pamphlet written by one of the laryngoscopists, deemed by the author quite libellous, for he hied off to his lawyer, who merely said, "Sarved you right." After sleeping on it our author, who is a very good fellow, thought so too, and has promised to behave himself better in future. I do hope that good has been done by this little bit of satire, and that authors for the future will write better and write less. How much better off we should be if a bonfire were made of about 90 per cent. of the Medical books of the last half-century!

No. 6 has some reflections on the treatment of typhus and typhoid fever arising out of some remarks on the subject by Dr. Wilks, my own opinion being that such cases should be left alone until some symptom prominently presents itself, demanding our interference. Then we have a few words on the multitude of discoverers we have in the Profession, from the highest to the merest routine practitioner in pills and mixtures. A correspondent also calls my attention to a class of consultants who, "*fortunately for their patients, are just called in in time.*" It is a blot which it is hoped my strictures have helped to erase.

No. 7.—In this letter is published a suggestion by "Justus," whereby he thinks the 'British Spurious' would inevitably come to grief — namely, if the editors of the legitimate Journals were to ignore all writers who contribute to that useless print, and exclude them ever afterwards from their columns. Then there is a laudatory paragraph on Mr. Spencer Wells' paper

in the 'Medical Times,' "On the Surgical Treatment of Cancer," holding it up as a good specimen of graphic Medical writing, worthy of imitation. I hope that by directing attention to such articles much good may be done, and that trash which at present crowds the pages of the Journals will give place to something more worth reading. The fact is, the Journals would be far better if curtailed to half their present proportions.

No 8 is a sort of *omnium gatherum*. A remarkable instance is given of the love of appending appointments to our names, sometimes of the most absurd nature. By showing up this weakness, good must come of it. Then, again, is exhibited an exploit of Professor Syme, taken from the 'Scotsman,' where it ought not to be, instead of from a Medical Journal, where it ought to be. I do hope that the learned Professor will take care for the future that so pernicious an example is not set to his Medical brethren. The rest of the letter is taken up with quackery at Maidstone; the Hunterian Oration, what it was and what it should have been; George Victor Townley and psychological subtleties; on each of which criticisms were passed, which, I flatter myself, must lead to good in the future.

In No. 9 is related a fact which would lead to the belief that a creditable change had dawned upon the management of the 'Lancet'—the "caw me, caw you" practice of former days would appear from it to be abolished. Also a few final words on George Victor Townley, tending to prove his perfect sanity. Gutta-percha may be drawn out too fine, and so may a psychological subtlety. I wish our friend Winslow, whom everybody likes who knows him, would admit that he is liable to mistakes like other eminent men. In this letter, the reader is introduced to Theophilus, a very deserving and a very conscientious young student, who tells us of his misgivings as to the truth of the things he is asked to believe in his Profession; and then follow some remarks on inconsistencies of practitioners of Medicine.

No. 10.—More blots for erasure—the mistrust of Medical men one of another, and their consciousness of the fact, illustrated by Mr. Henry Thompson and others high in the Profession, who never relate a case or the details of an operation without considering it necessary to give the names and residences of those who witnessed it. I trust that my remarks on this subject will lead to a more manly course on the part of writers, and a more generous and trusty feeling on the part of readers. Mr. Spencer Wells, in the same letter, is shown to be possessed, as well as others, of this objectionable mistrust by a quotation from his new work 'On Ovariotomy.' The axiom, that the more you can get your name before the public the better, is proved by reference to our friends John Churchill and Sons, and an illustration is given how to do it in a "legitimate way."

No. 11.—The incredulity which prevails among us respecting each other's sayings and doings is confirmed by Mr. Holmes Coote. A few speculations respecting Editors enliven this letter; their power and influence admitted—Mr. Ernest Hart, in Paris, an example. It is a most desirable post for an aspiring young man, which, with ordinary tact, leads on to fortune and *ought to be paid for;* then come a few words about "puffs" tending to good; then, on the phrasing of advertisements, which is sometimes objectionable, of which an example is given: but as it has been withdrawn (I presume in consequence of my remarks), I need not particularise it, but commend my friend Dr. Morell Mackenzie for his excellent judgment. This letter also shows that I have a rival in depicting the shortcomings of the Profession in Dr. Greenhalgh, who, in an excellent address just prior to the annual feast of the London Medical, showed that he had taken a leaf out of my book. I wish I could do half the justice to the theme that he did on that occasion. By the bye, I will try and get it for the advantage of my readers, for although voted for publication, it has not made its appearance. To this letter is appended a most witty account of "A Night wi' the Pathological," which is well worth a second reading. Taking fright at the boldness of my remarks respecting Editors, &c., &c., Ed. M. C. takes this opportunity to disclaim all responsibility for my statements and opinions. Quite right; but I beg to observe I did not ask him to share it.

No. 12 contains an expression of my opinion respecting change of type in disease, in which I am supported by that unfortunate editor, Dr. Markham. Why "unfortunate" appears in the text. In this letter I am able to report a favourable amendment in the proceedings of the Pathological Society, arising out of letters to me, in which was expressed the fear that the Society would soon degenerate into a hotbed of quackery for specialists in ophthalmic, aural, laryngoscopic, and dermatological practice. Another instance is given in this letter of further amendment and liberality in the 'Lancet' with respect to homœopaths. They are now men and brothers, instead of merely cheats and impostors! In this letter also I have spoken my mind freely about *bids* for practice—in other words, I have called things by their right names; but in the same letter I have given a lamentable example of what mistakes are sometimes made in this direction. Our friend Henry Smith has committed a blunder, by which I hope he and my readers will profit, and will think twice before they venture on such *bids* as he did.

No. 13.—With this letter ends my quarterly account. It ought to have appeared in the last number of the CIRCULAR, but the urgencies of the Journal forbade it. It commences with a well-merited eulogium on "Detector," who, it appears, has brought his clever letters to a conclusion for the present. They now appear in a pamphlet form, and every Medical man in the kingdom should take copies, to show to patients who are likely to become victims of the scoundrels whose tricks and impositions he so well exposes. In this letter the Profession are cautioned against the statements and opinions expressed in Medical dictionaries and vade mecums, and a most remarkable instance is quoted of the errors they contain. An attempt is made to show that great writers are rarely, if ever, trustworthy physicians. In this letter the controversy between Dr. Clay and Mr. Spencer Wells again crops up, to the apparent advantage of the latter gentleman; but next week we may see the tables turned. Another brilliant satire from an esteemed correspondent concludes this letter, chiefly relating to eccentric titles of books, to which I believe more attention should be given by authors, to save themselves from ridicule and the Profession from discredit.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. E. Headlam Greenhow gives the second part of his "Clinical Lecture on Addison's Disease," and relates two more cases of that affection which fell under his own notice. In one case the peculiar discolouration of the skin was visible only as a single dark stain on the mucous membrane in the inside of the cheek; in the other, the discolouration was intense and characteristic. In both the supra-renal capsules were found diseased after death.——Dr. Samuel Wilks, in a paper "On Epidemic Cerebro-Spinal Meningitis" (which is said to be one of the fatal diseases now prevailing in the north of Europe), quotes from various publications of the last twenty years to prove that this epidemic has prevailed at different times in America and on the continent of Europe; and he relates the particulars of three cases, occurring among his reports of post-mortem examinations, of acute spinal and cerebral meningitis, which affection, although not observed in connexion with any known epidemic, appears to be similar to the disease now said to prevail.——Mr. W. St. John Coleman offers "Some Suggestions with respect to a Splint and its Adaptation to Fractures of the Phalanges."

The 'Medical Times and Gazette.'

Dr. F. W. Pavy, in a lecture "On the Assimilation of Sugar by the Liver," maintains the accuracy of the views he has advanced on the subject, and combats the objections which have been made to them by other observers, especially

Dr. Thudichum, Dr. Harley, and Dr. Beale. —— Dr. CHARLES G. RITCHIE communicates a paper "On the Mechanism of Parturition in Cases of Presentation of the Cranium," illustrating his observations by diagrams.—— Dr. WM. MURRAY continues his papers "On the Therapeutic and Physiological Action of Remedies," his present subject being the "Treatment and Cure of Abdominal Aneurism;" pressure being the method recommended, and a successful case illustrative of this plan having occurred in Dr. Murray's practice, the patient having been exhibited at a meeting of the Medico-Chirurgical Society.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

(Continued from page 253)

present state of things. He would suggest that whatever motion was passed it would not contain any expression implying the assumption by the Council of any function which they did not possess. The motion spoke of supervision of the examination papers. The Act did not empower them to call upon examining bodies for the examination papers or to supervise those papers. He should be glad to see a committee appointed at the present session of the Council to take into consideration Clause 18 of the Act.

Dr. Aquilla Smith called attention to the importance of efficient preliminary examinations. The fact, revealed by the army and navy returns, of a large number of the candidates being ignorant of the Latin language, showed the necessity of reform in the way of conducting preliminary examinations. He believed the classical attainments of students entering the Profession were every year becoming lower. Not only were some of them ignorant of the Latin language, but many of them were ignorant of the English language also. He did not expect any improvement as long as the present slovenly mode of preliminary examination was allowed to be followed.

Mr. Syme moved:—"That each of the Branch Councils, in compliance with Clause 18 of the Medical Act, shall visit the examinations in their respective district preliminary as well as Professional, for obtaining the qualifications mentioned in Schedule (A), and report to the General Council the result of those examinations."

Dr. Andrew Wood seconded the amendment.

Dr. Parkes said he was willing to consent to the amendment, and would simplify matters by withdrawing his motion.

Dr. Andew Wood said that he considered that a system of visitation of examining boards should be established. It would be a most beneficial practice, and he believed there was no disposition on the part of the examining boards to object to visitation; and if any of them thought it would hurt their dignity the Act of Parliament would override their dignity. He did not agree with publicity in examinations. In the first place, did those boards where publicity was allowed turn out the best men? ("Yes.") He would leave it to those gentlemen who made that assertion to prove it. He did not know whether Irish students were subject to "funk;" but, at all events, publicity would not do in Scotland. (Laughter.) There were some of the most competent and best-qualified students in Scotland who would not be able to pass such examinations, because they would experience the feeling called "funk" in the presence of the public. Those who attended public examinations would not be the class of men calculated to raise the standard of such tests. Those professional men whose opinions were worth anything would be far too busy to attend. The class of persons attending would be students who were anxious to know the sort of questions which would be asked of them, and "grinders" who wished to find out what points to give prominence to next time they had a student to put on the grindstone. He objected to *viva voce* examinations. There were many who, from nervousness or inability to express themselves, would egregiously fail at a *viva voce* examination, but who would pass a written examination in the most creditable manner.

Dr. Corrigan opposed the motion. He believed the admission of the public tended to generate a sound public opinion as to the efficiency of an examination. With regard to "grinders," he did not agree with the terms of reprobation in which Dr. Wood had alluded to them. He believed they were a most useful class of men, and if any evils had arisen from their existence the crime lay on the examiners for not making the examinations practical.

Dr. Paget said he did not think it practicable for the Branch Councils to visit the examining boards according to Mr. Syme's motion.

Mr. Syme said he meant that a portion only of the Branch Councils should perform the visitation.

Dr. Andrew Wood: A committee of them.

Dr. Acland said he did not consider that the deputing to the three Branch Councils the visitation of the examining boards in their respective countries would promote the uniformity which was desired. A small committee composed of members from each of the Branch Councils, whose business it should be to draw up a uniform scheme of examination for adoption throughout the kingdom, would be a superior organisation.

The Chairman said that Mr. Syme had amended the wording of his resolution as follows:—"That each of the Branch Councils, or such of their members as may be deputed by such Council, shall, from time to time, visit the examinations conducted by the qualifying bodies in their respective kingdoms, preliminary as well as Professional, and report the results of their observations to the General Council."

Dr. Paget advocated a more general measure; but he gathered from what had occurred in the Council that they were not prepared to grant it, and therefore he would be content with a limited measure this session. He begged to move, as an amendment to Mr. Syme's motion—"That the Branch Councils be instructed severally to organise a set of trial visitations on a scale which may enable them to report upon the success of such visitations, the conditions of efficiency, and the requisite means for rendering them adequately extensive."

Dr. Sharpey said he was of opinion that gentlemen not belonging to the Council should be appointed to visit the examinations which took place in the United Kingdom from time to time. The duty of visitation would be a most invidious one, and it would be unadvisable for members of the Council to undertake it personally.

Dr. Storrar said he had always been an advocate for visitation; but he did not approve of conducting examinations in public. They were so conducted on the Continent, and he was never so dissatisfied with continental examinations as he was at the present time.

Dr. Corrigan said there were difficulties in the way of visiting preliminary examinations as well as Professional, as proposed in the motion. The Council would have to visit every examining board from which they received certificates of preliminary examination. Those boards were very numerous and very distant from each other. One of them was situated in Barbados. (Laughter.)

The amendment and motion were then put from the chair. The number in favour of the amendment was 4, and for the motion 10. The amendment being lost, the motion was put separately and carried without opposition.

MEDICAL SOCIETIES.

HARVEIAN SOCIETY.

THURSDAY, MARCH 16.

President, Dr. LANGMORE.

INFANTILE PARALYSIS.

Mr. WILLIAM ADAMS mentioned that he had frequently had to treat cases of the above complaint, and that in some instances he had been able to restore the powers of locomotion, where it had long been supposed to have been irretrievably lost. Infantile paralysis comes on frequently during teething, and at the age of one or two years; both arms or both legs are paralysed suddenly or in the course of a few hours, or only one limb may be affected. Sir B.

Brodie used to say that, unless this paralysis is naturally recovered from in six months, it is hopeless. In three to six months there is usually the greatest amount of recovery from the paralysis, the rectus muscle of the thigh often being the last to recover. As to the pathology of this paralysis, Mr. Adams confessed he knew nothing of it. The most recent German writers on the disease attributed it entirely to the muscles; and, Rielliet and Barthez record only two post-mortems. In these, as well as in one made by Mr. Adams, no appearance could be made out to account for the disease. The children do not die of this disease, and thus the cause of this complaint is not investigated. If practitioners were aware of this fact, they would probably make the necessary examinations. It must be remarked, that natural recovery of the muscular power may go on from six months up to three or four years, during which time a series of events takes place—namely, contraction of all the joints. Mr. Wilkinson had lately brought a child to him. with great contraction of the knee-joints. The muscles surrounding the hip-joint are amongst the first to recover. A child was sent to him from Clifton, of the age of between six and seven, which had never stood. It had contraction of the joints, arms, legs, and trunk, and Mr. Adams was able to promise the parents that the child should walk in three months. Dr. Brown-Séquard had requested Mr. Adams to see a young lady, aged seven, who had been crawling for more than three years, in consequence of paralysis of both legs, and in three months this child was able to walk with steel supports. If a child could use the psoas and iliacus muscles, it could be made to walk; and this was the practical test. It should be laid down on the floor, and if it can draw up its knees, success is certain. With regard to treatment, in the earlier stages of the disease, he had known counter-irritation down the spine to be used, but the chances were, that no treatment would do much good. When the child has paralysis with flaccid muscles, rubbing and warm clothing is of use. Galvanism of both legs under water is also useful, notwithstanding that many physicians and surgeons disparaged this remedy, and said that it had been tried and found valueless. He (Mr. Adams) used two tin boots filled with warm water, in each of which the little patient's leg is put and galvanism applied. Dr. Gull had written some valuable papers "On Galvanism," in the 'Guy's Hospital Reports.' The nutrition of the limb must, if possible, be kept up. Dr. Junod's boot, for exhausting the air, was once in much repute; but is now, perhaps, too much forgotten. A paralytic patient of his could always warm the paralysed leg in ten minutes with this appliance. This apparatus has no bad effect, but is apt to get out of order. It is doubtless a most awful remedy in these and other cases. In many cases of paralysis of infants, the rectus muscle remains paralysed for life and the leg swings, but this can be compensated for by mechanical means, so as to enable the patient to walk.

The President thanked Mr. Adams for his most instructive remarks. He would be glad to hear whether the paralysis which comes on after diphtheria was like to that so admirably detailed by Mr. Adams, and whether it was likely to be benefited by such means as were recommended for infantile paralysis.

Dr. Drysdale remarked that, in order to get information from post-mortem examinations in this disease, they must be made immediately. It was either cured rapidly or persisted indefinitely; when it disappeared rapidly, no symptoms remained, and in many cases it disappeared in a week. When preceded by fits, it was generally hopeless, and paraplegia had, in all cases seen by him, been hopeless. It comes on for the most part under the age of two years. For his own part, he had been in the habit of considering that, if the paralysis did not disappear in the course of a month or two, it was hopeless; and this had been his prognosis in the cases he had seen. He had often seen electricity applied, but it required so much patience, that it had never seemed to him of much service. No internal remedy was, he opined, of any use. Warm clothing, with the use of warm baths for the affected limbs, and carefully applied gymnastic exercises for the wasted muscles, was the most rational treatment. He hoped that what Mr. Adams had said this evening might be the means of restoring many poor patients to powers of locomotion. The views were little known in the Profession.

Dr. Broadbent said that Mr. Adams had taught him a great deal; he had no idea that this form of paralysis was so common, he, himself, having only seen two cases of it. In these cases the children appeared strong, although the limbs dangled. He had not given any fair trial to galvanism. He thought this infantile paralysis was quite a different thing from that occurring after diphtheria.

Mr. Adams, in reply, said this was not a cure that he recommended, but rather a method of treatment to enable the patient to walk. Steel supports are required. In adult paraplegia, the member usually becomes rigid, and nothing can be done. In a few cases, however, in adults there is only rigidity below the knee; by cutting the tendo-Achillis in some of such cases the patient may be restored to the power of locomotion, but, as a rule, they are stiff from the hip.

GENERAL CORRESPONDENCE.

THE WANT OF FEVER HOSPITALS IN LONDON.

To the Editor of the Medical Circular.

Fallacies and absurdities have got such a strong hold of the Medical Profession, that the caustic satire of "Vigilans" has not come at all too soon; for unless the growing tendency to quackery, bounce, and bombast be not treated with an unsparing hand by some of the recognised professors of the healing art, and the pruriency for notoriety of many of its members be somewhat curtailed, a Fielding or a Le Sage will soon arise to overwhelm the whole body of the Profession with unsparing ridicule. In no age, I believe, has the Medical Profession arrogated to itself the title of benefactor of the public as at present. Its members have gone out of the path as modest professors of the healing art and proclaimed themselves as great sanitary reformers, and of deserving the gratitude of mankind in a much greater degree than our most eminent statesmen and lawgivers; and I beg a small space in your valuable Journal to the examination of what has been effected in this metropolis in extinguishing or mitigating fever, or in providing, by hospitals or other ways, for the necessities that must arise should such a fearful epidemic which now prevails in Russia and adjacent provinces be located amongst us. It is now an admitted fact that there is more fever in London than for many years past, and that it has gone on increasing for some years—in fact, ever since the enormous expenditure in drainage and other works; and since we have been delivered over to the present sanitary notions (which were to have entirely eradicated it), it has gone on increasing, while we find projectors for hospitals of every imaginable kind, even for drawing teeth. It is not improbable some will be established for cutting corns, to entice people up from the country; yet there is but one Fever Hospital, and it so happens that while there is no end of contention to induce patients to come from the country to have operations performed, a large portion of which are for malignant diseases, and for which no operations should be performed at all, this overgrown metropolis (for want of proper provision for fevers) is daily, by its domestic servants and *employés* being sent home, propagating fever and carrying death and misery to the fairest and most smiling parts of England.

To many it may sound very much like infidelity to question the organization of the London hospitals; but, from the want of any central supervision, I do not hesitate to assert that there is no capital in Europe where they are worse managed, or rather, where, either in their origin or conduct, they are less calculated for the wants of the population of the capital. In Paris and Brussels there is a central board, to which all applicants except accidents apply, and they are sent to such hospitals as are supposed best adapted to their requirements; and since the increase of Paris other hospitals in other quarters of the town have been erected to meet their necessities; and the card at the head of

the bed shows that its occupant is an inhabitant. The different towns in the provinces are expected to provide the same accommodation for themselves. It may be urged that, as in Paris the Government provides everything such arrangements can be effected, but that in London (where hospitals are founded by voluntary contributions) it is impossible; but I would call your attention to our two largest and most wealthy hospitals, St. Bartholomew's and St. Thomas's, which were founded by *national property*, the former gifts of kings, and with which Parliament is as competent to deal as it is with Church property. The annual revenues of these hospitals may be set down as 100,000*l.*, and no account is ever rendered in what manner the income is spent. A little insight has recently been had of St. Thomas's, and of a most discreditable nature. An immense amount of jobbery would be detected in both; but why not utilize these hospitals? It is quite certain that, if proper and judicious economy were resorted to, instead of two hospitals, eight or ten of 200 beds each might be erected in various parts of London with proper provision for fever. St. Thomas's has acquired a site at Stangate, opposite the Houses of Parliament, and in all probability three times as much will be expended on its erection as will be necessary, and the school will be the primary, the good of the patients the secondary, consideration. In these times of inquiry and reformation, Parliament has done but scant justice in leaving these large institutions in the hands of their governors. Their affairs ought to be administered by an active council selected with care, and who would be bound to make public their proceedings. An excellent body of public servants, the Charity Commissioners, would soon find a way to a proper appropriation of the increased funds for the use of the sick poor of London, for which they were intended. Nor need it be feared, if *all* the London hospitals were placed under an efficient central managing council, that the public would bestow less. Lord Henry Seymour left the largest portion of an enormous fortune to the Paris Hospitals—not to one in *particular*, but to all. At present, too much is thought of Medical schools. The staff of these numerous schools is quite absurd: there are advertised thirty or forty lecturers to almost as many schools. What can most of them be but Dryasdusts? Look at the number of Professors of Medical Jurisprudence, not a tenth part of them have even attended a coroner's inquest. It is a little amusing to relate the origin of two hospitals—University College and King's. On the first establishment of a university in London, it was found that the only branch of study that succeeded was that of Medicine and Surgery. Although there were many excellent hospitals in London where students might resort to see practice, it was found they did not suit the peculiar views of the Professors, so, putting the cart before the horse, they indoctrinated their pupils first, and then erected a hospital to square with their teaching. The Church took alarm at the success, and it was then found out that no Medical man could properly attend to a broken leg, or operate for stone, or prescribe for rheumatism, unless he had been properly baptized and confirmed: so another Medical school was founded, and then another hospital, and each sent to Edinburgh for an artist in cutting—on the same principle as Her Majesty's Theatre had a dancer with a wooden leg, and Covent Garden one with only one leg. In passing through the latter hospital one day, I saw a patient who had, a few days before, her breast extirpated for cancer, and in whom there was manifestly so large an effusion of water in her chest that death could not be very far off; another, who had the contractile bands in his neck divided after a burn, which experience has always shown became more contracted after each division: thus, one useless operation, and another a fatal and unjustifiable one, served as an exhibition to the bumptious and conceited doctrinaires which are yearly turned out of that establishment.

I am, &c.

UN MEDECIN MALGRE LUI.

In my next I will point out the cause of the increase of fever and its remedy.

POOR-LAW MEDICAL RELIEF.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your giving insertion to the annexed circular from the Poor-law Board to the Boards of Guardians, as it is a document of very considerable importance.

I should recommend the Medical Officers of each Union to meet, and, if possible, come to some definite decision as to what should be considered "expensive medicines." Cod-liver oil and quinine are named, and in addition to these I should say leeches, opium, castor-oil, sarsaparilla; and perhaps a few other drugs might be added, but not too many, for fear that all may be rejected.

It may fairly be pointed out to the Guardians that the recommendation of the Select Committee was made for the benefit of the poor, as it was considered that, in consequence of the expensive nature of many articles, and the very low salaries paid to the Medical Officers, they could not always afford to purchase them, and, as a consequence, the poor have not had them to any very great extent; therefore, to attempt to reduce any of the salaries cannot be submitted to by the Medical Officers. Should any of the Boards of Guardians be disposed to find all the medicines for the poor, I should recommend the Medical Officers to second the proposal, and submit to a general revision of their salaries. I am, &c.,

RICHARD GRIFFIN.

12 Royal Terrace, Weymouth,
15th April, 1865.

[The circular of the Poor-law Board, referred to by Mr. Griffin, has not yet reached us.—ED. MED. CIRCULAR.]

PARISIAN MEDICAL NEWS.

OYSTERS.

"Oysters," observes M. Favrot, in 'La France Médicale,' "were considered by the Romans a delicious article of food, *Cibus nobilissimus*, and are still highly esteemed by epicures; they supply, says M. Réveillé-Parise, the first gastric enjoyment allowable to delicate stomachs and to the convalescent. Oysters are a light and wholesome kind of food; they stimulate without surfeiting the appetite, and carry with them their natural condiment. Their flesh is readily digested, and is exceedingly nutritious, retaining after the destruction of the muscular fibre a certain amount of oil, which forms a sort of emulsion with the animal mucilage."

The average consumption of oysters in Paris, which is close upon a hundred millions annually, may give some idea of the importance of this article of nutriment. M. Favrot studies separately the white and the green oysters. The colour of the latter, which are much valued by epicures, is due to a peculiar organic matter, and not, as some writers have alleged, to the presence of salts of iron or copper. The greenish hue is produced by certain local circumstances, and by the nature of the beds established at Marennes and La Tremblade. The oysters dredged on the coasts of Gascony, Saintonge, Poitou, Britany, Normandy, Spain, or England, are white.

With regard to the latter, we may, however, remark that certain oysters—those, for instance, caught in Falmouth river—are indebted for their greenish tinge to the copper present in the soil. These mollusca are, of course, unwholesome; but when deposited for six months in the oyster-beds of Marennes or La Tremblade, they spontaneously eliminate the copper and become edible. In M. Favrot's opinion, the metal is not always entirely got rid of; and if the taste is astringent, and the vinegar or lemon-juice poured over the mollusca turns green, the presence of copper may be suspected and the oyster should be rejected.

The exhibition of oysters in disease or in convalescence has long been an habitual practice. Amongst those who prescribed them with most success, M. Favrot mentions Dr. Sainte-Marie, of Lyons. This gentleman recommended them with much benefit in cancerous affections of the

digestive tube, in which no other sort of food is tolerated. M. Sainte-Marie opined that no description of nutriment was more readily assimilated; and he found oysters so useful in various descriptions of consumption, that he was in the habit of exhibiting them and often with great advantage, in pulmonary tuberculosis, as a medicine for which no adequate substitute can be found.

MARRIAGE.

Low—Lyell.—On the 29th ult., at 23 Tay street, by the Rev. Dr. McGavin, Samuel M. Low, Esq., Monifieth, to Grace Margaret, eldest daughter of David Lyell, Esq., M.D., Dundee. No cards.

MEDICAL NEWS.

Royal College of Physicians of London.—At a general meeting of the Fellows, held on Monday, April 10, 1865, Thomas Watson, M.D. Cantab., D.C.L. Oxon., was unanimously re-elected President of the College for the ensuing year. At the same meeting, the following gentlemen, having undergone the necessary Examination, were duly admitted Members of the College:—Samuel Jones Gee, M.B. Lond., 46 Queen Anne street; John Southey Warter, M.D. Edin., 23 Frederick street, Gray's-inn road; Benjamin Bingay Thurgar, M.D. Edin., 35 York street, Portman square; George Bernard Brodie, M.D. St. And., 10 Bolton row; and Offley Bohun Shore, M.D. Edin., Stamford.

At the same meeting, the following gentlemen were reported by the Examiners to have passed the first part of the Professional Examination for the Licence of the College:—Nathaniel E. Davies, St. Bartholomew's; Alfred Harwood, Guy's; Lyttleton Hallett, St. Bartholomew's; Cowbray Jackson, St. Bartholomew's; Osmer King, Guy's; Edward James Leverton, St. Bartholomew's; Philip Henry Miles, St. George's; Edward Nettleship, King's College; Campbell Orme, St. Bartholomew's; Lestock Holland Reid, St. Bartholomew's; William Alsept Richards, King's College; William James Tattersall, St. Bartholomew's; Herbert Tibbitts, St. Bartholomew's; Wentworth Raynes Vandale, St. George's; Samuel John Truman, Guy's; Herbert Chrippes Upton, St. Bartholomew's; and Matthew Hall Wright, Birmingham.

Royal College of Surgeons of England.—The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Court of Examiners on April 11, and when eligible will be admitted to the Pass Examination:—E. M. Owens, Henry Maynard, T. J. Richards, E. L. Crowther, Arthur Matthews, George Pearman, R. C. Lucas, T. B. Dyer, William Johns, and W. Fagge, students of Guy's; J. R. Walker, H. F. Parkes, J. R. Hill, J. G. Randall, and E. B. Owen, of St. Guy's; Waren Tay, W. E. Ditchett, F. M. Mackenzie, and S. Colquhoun, of the London; H. C. Buckley, E. W. Hinson, G. W. Barroll, and F. W. Jackson, of St. George's; J. A. J. Timmins, B. W. Lamb, J. B. Hughes, F. D. Power, of St. Bartholomew's; T. F. Hopgood and T. B. Hay, of University College; C. S. Blythman and R. Perkins, of King's College; J. R. James, of the Middlesex; and Kenneth Reid, of Montreal.

The following passed on April 12:—R. B. Moore, John Lee, H. B. Pattinson, F. H. Haynes, W. G. Kemp, Berkenshaw, D. F. Boulton, H. G. Wilson, W. B. Burn, J. McClean, and J. E. M. Finch, students of St. Bartholomew's; R. T. Wright, F. W. Parsons, G. A. Canton, Arnold Ireland, O. T. Molecey, and J. H. Bell, of King's College; W. E. Cant and W. R. Tindal, of St. George's; S. Kelly and J. J. Ridge, of St. Thomas's; A. G. Evans and J. Stainthorpe, of the Middlesex; A. B. Elliott and B. Poulton, of Guy's; F. A. Holmes, of St. Mary's; J. K. Close, of the Charing cross; Thomas Loane, of the London; F. W. Strange, of Liverpool; J. D. Bush, of Newcastle; D. E. Bernard, of Bristol; George Fisher, of Leeds; and James Sawyer, of Birmingham.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, April 6, 1865:—Edward Charles Evans, Cardiff, South Wales; Charles James Harris, King William street, Charing cross; Ralph Alexander Busby, Royal Free Hospital; Lewis Wayne Morgan, The Hafod, Pontypridd; George Cox, Grantham; Frederic Ruffe, Tamworth; Charles James Wright, East Parade, Leeds; Henry Edward Herbert, Charing-cross Hospital; John Stuckey, Langport, Somerset.

The following gentlemen, also on the same day, passed their first Examination:—Thomas Bell Hay, University College; Thomas Cuddeford, St. Bartholomew's; W. I. Tattersall, St. Bartholomew's; Isaac Coalbank, St. Bartholomew's; Herbert Chrippes Upton, St. Bartholomew's; John E. M. Finch, St. Bartholomew's; Frederic Richard Fisher, St. George's; John Sherwin, King's College; Matthew Hall Wright, Sydenham College, Birmingham.

The French Academies.—At the 'Académie de Médecine' M. Bergeron has been elected into the section of Hygiene by the votes of 52 of the 80 academicians present. At the 'Académie des Sciences' Wilhelm Weber, of Göttingen, was elected a corresponding member in place of De la Rive, declared foreign associate. The other candidates were Dove, Berlin; Groves, London; Jacoby, St. Petersburgh; Kirchoff, Heidelberg; Kupffer, St. Petersburgh; Plucker, Bonn; Rich, Berlin; and Stokes, Cambridge.

Surgical Operation.—A most successful surgical operation was performed last week in the Military Hospital. Dr. Holmes, assisted by Dr. Stratford, extracted a stone from the bladder of a boy about eight years of age. He is now doing well and in a fair way for recovery. This is only the second operation of the kind which has been performed in this colony, Dr. Stratford having successfully operated some years ago upon a boy about four years of age, who is now living and in good health.—'New Zealand Herald.'

Medical Latinity.—At a late examination at a College of Physicians, one of the candidates, who had to translate a passage from Celsus, in which were the words *cubare molliter*, wrote them down as "smoke slightly." No doubt the gentleman must have been under the influence of a Cuba at the time. We are surprised that he did not render the preceding words in a like fashion. *Oportet conquiescere* might just as fairly have been turned into "go to bed on a bottle of port." If our readers will turn to the Reports of Examinations by Army and Navy Directors, in to-day's 'Journal,' they will probably come to the conclusion that *primary* education amongst Medical students is in a *retrograde* state of development. Does the fact of the College of Physicians giving up its Latin oration illustrate this condition of the modern Medical mind?—'British Medical Journal.'—[*De te fabula narratur:* the occurrence in question happened at the Royal College of Physicians of London!—Ed. Med. Circular.]

Royal College of Surgeons.—At the last meeting of the Council, one of the Jacksonian prizes was awarded to Mr. William Adams, F.R.C.S., of Henrietta street, Cavendish square, Surgeon to the Royal Orthopædic Hospital, as the author of the best essay "On Club Foot: its Causes, Pathology, and Treatment;" and a special honorarium was awarded to Mr. John Crown Agnis, F.R.C.S., Surgeon to the Royal Horse Guards, his essay being next in merit to that by the former gentleman, and in consideration of the original research displayed in it by the author. The remaining prize was awarded to Mr. Thomas Annandale, M.R.C.S., formerly of Newcastle-on-Tyne, but now of Edinburgh, for his essay "On the Malformations, Diseases, and Injuries of the Fingers and Toes, with their Surgical Treatment." For the Collegiate triennial prize, "On the Structural Anatomy and Physiology of the Lymphatic Vessels and Glands," no one had competed. At the same meeting of the Council, Messrs. William Griffith, of Oswestry, and Richard Forth Snape, of Bolton-le-Moors, who had been elected Fellows at a previous meeting of the Council, were

admitted as such, their diplomas bearing date respectively, March 16, 1838, and June 13, 1842. Professor Ferguson, F.R.S., will commence his course of lectures "On the Progress of Surgery during the Present Century" early in June next. The examinations on Anatomy and Physiology commenced on Saturday, when 107 candidates presented themselves.

ODONTOLOGICAL SOCIETY.—A meeting was held on April 3; the President, Thos. A. Rogers, Esq., in the chair. After the ordinary business, Mr. Merryweather exhibited a case of casts, showing the conditions of the same mouth from four years of age till twenty-one, at intervals of six months. Mr. Vasey exhibited models referred to at last meeting. Mr. Walker related the history of several cases which had occurred in hospital practice of abscesses formed in the aws. Mr. Harrington explained the nature of a self-acting drill which he exhibited adapted to lessen the difficulty of cutting away the carious parts of teeth. He has successfully used the drill since June, 1863. Mr. Hulme read a paper on "Rhizodontripy," or the operation of drilling into the pulp cavity. After referring to the history of this operation, the author related the circumstances attending its performance on a patient of his own, whose tooth he had a subsequent opportunity of dissecting. The tooth showed a secondary deposit of dentine. From this and other cases the author deduced conclusions favourable to the theory of Dr. Hullihen, and observed that in any case the subject was worthy of investigation. He recommended that a carefnl collection of statistics should be made. An interesting and lengthened discussion followed, in which Messrs. Rogers, Harrison, Vasey, Walker, and Coleman took part. The Society then adjourned.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, APRIL 19.—Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society.—8 p.m. Mr. Hutchinson will conclude his paper "On the Medical Aspects of Constitutional Syphilis."

THURSDAY, APRIL 20.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Harveian Society of London, 8 p.m.

FRIDAY, APRIL 21.—Operations at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, APRIL 22.—Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing cross Hospital, 2 p.m.

MONDAY, APRIL 24.—Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, APRIL 25.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand. In order to obviate the recurrence of disappointments, we beg to state that all commnnications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

To SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing cross Post office.

THE HARVEIAN SOCIETY.—The notice has been received.

WE have received from an anonymous correspondent a letter and printed form professing to emanate from a person calling himself Dr. Watson, South crescent Bedford square. In the absence of any explanation, we are unable to make any use of the communication.

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—The following subscriptions have been further received on behalf of the above fund:—

	£	s.	d.
Richard Grimbly, Esq., Banbury	1	0	0
Richard Mallam, Esq., ditto per ditto	0	5	0
Jeremiah McGreal, Esq., ditto	0	5	0
Thos. Elkington, Esq., Southam, ditto	0	10	0
Amount previously announced	121	6	0
Received at the 'Lancet' Office	7	17	6

Yours, &c.,
ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
April 12, 1865.

THE PURIFICATION OF THE PRESS.

The following good suggestion appears in a letter to the 'Medical Press':—

"TO THE EDITOR.

"SIR,—If the Profession are not willing to take the initiative in discountenancing the prostitution of the Press to the mammon of indecency, they can hardly call upon the public to do so; and the least that ought to be expected from Medical men is, that they will not support by their pennies the newspapers which set public decency at defiance by publishing obscenity and incentives to immorality in their columns. So far as one mite goes towards inaugurating the ostracism of this atrocious practice, I beg to say, Sir, that I have ordered my newsagent to discontinue supplying to me the 'Daily Telegraph,' which upholds these swindlers and fattens on their gains, and to substitute for it the 'Standard,' which has repudiated so wicked a means of income. 'Every little makes a muckle,' and if the 20,000 Medical men of the United Kingdom would do likewise, they would soon bring a stronger influence to bear on the 'Daily Telegraph' and its coadjutors than any sense of propriety or decency can be.—Yours,

"A SMALL CONTRIBUTOR TO A GREAT CAUSE."

DR. G. shall receive a private note.

MR. GRIFFIN'S letter is inserted.

R. S. I.—1st. If you have passed the SENIOR Oxford Middle-Class Examination, you may commence your professional studies; if not, you must pass the Preliminary Examination at some of the Medical Examining Boards. Full particulars will be given you on application to the Secretary of any of them. 2nd. We know of no better book for the purpose than Wilson's 'Anatomist's Vade Mecum,' the price of which is 12s. 6d.

THE ANTI-QUACKERY ASSOCIATION.

A correspondent writes to the Secretary of the Anti-Quackery Association for information concerning the "Tain Treatment" for the cure of epilepsy, enclosing a prospectus of West Grove House Establishment, Blackheath. The resident physician is Dr. H. Forfar Osman, M.R.C.S.L., &c. As the prospectus fails to enlighten the reader, will Mr. Osman kindly inform us of what the "Tain Treatment" consists?

A CLERGYMAN asks in good faith for information as to Dr. Batchelour's Nervo-Arterial Essence. Is it quackery? He will get a private note.

A VICTIM relates his adventures arising out of his visit to the so-called museum in the Strand. He is thanked for his information.

THE letters of B. S., W. H. M., the Rev. G. W., Col. L., "A Victim," O. P. Q., R. R., "A Guardian," and several others will find the best reply to their inquiries in the pages of the present number of the Journal.

THE ANTI-QUACKERY ASSOCIATION.

20 KING WILLIAM STREET, W.C.

The Anti-Quackery Association deem it their duty to the public, as well as to the Medical Profession, to *caution* persons against the multifarious modes of quackery pursued by unprincipled pretenders to a knowledge of the Medical Art, and to expose the means they take to accomplish their nefarious ends:—1, by pretended specifics; 2, by spurious lectures and "Museums;" 3, by promises of self-cure; 4, by exciting the fears of the timid; 5, by the invention of cured cases and testimonials.

Before replying to suspicious advertisements, persons will do well to address the Secretary of the Anti-Quackery Association, who will be able, in most cases, to furnish the past histories of the quacks and pretenders from whom they emanate.

N.B. The letters of "Detector." entitled "Revelations of Quacks and Quackery," are now reprinted, and may be had at the Medical Circular Office, price 1*s.* 6*d.*; or, by post, twenty stamps.

OFFICE: 20 KING WILLIAM STREET, STRAND, W.C.

The MEDICAL CIRCULAR also publishes in every number "A Guide to the Quacks of London," as a part of the proceedings of the Association for the suppression of quackery. Sent on receipt of six postage-stamps.

The Medical Circular.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

We proceed to give some of the more interesting features of the deliberations of the Medical Council, and of the results to which the late sitting of the Council has given rise.

THE QUESTION OF PUBLICITY IN MEDICAL EXAMINATIONS.

Dr. Corrigan said his experience of written examinations in the practice of Medicine was, that they were not useful. He would move, "That the professional examinations be practical in all branches in which they admit of being so; and that, with a view of promoting the accuracy of professional examinations, the final *bonâ fide* examination be public so far as admitting graduates and licentiates of the licensing body."

Dr. Parkes said his experience differed from that of Dr. Corrigan. Many men, from their special constitution, were not fit to undergo a *vivâ voce* examination. Besides, such examinations often wanted the definiteness and depth of examinations in writing.

Mr. Arnott considered oral examinations preferable to written ones, but he would leave the matter to the discretion of the licensing bodies.

Dr. Corrigan said he would withdraw his objection with regard to written examinations, and would simply adhere to the part of his amendment relating to publicity.

Dr. Christison said everything that had been hitherto advanced in reference to that subject had rested upon entirely theoretical grounds. Nothing had been said by Dr. Corrigan or his friends to show that any practical advantages resulted from the system adopted in Ireland. There was one mode, however, of practically testing the question, to which he would call the attention of the Council. Reports had been laid before the Council from the Army and Navy Medical Boards to which great importance had been attached; but no one had, as yet, tried to turn them to a useful account. He (Dr. Christison) had examined the statistics supplied in those reports with special reference to the candidates coming from bodies where the examinations were public and from those in which the examinations were private; taking the three centres, London, Edinburgh, and Dublin. In the army examinations, 25 per cent. of the qualifications from London had been rejected; from Edinburgh, 23; and from Dublin, 22. But excluding the candidates from the Queen's University, where the examination was not in public, the percentage from Dublin would be 25. The results, therefore, of the two modes of examination appeared to be practically the same. In the Navy Report the result was very similar, except that the number of rejections was larger on the whole; that might be owing to the circumstance that a lower class of practitioners entered the navy. The percentages of rejections from London, Edinburgh, and Dublin were respectively 48, 44, and 45. Taking the two services together, he found that there were 155 qualifications produced by the different candidates from licensing bodies conducting their examinations in private; and of these there were 34 rejections, or 22 per cent. From the bodies examining in public there were 124 qualifications; and the number of rejections was 35, or 28 per cent. He wished to protect himself against being supposed to attach so great consequence to the accuracy of the facts brought before them as to believe that those numbers furnished the means of a perfectly true comparison; but he thought they might be taken as indicating that the results of the two modes of examination were practically the same.

Dr. Corrigan was greatly surprised at the remarks made by Dr. Christison, and at the course he had adopted in taking the examinations of the Army and Navy Medical Boards and their results, as indicating in any way the efficiency of the examining bodies from whom the candidates went up. He (Dr. Corrigan) would broadly lay down the proposition that the very worst and lowest examining bodies in the kingdom might present the greatest number of successful candidates at the Army and Navy Boards. If a young man was preparing for the army examination, he would seek his diplomas where he could get it cheapest, just as he would buy a ticket for the opera. The diplomas from all the examining bodies were of equal value in enabling the candidate to get into the army service; and it was not likely that a candidate would pay forty guineas in London for a privilege which could be secured for fifteen guineas in Edinburgh. It was obvious, therefore, that the worst examining body in the kingdom might absolutely return the greatest number of successful candidates to the army examinations.

Dr. Sharpey: The question is as to the proportion.

Dr. Corrigan said he did not see the difference. The only object of the candidate desiring to enter the army service was to obtain a diploma which should entitle him to be examined; and he would naturally seek it at the cheapest place. If the proportions of the candidates rejected by a particular body bore any relation to the number of the rejected candidates in the Army Board, the test brought forward by Dr. Christison might be an accurate one. But what was the fact? He found that a body standing as high, or perhaps higher than the others, rejected only 8 out of 100 in its general examination; while another body rejected 20 per cent. of its candidates. With regard to another body, 37 per cent. were rejected in the army list; but of those going up for civil examination, only 8 per cent. were rejected. He contended that no satisfactory comparison could be drawn from the returns in question. The licence of the Apothecaries' Society in Dublin was sold for 10s. 6d.; while the price in London was forty guineas.

Dr. Paget thought there was a fallacy in Dr. Christison's test, but not that pointed out by Dr. Corrigan. The real fallacy was that there was no assurance, but very much the contrary, that the persons who presented themselves to the Army and Navy Boards were fair average specimens of the holders of the licences or diplomas of the different bodies. At the present time the army and navy Medical services were not popular, and it was probable that the gentlemen presenting themselves were not by any means average specimens of those holding the diplomas of the licensing bodies. If that was the fact, it would follow that the bodies who granted the largest number of diplomas would send up the largest number of inefficient men—men whose prospects might be poor in relation to private practice, and who would be more likely to present themselves to the army and navy Medical services. The College of Surgeons in London, for instance, granted a much larger number of diplomas than any other body, and might of course be expected to allow inadvertently to escape a larger number of inefficient men. The number passed at the last year's examination was 485, and out of 485 tons of ore one might expect more dross than out of 100 tons.

Dr. Corrigan's motion was lost: four voting in its favour and twelve against it.

REPORT OF THE COMMITTEE ON THE AMENDMENT OF THE MEDICAL ACTS.

Dr. Andrew Wood brought up the report of the Committee on Amendment of the Medical Acts. The report stated that the Committee had taken into consideration all the important clauses of that Act, and that Mr. Ouvry, the Solicitor of the Council, had prepared, in accordance with the resolutions of the Committee, the following draft of an amended Bill.

DRAFT OF BILL TO AMEND THE MEDICAL ACT OF 1858.

Whereas the Medical Act, 1858, has been found ineffectual to enable persons requiring Medical aid to ascertain who are qualified practioners, and it is desirable to amend the said Act in several respects:

Be it therefore enacted by the Queen's most excellent

Majesty, by and with the advice and consent of the Lords spiritual and temporal and Commons in the present Parliament assembled, and by the authority of the same, as follows :—

1. This Act may for all purposes be cited as "The Medical Amendment Act, 1865."

2. This Act shall take effect from the passing thereof.

3. The following sections of the Medical Act, 1858, shall be and the same are hereby repealed—viz., Sect. 14 and Sect. 40, but without prejudice to any proceedings which may be pending under such sections or any of them.

4. It shall be the duty of the registrars to keep their respective registers correct, in accordance with the provisions of this Act and the orders and regulations of the General Council, and to erase the names of all registered persons who shall have died, or who, having ceased to practise, shall desire to have their names removed from the Register, and from time to time to register all alterations in the addresses or qualifications of the persons registered under the Medical Act, 1858. The registrars, in these respects, may act upon such evidence as may appear to them sufficient, subject to any rules or regulations which the General Council make make thereon. And, for the purposes aforesaid, the registrar may write a letter to any registered Medical practitioner, addressed to him according to his registered address, to inquire whether he has ceased to practise or has changed his residence ; and if the answer to such letter be that the person has ceased to practise and desires his name to be removed from the Register, or if no answer be returned to such letter within the period of six months from the sending of the letter, it shall be lawful to erase the name of such person from the Register. Provided always that any name which may be erased by the registrars may be restored by the direction of the General Council. No person whose name has been erased from the Register by order of the General Council or any Branch Council shall be re-registered, either on the original or new qualification, except by the direction of the General Council or Branch Council as the case may be.

5. Any person practising Medicine or Surgery, or being engaged in the treatment of diseases or injuries not being registered under this Act, who shall take or make use of any of the titles or designations enumerated in Schedule A to this Act, or that of physician, surgeon, doctor, professor of medicine, professor of surgery, or any other title, name, or designation used by or used to distinguish duly qualified practitioners in Medicine or Surgery, shall, upon a summary conviction, be liable to a penalty not exceeding 20*l.* for each offence.

6. The words "qualified to be," in the 7th section of the Medical Act, 1858, shall be and the same are hereby repealed.

The Committee call attention to the changes in the present Medical Act which are proposed in the Draft Amended Bill :—

Preamble.—The preamble to the Act as it at present stands says : "Whereas it is expedient that persons requiring Medical aid should be enabled to distinguish qualified from unqualified practitioners."

[After explaining the reasons which induced the Committee to adopt the various alterations proposed, the report went on to state :—]

In reference to the various questions specially referred to them by the Council, the Committee have to report :

In reference to the amending of Sections 15 and 31, with the view of securing that all persons to be placed on the Register should have been duly educated, tested, and qualified in all branches of the Profession, whether Medical or Surgical, the Committee are of opinion that it is highly desirable that every Medical practitioner should have a complete or double qualification. They see difficulties, however, in the way, for the present, of framing compulsory clauses which would secure that important object. They would, however, point out that by Section 19 of the Medical Act, which is a permissory section, powers have been provided by which any two or more of the licensing bodies may unite and co-operate in conducting examinations required for qualifications to be registered under the Act.

It has been proposed to amend Section 18 by adding to it the following words, or words to the same effect—viz.:

"And may also inspect the written answers of the candidates, and report concerning the examinations and answers to the General Council ; and to the persons deputed by the General Council as aforesaid, in such numbers as may be determined by the General Council, with the approval of one of her Majesty's principal Secretaries of State, there shall be paid such fees for services and such reasonable travelling expenses as shall from time to time be allowed by the General Council and approved by the Commissioners of her Majesty's Treasury ; and the said payments shall be made out of the residues of the moneys annually received for carrying this Act into execution, after defraying the expenses of the General Council and the Branch Councils, and, if necessary, out of further moneys to be provided for the said purposes by vote of Parliament."

The Committee do not consider this amendment either necessary or expedient. The Branch Councils have the power under the Act as at present to visit the examinations of the licensing bodies, or to depute any person or persons to do so ; they have also the power, as the Committee are advised by Mr. Ouvry, to remunerate the visitors of the examinations from the funds contributed under the Act. The Committee considered that it would be inexpedient to go to Parliament to ask a supplementary money grant for the purpose. They trust that ere long the expense of the meetings of the Council will be diminished, and there will be sufficient funds to meet the expenses of visitation in any form that may be deemed necessary.

The Committee, after considering the penal sections of the Act, do not recommend that application should be made to Parliament for stronger powers to be given to magistrates administering the Act, or for higher penalties. The Committee believe that if the clause proposed in lieu of Section 40 prove effective, the present powers and penalties will be found adequate.

The Committee, in conclusion, suggested a form of memorial to be addressed by the President, in the name of the Council, to the Home Secretary, requesting his attention to the proposed alterations, and asking for an interview at an early period.

Dr. Andrew Wood moved that the Report of the Committee on the Amendment Acts be adopted. He said that though the Report appeared a long one, the Council had really decided on the gist of it. The Committee considered with the greatest care the subjects which were remitted to them for consideration. As to the qualifications which should be possessed by Medical men to entitle them to registration, he was of opinion that all licensed practitioners should be educated, tested, and qualified in all branches of the Profession, but there were many obstacles in the way of introducing any compulsory legislation on the subject. The object, however, could be obtained by the co-operation between the different licensing bodies referred to in Clause 19 of the Act. With regard to the visitation of examinations, the Committee did not consider any change necessary. Section 18 of the Act provided that—"The several colleges and bodies in the United Kingdom, mentioned in Schedule (A) to this Act, shall, from time to time, when required by the General Council, furnish such Council with such information as they may require, as to the courses of study and examinations to be gone through in order to obtain the respective qualifications mentioned in Schedule (A) to this Act, and the ages at which such courses of study and examination are required to be gone through, and such qualifications are conferred, and, generally, as to the requisitions for obtaining such qualifications ; and any member or members of the General Council, or any person or persons deputed for this purpose by such Council, or by any Branch Council, may attend and be present at such examinations." It had been proposed to amend the section by adding to it a clause to the following effect :—"And shall also inspect the written answers of the candidates, and report concerning the examinations and answers to

General Council; and to the persons deputed by the General Council as aforesaid, in such number as may be determined by the General Council, with the approval of one of her Majesty's principal Secretaries of State, there shall be paid such fees for services and such reasonable travelling expenses as shall from time to time be allowed by the General Council and approved by the Commissioners of her Majesty's Treasury; and the said payments shall be made out of the residue of the moneys annually received for carrying this Act into execution, after defraying the expenses of the General Council and the Branch Councils, and, if necessary, out of further moneys to be provided for the said purpose by vote of Parliament." On this subject the Report stated that the Committee did not consider this amendment either necessary or expedient. The Branch Councils had the power under the Act as at present to visit the examinations of the licensing bodies, or to depute any person or persons to do so; they had also the power, as the Committee were advised by Mr. Ouvry, to remunerate the visitors of the examinations from the funds contributed under the Act. The Committee considered that it would be inexpedient to go to Parliament to ask a supplementary money grant for the purpose. They trusted that ere long the expense of the meetings of the Council would be diminished, and that there would be sufficient funds to meet the expenses of visitation in any form that might be deemed necessary. With reference to increasing the penalties under the Act, the Committee believed that if the clause proposed in lieu of Section 40 proved effective, the present power and penalties would be found adequate. They did not approve of the registration of Licentiates in Dental Surgery, the consideration of which had been referred to them in consequence of the memorial addressed to the Council by the Dental Surgeons. The Committee were of opinion that such registration would place another difficulty in the way of the public distinguishing practitioners in specialties from fully-qualified practitioners. He (Dr. Wood) did not approve of the registration of special practitioners, and he should like to see the Licentiates in Midwifery expunged from the Register. It had been said that Licentiates in Dental Surgery might be put in a separate list in the Register. That suggestion seemed possible, but he would suggest to the Dental Surgeons that they might obtain an Act of Parliament for themselves, and keep a distinct register. Perhaps that plan might be worthy of their adoption. The alteration in Clause 40 was a very important one. That part of the Act had altogether failed. It had been ruled in the courts of law that no person was liable to the penalty of that Section who did not falsely pretend to be registered under the Act when, in fact, he was not so registered. At present unqualified persons might adopt any Medical title with impunity, and the Section was inoperative. The alteration proposed in the draft bill would make it penal for unqualified persons to assume any Medical title whatever.

Dr. Embleton seconded the motion, and after considerable discussion the proposed amendments of the Medical Acts were adopted, and the above Report of the Committee was agreed to.

COMPULSORY USE OF THE BRITISH PHARMACOPŒIA.

Dr. Corrigan, according to notice, moved—"That it would be advisable to have a clause inserted in the amended Bill, or in any Pharmacy Bill introduced by the Legislature, rendering it imperative on the apothecaries and compounding chemists of the United Kingdom to follow, in compounding prescriptions, the formularies of the British Pharmacopœia, unless otherwise specially directed by the prescriber, inasmuch as compounding indifferently from the formularies of four different Pharmacopœias is dangerous to the lives of the community." He said his reason for moving the resolution was, that before the publication of the British Pharmacopœia, there were an English and an Irish Pharmacopœia, both under the sanction of Acts of Parliament, and a Scotch Pharmacopœia, not under Act of Parliament. When the British Pharmacopœia was published, the College of Physicians of Ireland decided that they would no longer take the supervision of chemists' shops. There were now four different Pharmacopœias from which Medicines were compounded, and the question of compounding was in a very unsettled state. He had himself, as a prescriber, been the subject of some terror lest injury might result from the medicines being compounded from the wrong formula. In some instances, what was a minimum dose according to one Pharmacopœia was poison according to another. That was the case with tincture of aconite, five drops of which were a minimum dose under the British Pharmacopœia, while that quantity was a poison, or very nearly so, under the Irish formula. If death resulted through an error arising from such discrepancy, the fault would be traced up to its source, and the Council ought to be able to lay their hands on such a resolution as he had proposed to show that the crime did not rest with them.

Dr. Apjohn seconded the motion.

Dr. Sharpey supported the proposal. He said that from inquiries he had made he found that there had not been 1,000 copies of the British Pharmacopœia sold in Ireland.

Dr. Christison said that he did not consider that the motion was necessary as far as Scotland was concerned. The practice there was to use the British Pharmacopœia. That was gradually displacing the others, and young men were now trained to its use.

Dr. Quain said that one effect of such an enactment as that proposed might be to poison persons by Act of Parliament, and a chemist might be compelled to put up what he knew to be a poisonous dose.

Mr. Cooper said that as far as his observation went the British Pharmacopœia was working its way, and that prescriptions were now dispensed from it unless there was a note to the effect that one of the other Pharmacopœias was to be used.

Dr. Corrigan said that his own personal experience was that the British Pharmacopœia was seldom used. He merely wished to call the attention of the Secretary of State to the subject, in order that some legislation might take place on the subject.

The resolution was carried unanimously.

MEMORIAL TO THE HOME SECRETARY.

On the motion of Dr. Corrigan, it was resolved—"That a copy of the clause be forwarded to the Home Secretary."

Dr. Wood moved—"That the memorial contained in the Report of the Medical Acts Amendment Committee be addressed to the Home Secretary by the President without delay."

Dr. Acland seconded the motion, and it was unanimously agreed to.

The following is a copy of the memorial:—

"General Medical Council, 13th April, 1865.

"Sir,—I am requested by the General Medical Council respectfully to solicit your attention to certain points on which it has been found, by experience, that the working of the Medical Act, 1858, has not been satisfactory, and to ask you to introduce a Bill in the present Session for the amendment of that Act.

"In order to place the matter before you in a practical form, the Council has caused the draft of a Bill to amend the Medical Act to be prepared, and such draft is transmitted herewith.

"The only amendment to which I need direct your special attention as involving an important change is that which affects the 40th section of the Act of 1858. It has been found, in practice, almost impossible to establish the false pretence, which is the offence punishable under that section, and accordingly ignorant pretenders, possessing no legal qualification to practise, and, assuming falsely Medical and Surgical titles, with impunity deceive the public, prey upon their credulity, and endanger their lives.

"The most effectual remedy for this state of things would be the absolute prohibition of practice by persons not possessing the qualifications mentioned in the Act of 1858; but as the Council considers that there might be difficulty in inducing Parliament to adopt so stringent a

rule, the Council has framed a clause which it is hoped may meet the evil which the present existing Act has been found inadequate to suppress.

"The other suggested amendments do not require separate remark, but I am to ask that you will be good enough to receive a deputation from the Council, when the reasons on which the proposed amendments rest will be fully stated to you.

"As it is earnestly wished that the proposed Act should pass this Session, I am to urge that you will be pleased to appoint a time for receiving the proposed deputation at your earliest convenience.

"I have the honour to be, Sir,
"Your most obedient servant,
"GEORGE BURROWS, M.D., President.
"The Right Hon. Sir Geo. Grey, Bart., G.C.B., M.P.,
Secretary of State for the Home Department."

On Saturday, April 15, the Council reassembled at the usual time, when the President said he thought the Council would be glad to know what took place with regard to the deputation in the morning. The deputation appointed, accompanied by the Registrar and the Solicitor, waited upon Mr. Waddington, the Under-Secretary of State for the Home Department, and had an interview with him. They had the satisfaction of finding that Mr. Waddington had given his close attention to the report of the Committee on the Amendment of the Medical Act, and was prepared to enter into the subject. They had the opportunity of explaining to him each particular change contemplated, and the result of the interview was most satisfactory. Mr. Waddington assured them that he would take the earliest opportunity of sending to Sir George Grey, who was out of town, a report of the deputation and the letter addressed to him by the President at the instance of the Council. On the whole the deputation were very much satisfied and gratified with their interview with Mr. Waddington.

REPORT OF THE COMMITTEE ON THE PHARMACY BILL.

The following is the Report of the Committee appointed to examine the Pharmacy Bills, together with an abstract of the discussion which ensued; and we have related the particulars at some length, as they are of great interest to the Pro fession, especially to General Practitioners :—

"1. The Committee appointed on April 7, 1865, to report whether the Medical Council is charged under the Medical Act with any duty in relation to Medical and Surgical practice by chemists and druggists, and also to consider and report on the two Bills relating to Pharmacy now before Parliament, report as follows:—

"'2. In 1864 the General Medical Council represented to Her Majesty's Government the necessity of regulating by statute the practice of Pharmacy by chemists and druggists throughout the kingdom. The Committee are of opinion that this necessity continues as cogent as ever, and that the Council ought to encourage and support any approved measure for effecting such legislation.

"'3. Two Bills for the purpose have been introduced into the House of Commons during the present Session—one promoted by the Pharmaceutical Society, the other by chemists and druggists not belonging to that body, The Bill of the latter is confined to England and Wales; that of the former to Great Britain.

"'4. After carefully considering both Bills, the Committee are of opinion that the preferable mode of legislation is that which adopts the Pharmaceutical Society as a basis. They think the Bill promoted by the Society well fitted to attain various important objects, reasonable in its demands for powers and privileges, and liberal—perhaps even too much so—in its provisions for admittting into the Society other chemists and druggists now practising Pharmacy.

"'5. The main objects of the Bill are to form a register of legally-qualified pharmaceutic chemists; to prohibit the use of certain pharmaceutic titles by persons not on the Register; to confine to those registered the privilege of executing the prescriptions of Medical practitioners; but not to restrict the sale of medicines asked for in any other manner.

"'6. The Committee desire to bring before the Council certain defects which it appears to them necessary to correct before the Bill becomes law.

"'7. The Bill should be altered so as to apply to Ireland, as well as to England and Scotland. They are not aware that any state of things exists in Ireland to render the regulation of Pharmacy by the State less necessary there than in Britain.

"'8. The Committee are of opinion that a clause should be inserted in any Pharmacy Bill, rendering it imperative on chemists and druggists to follow, in compounding prescriptions, the formularies of the British Pharmacopœia, unless otherwise directed by the prescriber.

"'9. The Committee consider that the promoters of the Bill, probably from a desire to disarm opposition, propose to admit on too easy terms, into their Society, pharmaceutical chemists and druggists not now belonging to it. The proposal is to admit all who offer themselves for examination, or who produce a certificate from a qualified Medical practitioner that they have been in the practice of dispensing medicines from the prescriptions of Medical men before January 1, 1866. The latter alternative implies a facility of entrance which will be apt to lead to abuse. The Committee recommended that no one should be admitted who was not in business prior to the passing of the Act, nor unless the certificate be signed on personal knowledge by two qualified Medical practitioners.

"'10. The last important defect in the Bill which the Committee have to notice is that no adequate provision has been made towards preventing registered pharmaceutic chemists from converting themselves into unqualified Medical practitioners.

"'11. Looking to the history of Medical practice in this country, the Committee see great danger to the interests of the public and of the Medical Profession from the body which will be constituted by the Bill, should it become an Act in its present shape. The General Medical Council, in carrying out the objects of the Medical Act, have raised, and, it is hoped, may further raise, the qualifications of legally-qualified Medical practitioners. It is well known that many existing chemists and druggists, both members of the Pharmaceutical Society and others, practise Medicine, although not qualified by law nor competent by education. To a limited extent this practice cannot be prevented. But the existence of it gives peculiar facilities and temptations to the pharmaceutic chemist to embark largely in irregular Medical practice as an unqualified practitioner.

"'12. The Committee have considered whether the danger here indicated might not be averted by extending the jurisdiction of the General Medical Council, so as to include control over pharmaceutic chemists as well as over practitioners in Medicine. But they believe such a plan to be, for the present at least, unadvisable and even impracticable.

"'13. By Clause 55 of the Medical Act, chemists and druggists are expressly exempted from the provisions of the Act, so far as the "selling, compounding, and dispensing medicines" is concerned. Nor is there any provision in the Act which gives the Medical Council any greater power to prevent chemists and druggists from practising Medicine than the Act enables the Council to exercise over all other unqualified persons. It is plain, therefore, that the Act does not contemplate the exercise by the Medical Council of any control over chemists and druggists; and the Committee consider that it would be unwise to seek to alter, in this respect, in any way the relations subsisting between the Medical Council and chemists and druggists.

"'14. The Committee have further considered whether the danger they have pointed out might be averted by some simple provision in the Pharmacy Bill. By Section 17 of the Bill of the Pharmaceutical Society, it is declared that—"Nothing in this Act contained shall extend, or be construed to extend, to lessen or prejudice, or in anywise interfere with any of the rights, privileges, and immuniti

heretofore vested in, and enjoyed by, any duly qualified Medical practitioner." This clause sufficiently protects Medical practitioners in such right of practising Pharmacy as they have hitherto enjoyed, but it does not attempt to prevent pharmaceutical chemists from practising Medicine. Considering their peculiar temptations to practise it, however, some check seems desirable. The Committee suggest that this object may be attained, in some measure, were the following clause to be added to Section 17, viz., "or to entitle any person registered under this Act to practise Medicine or Surgery, or any branch of Medicine or Surgery." The members of the pharmaceutic body would thus have constantly before them the sentiments of the Legislature as to the principles on which the Pharmacy Act was founded. The Committee have reason to believe that the Council of the present Pharmaceutical Society have every desire to discourage the practice of Medicine by its members. They, therefore, apprehended that no opposition would be made to the addition of such a clause.

"'15. The Committee recommend that the promoters of both Bills should be conferred with on behalf of the Medical Council, and that the above observations should be laid before the Secretary of State for the Home Department, the Chairman of the Select Committee, and the promoters of the two Bills.

"'Signed on behalf of the Committe,

"'HENRY W. ACLAND, *Chairman*.'"

Dr. Wood said that the College of Surgeons of Edinburgh had the power to practise Anatomy, Surgery, and Pharmacy. He wished to know whether the Pharmacy Bill would override that power?

Dr. Christison said it certainly did not.

Dr. Acland moved that the Report be adopted.

Mr. Rumsey said he thought that the Committee had not been stringent enough as to the proposal in the Bill for admitting into the Pharmaceutical Society chemists and druggists now practising Pharmacy. The effect would be that a large number of ignorant persons would be admitted to the right to practise Pharmacy. He considered such a measure would be a very dangerous one to the lives of the public. He believed that in neither of the Bills relating to chemists and druggists, now before Parliament, there was any provision for admitting Government control over them.

Dr. Acland said that was not the case.

Mr. Rumsey read a series of resolutions which he intended to propose as emendations on the Report of the Committee on the Pharmacy Bills, but it being decided that the most convenient course of proceeding would be to deal with the Report clause by clause, Mr. Rumsey agreed to reserve his resolutions until the Council arrived at those portions of the Report to which the emendations referred. He said he could not help expressing his strong conviction that it would be almost impossible to get Government to pass a stringent measure for the purpose of restraining chemists and druggists from practising Medicine, unless Medical practitioners were discouraged from practising Pharmacy.

Clauses 1, 2, and 3 were agreed to.

Dr. Acland then moved the adoption of the fourth clause.

Mr. Rumsey moved as an amendment that the words after the word "privileges" be omitted.

Dr. Christison said he did not think there could be any material objection to the words.

Mr. Syme said that the words seemed to imply a general approval of the provision in question.

Dr. Corrigan suggested the insertion of the words "with the Pharmacy Act of 1852" after the words "Pharmaceutical Society."

After some discussion, Dr. Acland agreed to embody the suggestions in his motion.

The clause was then passed in the following amended form:—"After carefully considering both Bills, the Committee are of opinion that the preferable mode of legislation is that which adopts the Pharmaceutical Society with the Pharmacy Act of 1852 as a basis. They think the Bill promoted by the Society well fitted to attain various important objects, and reasonable in its demands for powers and privileges."

The adoption of Clause 5 was moved by Dr. Acland, and seconded by Dr. Paget. Dr. Wood objected to the clause. He said that in many parts of Scotland the only dispensers of medicines were the duly-qualified Medical practitioners.

The President said that the clause was merely a statement of the main objects of the Bill.

Dr. Wood said that it was not the fact that one of the main objects of the Bill was to restrain the dispensing of medicines by qualified Medical men.

Dr. Corrigan proposed the insertion of the words "subject to the provision hereinafter named," after the words "Medical practitioners."

Dr. Aquilla Smith seconded the amendment, which was put and carried, and then became a substantive motion.

Dr. Wood moved, that after the words "Medical practitioners," the words "subject to the provision hereinafter contained, which preserves the rights and privileges of incorporations duly entitled to qualify for the practice of Pharmacy, and of duly-qualified Medical practitioners generally."

Dr. Leet seconded the alteration, but the amendment was lost, and the substantive motion was then carried.

Dr. Acland moved the adoption of Clause 6, and it was carried.

Dr. Acland moved the adoption of Clause 7.

Dr. Leet said he was taken by surprise by the statement. He flattered himself that the state of things in Ireland with regard to Pharmacy was perfect. (Laughter.) Every provision contained in the Bill was carried out in Ireland. Those who practised Pharmacy were qualified apothecaries, and, therefore, there could be no injury arising from their practising it. The control of Pharmacy lay with the Apothecaries' Company. They would oppose the provision for the Bill to apply to Ireland. He moved as an amendment, "That the Bill should be so altered that the provision should not apply to Ireland."

Dr. Corrigan opposed the amendment. He said that one of his reasons for doing so was that the Apothecaries' Society of Ireland had abdicated its functions, and in their last prospectus they had stated that their licence was a full qualification to practise Medicine. They required that no one should practise Medicine who had not passed their examination. That examination included subjects which it was unreasonable to expect an acquaintance with on the part of the dispensers of prescriptions."

Dr. Hargrave expressed surprise that Dr. Leet should have moved an amendment. The Act was very much required in Ireland.

The amendment was withdrawn.

Dr. Christison said that in order for a pharmaceutical business to be properly carried on the principal should be in it as much possible. That could not be if he were allowed to practise Medicine.

The motion was carried.

Dr. Acland moved the adoption of Clause 8 of the Report, and it was carried unanimously.

Dr. Acland moved the adoption of Clause 9.

Mr. Rumsey objected to the clause. He said that it would tend to authorise complicity between the inferior class of Medical practitioners and certain chemists and druggists. He moved as an amendment that the following words should be substituted for the last sentence of the clause:—"The Committee are of opinion that more satisfactory evidence of qualification should be required."

Dr. Christison said that the Council ought to express to the promoters of the Bill what sort of evidence would be satisfactory to them.

Mr. Rumsey said that it was the place of the promoters of the Bill to suggest the kind of evidence which should be given.

Mr. Arnott said that, in his opinion, chemists and druggists should be admitted only under a proper examination.

Dr. Corrigan suggested that the clause should end at the words "passing of the Act."

Dr. Storrar said that unless there was something more than the mere title of "pharmaceutical chemist" to distinguish the first members of the Society from other chemists and druggists, there would not be a sufficient induce-

ment to chemists now in business to pay a sum of money to undergo an examination for admission into the Society.

The amendment proposed by Mr. Rumsey was seconded by Mr. Hargrave, and carried.

Dr. Acland moved that Clause 10 of the Report be adopted, and the motion was carried *nem. con.*

Dr. Acland moved the adoption of Clause 11. He called attention to the fact that by the Bill a qualified Medical practitioner could not keep a chemist's shop. He did not see the reason for that restriction.

Dr. Christison moved, "That after the words 'Medical practitioner,' there should be inserted the words, 'but their labours will be in vain should the creation of a new race of unqualified Medical practitioners be inadvertently encouraged by an Act of Parliament.'"

Dr. Wood seconded the amendment, which was passed.

Dr. Acland moved the adoption of Clause 12 of the Report.

Mr. Rumsey moved, as an amendment, "That the last part of paragraph 12, from the words 'Medical Council,' be as follows: 'so as to include some control over chemists and druggists, with proper representation in the Council, securing thereby the consent of the Council to all educational measures suggested for persons who are to be publicly licensed as dispensers of medicine and of the prescriptions of Medical practitioners. But after deliberation they believe their plans to be at present impracticable.'"

Dr. Aquilla Smith asked whether Mr. Rumsey implied that the Pharmaceutical Society should be represented at the Council.

Mr. Rumsey said he did not propose anything of the sort.

Dr. Aquilla Smith said the amendment seemed to contemplate it. As that was the case, he should object to it.

Mr. Rumsey said he must adhere to the proposal he had made.

Mr. Arnott said he thought the amendment would do harm rather than good.

Dr. Acland said that when the Council was constituted seven years ago there seemed to be a disposition on the part of the Government to refer to the Council on all questions connected with Medical subjects. It was remarkable, however, that no question had been referred to them.

The amendment was then put to the meeting, and negatived.

Dr. Corrigan moved a further amendment. He said it was not desirable to tell the Government that any further control which they might feel disposed to commit to them was "unadvisable and impracticable." He, therefore, proposed that the last sentence of the clause should be, "But they are of opinion that such a plan is at present attended with difficulties."

Dr. Christison said that that was a very mild form of expression. They had never asked any good thing of the Legislature which was not attended with difficulties.

Dr. Apjohn seconded the amendment, which was carried, and then became a substantive motion.

Dr. Wood moved, as an amendment, that the whole clause be left out, but the amendment was lost.

The substantive motion was then carried *nem. con.*

Dr. Acland moved that Clause 13 of the Report be adopted.

Mr. Rumsey objected to the last sentence of the clause, on the ground that it referred to "relations subsisting between the Medical Council and chemists and druggists," while, in fact, no such relations existed. He therefore moved that the concluding sentence be as follows, instead of as at present standing, namely:—"And the Committee recommend that the Medical Council and the Pharmaceutical Society, respectively, should use all reasonable means in their power to ensure competent skill in their own departments on the part of all persons included on their registers, and, as far as is consistent with the necessities of the public, to restrict each to that sphere for which they are qualified, and for which they have been licensed."

Dr. Leet seconded the amendment, which was lost.

Dr. Aquilla Smith proposed the insertion of the words "on this occasion" after the word "otherwise" in the last sentence.

Mr. Cooper denied that there were relations subsisting between the Council and chemists and druggists.

Dr. Christison maintained that there were relations existing between them.

After some discussion, the clause was placed in the following altered form:—"By Clause 55 of the Medical Act, chemists and druggists are expressly exempted from the provisions of the Act, so far as 'selling, compounding, and dispensing medicines' is concerned. Nor is there any provision in the Act which gives the Medical Council any greater power to prevent chemists and druggists from practising Medicine than the Act enables the Council to exercise over all other unqualified persons. It is plain, therefore, that the Act did not contemplate the exercise by the Medical Council of any control over chemists and druggists; and the Committee consider that it would be unwise to seek to alter the existing relations between the Medical Council and chemists and druggists."

Dr. Acland proposed that Clase 14 should be adopted.

Mr. Rumsey said he agreed with the whole of the clause.

The clause was unanimously agreed to.

Mr. Rumsey then moved that the following addition be made to the report, after Clause 14:—"The Committee call attention to the fact that the Bill proposes to confer on the whole body of chemists and druggists the right of dispensing and selling medicines without any control on the part of the Government. The Medical Profession has not been so dealt with in the Medical Act. The Medical Council is properly restricted in its action by the Medical Corporations and Universities, and is also controlled by the Privy Council. They submit that the whole profession of Pharmacy ought to be subjected to some control."

Mr. Hargrave seconded the motion.

Dr. Christison asked whether the clause proposed by Mr. Rumsey was to apply to pharmaceutical chemists only, or over the whole body of chemists and druggists?

Mr. Rumsey said he meant it to apply to all. He would insert the words "except such as is exercised by the Pharmacy Act over registered pharmaceutical chemists," after the word "Government," if that would secure Dr. Christison's support.

Dr. Christison said he should be most willing to accede to the clause with that alteration.

The additional clause, as altered, was agreed to unanimously.

The last clause of the Report was then adopted with the omission of the words "and the promoters of the two *Bills*" at the end of the clause.

It was agreed that the Report as amended be entered on the minutes.

REVIEW OF BOOKS.

A Manual of Physiology and of the Principles of Disease. By E. D. Mapother, M.D.; Fellow and Professor of Hygiene, and late Demonstrator of Anatomy, Royal College of Surgeons; Medical Officer of Health, City of Dublin; Surgeon to St. Vincent's Hospital. Second Edition, Illustrated (150 illustrations). Dublin: Fannin and Co. Pp. 567.

We have read Dr. Mapother's work on Physiology with very great interest and profit, and are glad to see that it has reached a second edition so rapidly; not that we are at all surprised at its great success, since it is worthy of still greater, which no doubt it will attain when its value becomes more generally known.

It is decidedly one of the best works of its kind, and as a manual is not surpassed, because it is complete in every way that the author could possibly have rendered it the subjects of which it treats being many and varied, and described with faithfulness. It is serviceable alike to the student and to the practitioner. To the former it is a most convenient work for study; to the latter it is valuable as a book by which he may refresh his memory: to both it is of great advantage as a work of reference. Nor will its usefulness be very much diminished with the lapse of time, as the subjects discussed are brought down to the present period, and have appended to them the names of authors who have written upon them.

There are many beautiful illustrations, so that the matters described can, at a glance, be more fully comprehended and impressed upon the mind.

To Dublin students it is particularly valuable on account of the different authorities being quoted, and because the examiners at the Dublin College of Surgeons are always anxious to test a candidate's knowledge by asking him his authority for his statements, and the names of those who have dwelt upon the matters brought forward for examination.

One feature in Dr. Mapother's book we cannot too much admire, and that is, he does not hesitate to quote British authors, nor even those residing in the city where he is himself practising, and who may, in a measure, be termed rival practitioners. An omission, such as that which the author, with delicacy of feeling and the best judgment, has avoided, is too much the custom in the present age, and should be strongly deprecated as unworthy of respectable writers, as being prompted by envy and jealousy.

The work, as will be seen from its contents, is not intended for the general public, and is written for the use solely of the Profession. It is concise and short in its descriptions, and is particularly terse throughout, being in no part tediously minute in detail, and every sentence is to the point. We advise every practitioner and student to have it in his possession.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. E. Headlam Greenhow concludes his "Clinical Lecture on Addison's Disease" by offering some remarks upon the diagnosis, the pathology, and the treatment of this affection. The diagnosis is sometimes difficult, in consequence of the general symptoms of Addison's disease being sometimes present without discoloration of the skin, and a discoloration of the skin sometimes existing without disease of the supra-renal capsules. Dr. Greenhow points out the peculiar appearances which distinguish the skin affection of Addison's disease from other similar discolorations. With regard to the pathology, it seems to consist in the deposition in the supra-renal capsules of a substance apparently of a tubercular nature, although the microscopical characters of true tubercle are wanting. The cause of the connexion between the supra-renal disease and the discoloration of the skin is by no means ascertained. The treatment of the affection is at present but little known.——Dr. Charles Murchison contributes a paper "On the Cerebro-Spinal Symptoms and Lesions of Typhus Fever, and on the Relation of Typhus to Epidemic Cerebro-Spinal Meningitis." This communication, which is written in reference to the epidemic now said to be prevailing in some parts of the north of Europe, is intended to show that symptoms similar to those of cerebro-spinal meningitis sometimes accompany typhus fever, and that, after death, a quantity of sub-arachnoid serosity is often found. The true characters of meningitis—namely, the presence of pus and exudative corpuscles—are, however, almost always absent. Nevertheless, Dr. Murchison has lately observed, that in cases of typhus, cerebro-spinal meningitis has been superadded in a few instances which have fallen under his observation; hence he is led to ask the question, whether typhus and the present so-called cerebro-spinal meningitis may not be closely allied.

The 'Medical Times and Gazette.'

Dr. Bence Jones continues his "Lectures on Chemical and Mechanical Diseases and their Relationship," the present lecture being "On Diseases of Suboxidation—on Gout." The gouty diathesis consists in an excess of urate of soda in the serum of the blood, and in the fluid that passes from the blood into all the vascular and non-vascular tissues of the body. "An attack of gout," says Dr. Jones, "is a chemical process of oxidation set up in the parts where the urates are most able or liable to accumulate." Gout is caused by the excess of animal and vegetable food, and the deficiency of oxidation; and its cure or prevention must be sought by diminishing the food and promoting oxidation. Oxalate of lime, with excess of urea, in the urine, is the earliest evidence of imperfect oxidation of the food; and when the oxidation is still less, the urine shows an increase in the quantity of urates.——Dr. Charles G. Ritchie continues his paper "On the Mechanism of Parturition in Cases of Presentation of the Cranium," and describes the movements of flexion, descent, and rotation performed by the fœtal head in its passage through the pelvis.——Dr. W. Procter relates the particulars of a "Case of Alleged Poisoning." On a post-mortem examination, traces of morphia were found by analysing the contents of the stomach, but fatty degeneration of the heart was also present, and it was doubtful whether death ensued from the cardiac disease or from the administration of morphia, which, if the cause of death, was sold by a druggist's porter in the absence of his master. The deceased person was in the habit of buying and taking morphia.

The Jardin des Plantes.—The permanent commission of inspection appointed by the Minister of Public Instruction to examine into the state of the various museums of the Jardin des Plantes has just presented its report. From this document it appears that the sum required to defray the expenses of the establishment during the year 1864 was 582,380f.—viz., salaries, 308,380f.; travelling expenses, 25,000f.; stock, 249,000f. Regarding the collections, the commission complains of the great want of space, which has forced the administration to exhibit many specimens in highly inconvenient places. Thus, on the ground floor, large mammalia are placed side by side with the collection of zoophytes; on the first story, the collection of crustacea is situated between that of reptiles and that of monkeys; after which comes the rest of the collection of zoophytes and a portion of that of mollusks; then, while the whole collection of birds is on the upper story, that of their nests is on the first, &c. Numerous portions of collections are stowed away in the laboratories for want of space; the galleries of comparative anatomy are so full that they cannot receive the skeletons of the large mammalia that may happen to die in the menagerie, and the collection of fossil bones, instead of being connected with these galleries, is quite at the other end of the garden in the Museum of Mineralogy. Touching the menagerie, the commission finds that many of the animals kept there are not so well provided for as they ought to be, in so far as regards their stabling or sheds. It considers the maintenance of five elephants in the establishment as a useless expense, which, however, for the present is unavoidable. Two of these creatures were presented to the Emperor some time ago by the King of Siam and two others by the Viceroy of Egypt. The administration is endeavouring to effect an exchange of some of them with some foreign menagerie. The hothouses are also insufficient for the 974 plants possessed by the administration; the nurseries are well provided, comprising 4,393 trees, 2,534 grafts, 712 tubercles, 2,335 perennials. The botanical section, moreover, possesses 61,116 bags of seeds.—'Galignani.'

GUIDE TO THE QUACKS OF LONDON.

By DETECTOR.

(*a*) Messrs. BRIGHT and Co., until lately advertised in the newspapers as Surgeons, of 29 George street, Hanover square, but present residence, if any, not known. (See letter appended.)

Dr. CURTIS, otherwise J. LAMERT 15 Albemarle street, Piccadilly.

Dr. WALTER DE ROOS, M.D., 25 Bedford place, Bloomsbury square.

Dr. HAMMOND, 11 Charlotte street, Bedford square.

Messrs. HARVEY and Co., Weymouth street, Portland place.

(*b*) W. HILL, Esq., M.A., Berkeley House, South crescent, Russell square.

(*c*) H. JAMES, Esq., Percy House, Bedford square.

Dr. KAHN, Kahn's Museum, 3 Tichborne street, Haymarket.

JAMES LOWE, Strand Museum.

Dr MARSTON, 47 Berners street, Oxford street.

(*d*) Messrs. PERRY and Co., Berners street, Oxford street.

Dr. RUSSELL, 28 Clarence road, Kentish town.

Dr. SMITH, *alias* SMITH and Co., 8 Burton crescent, Euston road.

H. SCOTT, formerly HAMILTON, addresses himself "to ladies," Henrietta street, Cavendish square.

Dr. THOMAS, 9 Markham square, King's road, Chelsea.

Dr. THOMSON, 21 Harrington square, Hampstead road.

(*a*) 29 George street, Hanover square, London, W.
April 21, 1865.

SIR,—The above premises being in my exclusive possession and used by me only for the purpose of carrying on my own practice, I beg to state that if at any time *hereafter* you should in any way publish or connect the name of "Messrs. BRIGHT and Co." therewith, I shall place the matter in the hands of my solicitor to take whatever proceedings he may be advised.

I am, Sir,
Yours obediently,
R. J. JORDAN.

To the Editor of the MEDICAL CIRCULAR.

(*b*) This person acts in conjunction with the so-called Dr. Watson.

(*c*) This individual hunts for victims in co-operation with the person styling himself Dr. Hammond. See "Detector's" letters.

(*d*) Bright and Co., Harvey and Co., and Perry and Co. are carried on by one gang. See "Detector's" letters.

THE MEDICAL CIRCULAR.

WEDNESDAY, APRIL 26, 1865.

THE RECENT MEETING OF THE MEDICAL COUNCIL.

Some two years since, before the Press was admitted to the meetings of the Medical Council, we described the composition of that heterogeneous assembly in language the truth of which has been completely verified by all its subsequent proceedings. We then represented the conflicting elements of which the Council consisted, and compared them to the winds as described in the first Æneid of Virgil, chained down in the cave of Æolus, but all blowing in different directions, and yielding a reluctant submission to their monarch, who, seated on an elevated pedestal, controlled their violence within the bounds of safety.

Surely this was no exaggerated comparison, as everyone must admit who has been present at the windy and often boisterous discussions, and has heard the altercations, often of a personal character, which have signalised the meetings during the last two years. Instead of a number of gentlemen coming together to carry out an Act of Parliament in the manner most conducive to the welfare of the many, we have had a packed assembly representing the interests of a few; and to those interests almost all other objects have been sacrificed. The jealousies of the Corporations, also, instead of being decently concealed, have been openly paraded before the eyes of the Medical world, and the sittings of the Council have been too often made the occasions of venting reproaches and bandying invectives between one licensing body and another. One is charged by another with selling its degrees or diplomas at too low a rate, and a retort is made that those who sell at a higher figure are extortionate; one is accused of making its preliminary qualifications too high, and another (and this latter is a numerous class) is taunted with making them far too low. Nearly all are influenced, in their speeches and their votes, by the probable effect which will be produced on the Corporations they happen to represent, and thus they are for the most part delegates of particular interests, rather than councillors for the good of the Profession.

Independently of these manifest defects in the very constitution of the Council, the working machinery is obviously most imperfect. The absence of any leaders of party leaves every member at full and perfect liberty to ventilate what theories he pleases, or to propose any motion which may be dictated by the whim of the moment or the exigency of the body he represents. Thus, at every meeting, there is a crowd of motions met at once by a still greater crowd of amendments, until it is almost impossible to understand what the question in discussion really is; and eventually it may happen that, as in the instance of the inky fluid thrown out by the cuttle-fish, the principal object is obscured by its own fuliginous darkness, and escapes notice altogether. All this confusion, or, at any rate, a great part of it, might be avoided, by a previous consultation as to the form in which each motion should be brought forward, and as to the probable support it may receive; but in the present constitution of the Council, any such course seems to be impracticable, inasmuch as no one pays the least deference to the opinion of anyone else: and besides this, many of the members, being in active Medical practice, have no time to discuss measures beforehand, and perhaps come to the meetings without any clear ideas of the course which even they themselves intend to adopt.

Now that the Council has again closed its meetings for the year, we may cast a retrospective glance at the work that has actually been accomplished; and this really amounts to very little. The amendment of the Medical Act, however, has been agreed upon; the nature of the alterations has been definitely laid down; the Home Secretary has been made acquainted with the views of the Council, and it remains to be seen whether he will bring

the question under the notice of Parliament. We sincerely hope that he will do so, and we would remark further that he is bound to accede to the wishes of the Medical Profession as thus conveyed to him by a Council duly constituted by Act of Parliament. But we very much fear that Sir George Grey will have too much on his hands, during the short period which yet remains of the present Parliament, to take up the question of Medical Reform, in which he takes no great interest, and in which he is supported by no considerable section of the House of Commons. But we express an earnest wish that time may prove our fears to be groundless, and that before the close of the Session the amendments of the Medical Act may receive the sanction of the Legislature.

In reference to the Pharmacopœia, it will be seen that our announcement, made some months since, that the supervision of the new edition had been entrusted to Mr. Warrington and Dr. Redwood, is confirmed; but there is no immediate prospect of the appearance of the volume. It will also be seen that a resolution has been unanimously passed, to represent to the Home Secretary the necessity of causing all apothecaries and dispensers of medicines to follow the formulæ of the British Pharmacopœia, as being the volume now authorised by law as containing a uniform selection of pharmaceutical preparations. The Council could do no less than pass such a resolution, for it is quite absurd to edit such a work, which has for its avowed object the substitution of one Pharmacopœia instead of three, and then to allow *four* Pharmacopœiæ to be used indifferently throughout the United Kingdom.

Among matters of minor importance, we may mention that a motion, brought forward to insert in the Register the title of Bachelor of Surgery, as granted by the University of London, as a title to practise, has been negatived; and some of our contemporaries are very indignant at this result, accusing the majority of being actuated by interested motives in the course they have taken. To ourselves, however, the matter does not appear in the same light, as the objection seems to apply, not to the University of London, but to the multiplication of Medical degrees and titles, which are already numerous enough and do not require any further extension. If the University of London, or any other University, is to be allowed, in addition to the Degrees of Doctor of Medicine, Bachelor of Medicine, and Master of Surgery (which some of them are already entitled to confer), to grant the degree of Bachelor in Surgery as a title to practise, why should not the same or any other University grant degrees of Master in Midwifery, or Bachelor in Midwifery, or Doctor of Dental Surgery, or Bachelor of Dental Surgery, and so on, *ad infinitum*, to the overloading of the Medical vocabulary and the unnecessary subdivision of Medical and Surgical titles?

Another subject of far greater importance, and one to which we find the Council has devoted very considerable attention, is the relation existing between the practitioners of Medicine and the Chemists and Druggists, the latter of whom will certainly steal a march on the Profession if the Pharmacy Bills now before Parliament should become law. The question, however, will be viewed in different lights by the different sections of the Profession. The pure or consulting physician or surgeon either cares very little about the pharmaceutist who makes up his prescriptions, or he may have some indirect interest in promoting the views of the pharmaceutical body; but the chemist and druggist is too often the rival of the general practitioner, and in fact swallows up annually a large amount of money which ought legitimately to come into the pockets of the latter; and the ignorance of the public is so great, that in its eyes the exhibition of red and blue bottles in the window is quite equivalent to a Medical diploma.

As it is essential that all persons who intend their sons or pupils to enter the Medical Profession should know clearly what regulations are made in reference to Medical Education, we think it right to call especial attention to the resolutions which have just been passed on this subject. Every student must pass the Preliminary Examination in Arts before he can be registered as a Medical student, and the registration must henceforth take place at the offices of the Branch Registrars. No licence is hereafter to be obtained at any of the Medical Examining Boards until after the expiration of forty-eight months from the time of registration. Two examinations must be passed—the first at the close of the winter session of the second year of study, and the second examination at the close of forty-eight months after the student's registration. Thus, if it is intended that a candidate shall receive a diploma or licence to practise at the age of twenty-one, it is imperatively necessary that he shall have gone through the Examination in Arts not later than seventeen years of age; and he must then immediately enter upon his professional training and register himself as a Medical student. After October, 1869, the licensing bodies are requested not to examine any candidates whose names are not on the Students' Register or on the General Register, unless there are special grounds of exception, to be submitted and determined upon by the Branch Councils.

THE EPIDEMICS IN THE NORTH OF EUROPE.

As we have remarked on a former occasion, we regard the recent communications and articles in the general Press on the epidemics of Northern Europe as peculiarly useful and well-timed; not because the statements made in those Journals are accurate or generally trustworthy, but because it is only by forcible representations of the danger of epidemic maladies that the public can be aroused to take measures of precaution. The Epidemiological, or the Medico-Chirurgical, or any other Medical society might in vain meet and utter the warning voice to the general public on the subject of preventible disease; the reports of such meetings would probably never be published in the ordinary papers, and the subject would be concealed from public view; but let a leading Journal fill its columns with reports, however exaggerated or however absurd, as to the prevalence of yellow fever, or black death, or blue cholera, or green plague, in some part of

Europe, and let some bishop ask questions of the Foreign Minister in the House of Lords as to the truth of the rumours, and forthwith the subject receives attention. Then Medical men are dispatched to St. Petersburg, and to Dantzig, and to Heaven knows where besides, to examine and report upon the threatened pestilence, and to ascertain how far it is probable that it will reach ourselves, and perhaps attack even the nobility. The old story is promptly related, namely, that the filthy habits, the overcrowded dwellings, the scanty food and the vitiated drink of the lower orders of people, are the main causes of the epidemic and the means by which its ravages are propagated, and we are reminded that the best method of averting the pest from our own shores is the adoption of those sanitary measures which are already well known to the Medical Profession, and ought by this time to be familiar to the public. As we have already given our opinion upon the epidemics of Russia and Prussia, and as that opinion has been confirmed by all subsequent accounts from the Continent, and by the report of the Medical Officer of the Privy Council, we think it unnecessary to copy the voluminous documents which have lately appeared in the newspapers, all of which concur in showing that the Russian epidemic is neither more nor less than a variety of typhus, and that the epidemic said to prevail in Prussia is probably of the same nature, with some especial tendency to attack the brain and spinal cord.

In its Medical relations, however, the whole subject is one of extreme importance, and we shall not fail to resume its consideration.

SUMMARY OF THE WEEK.

ANNIVERSARY DINNER OF THE SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

We desire to call attention to the anniversary dinner which takes place this day in connexion with the above Society, and to express a hope that it will be numerously attended. The Society for the Relief of the Widows and Orphans of Medical Men is one of those most useful but unobtrusive institutions which appeals not only to the sympathies of our common nature, but also more particularly to ourselves and to those who are most nearly and dearly connected with us. For a comparatively very trifling outlay each year, a Medical man may secure for his widow and children a sum far beyond that which he could obtain on similar terms by insuring his life; and, considering the vicissitudes of professional pursuits, and the peculiar danger to which our own Professsion is exposed, it is incumbent on us all to make a provision for our survivors, especially when it can be effected at such a cheap rate as that offered by the Society. When we add that the Society is most economically and most efficiently managed, and that every year a large sum is distributed to recipients who would, in the absence of such a fund, be thrown upon the benevolence of the public, we trust that no further arguments are necessary to enforce the claims of this most excellent and useful Society to even greater and more extensive professional support than it at present receives.

THE PROFESSION AND THE CHEMISTS AND DRUGGISTS.

We must again raise a voice of warning to the Profession in reference to the proposed legislation for Chemists and Druggists, and would earnestly advise our brethren, and especially those who belong to the great class of general practitioners, not to be remiss in their exertions to prevent either of the Pharmacy Bills in their present shape from becoming law. We are the more earnest in our efforts, because we know that the general practitioners will, in this instance, receive no sympathy or support from the English College of Physicians, or the College of Surgeons, or the University of London, and very little from the Medical Council. What is worse, they will get none from our contemporary the 'Lancet,' which, for some unaccountable reason, appears willing to sacrifice the interests of thousands of the hard-working members of the Medical Profession to the aspirations of the Pharmaceutical Society and the United Society of Chemists and Druggists. In making the above remarks, we by no means intend to urge that some education and qualification are not necessary for practitioners in Pharmacy; and if it should be distinctly expressed in the Pharmacy Bill that no pharmaceutist is to be permitted to practise Medicine or Surgery, our objections to the proposed legislation will fall to the ground. But we earnestly entreat the members of the Medical Profession to insist upon the introduction of such a clause, without which the Chemists and Druggists will actually become our rivals under the sanction of the law, and will, as has been shown in the Medical Council, obtain more privileges and rights than have been accorded to practitioners of Medicine under the Medical Act of 1858.

FIRST FRUITS.

We have received the following letter from R. J. Jordan, from which we infer that the Messrs. Bright and Co., so long advertised in the newspapers as Surgeons, of 29, George street, Hanover square, have no longer "a habitation and a name" in that locality. Good! We trust that the demise, if so it be, of this firm is the herald and sure indication of the doom and approaching end of the vile system it has been our and "Detector's" aim to expose and annihilate.

Should Messrs. Bright and Co. crop up again elsewhere, we will not fail to announce their whereabouts.

29, George street, Hanover square, London, W
April 21, 1865.

SIR,—The above premises being in my exclusive possession and used by me only for the purpose of carrying on my own practice, I beg to state that if at any time *hereafter* you should in any way publish or connect the name of "Messrs. Bright and Co." therewith, I shall place the matter in the hands of my solicitor to take whatever proceedings he may be advised.

I am, Sir,
Yours obediently,
R. J. JORDAN.

The Editor of the MEDICAL CIRCULAR.

MEDICAL GOSSIP. By VIGILANS.

No. XVII.

THE MEDICAL CIRCULAR'S CRUSADE AGAINST THE QUACKS —EULOGIUM OF THE 'SATURDAY REVIEW,' 'PUNCH,' AND 'WEEKLY DISPATCH' — THE MEDICAL COLLEGE ELECTIONS—A FEW WORDS ON THE SUPPOSED COMING EPIDEMIC.—THE POOR CARPENTER'S WIFE.

The bold and fearless treatment of the quacks by the MEDICAL CIRCULAR puts in the shade anything ever done by the 'Lancet' or any other Journal acting for the public good. Society owes the CIRCULAR a debt of gratitude for so courageously exposing the character of charlatans, who are rendered infamous by their obscene announcements, their unblushing effrontery, their filthy references to loathsome maladies. Surely the day of retribution has come at last. Persevere, Mr. Editor; ferret them out. "Detector;" continue to publish their names and addresses to the whole world, and the crusade must be triumphant. A thousand thanks to the 'Saturday Review,' to 'Punch,' to the 'Weekly Dispatch,' and many other leading Journals for the help they have afforded you. The whole British nation is with you, and will applaud your every act and word in the suppression of this most crying evil, this devilish abomination. The system already totters, the actors are beginning to turn their attention to other subjects and other avocations; may they be of a more reputable and honest character! As men with a spark of humanity about them, knowing, as they must do, that their success i

in a ratio to the amount of misery and wretchedness they engender in the minds of their victims, they cannot, it is impossible they can be, happy; let me, then, entreat them to pursue a more honourable course for the future. Success, measured by a money return, may not attend them at first, but in the long run it will come to them as to others. I have it on good authority, that when the system of the "Bennett Gang" exploded, the chief actor was heard to declare that it was the happiest day of his life. This man, intoxicated with what he called success, was seen to exhibit, from day to day, at a certain billiard-table at Richmond, his roll of notes, his ill-gotten gains. Not till he became comparatively poor, and found himself pursuing a more creditable calling, did he know what happiness was; and he declared that not for millions would he return to his discreditable practices.

I have a word or two to say respecting the Medical College at Epsom. If I had had an idea that my feelings would have been harrowed by recitals of distress and misery caused by the early and unforeseen death of a father, unable to provide for his poor wife and children, such as I get every now and then from the widowed mother or from kind and benevolent persons, in solicitation of my votes on behalf of a poor orphan child, I do not think I should have become a Governor. Twenty of such letters, at least, have reached me since the last election in May, and as many times my heart has ached and throbbed in perusing their contents. But all this is personal and selfish, and not the point to which I would draw attention. I wish to see the mode of election altered. Everyone of the candidates is eligible and deserving of success. I might almost say equally so; but the scramble for the vacancies entails an expense on the poor relatives or humane and considerate friends which surely might be avoided. Sometimes the circular-letter comes from the poor widow, to whom we may suppose every penny is an object; she cannot write or lithograph and post that circular to every governor without an outlay of many pounds: sometimes it comes from a generous friend, who devotes all her time, energies, *and income*, in the endeavour to secure, if possible, the election of the object of her solicitude. Here is an example of the latter just received. All names and places are suppressed, for, as I have had other applications equally urgent and equally deserving of support, it would not be fair to them to give undue prominence to this one:—

"April 7, 1865.

"Sir,—Finding you have votes for the Royal Medical Benevolent College, I take the liberty of most earnestly soliciting them on behalf of ———

"The case is one deserving sympathy. Last winter, when the children were attacked with scarlet fever, the mother allowed some chloride of lime to get to an open wound in the right hand: a bad abscess ensued, leaving it powerless.

"Since then, in going to ———, to make a personal application on the subscribers there, she had her pocket picked of all its contents. In it was the monthly allowance given her from 'the fund' referred to on the card. The late Mr. ——— was so esteemed for his generosity and self-abnegation, that, ever since his death, his family has been entirely supported by those that knew him.

"*I am devoting all my time, energies, and income in the endeavour to secure, if possible, the election of this child in May.* If I succeed, the whole family will be benefited; the pittance now awarded will then be diminished in order to eke out 'the fund' until something can be done for the younger children. There is not a relation on either side who can do anything for them. I am hopeful of success; but knowing how important is every vote to ensure it, I lose no opportunity of canvassing. From the reply received to the application to the Queen for her votes, I quite hope we shall have some support from Her Majesty.

"*Any aid* that you will have the goodness to bestow, I shall be most thankful to receive.

"You will pardon, I trust, the liberty I am taking in thus appealing to you, and accept as my apology the extreme urgency of the case.

"I have the honour to be, Sir,

"Yours most respectfully,

"———— ————."

What I fear is, that, by the present mode of canvassing, those who are best off and spend most money manage to get the greatest number of votes—ergo, the most urgent cases are apt to be unsuccessful. The members of the Committee are most likely, or ought to be, best acquainted with the merits of each case, and therefore I would suggest to my fellow-governors, who have not such means of investigation as they have, to entrust one of these gentlemen with their votes to distribute them where they thought best, or, if preferred, decline to use the votes at all—then, at least, nobody is damaged. Or, why not employ a referee whose duty should be to make a series of inquiries *on the spot*, and render a report of each case to the committee? And let the relatives and friends be prohibited from canvassing altogether. These suggestions may be worthless; but I am quite sure a better mode of election than at present obtains could be devised.

Dr. Whitley, as the official of the Government, has sent us some reliable information from St. Petersburg, and it is satisfactory to find the supposed epidemic is no epidemic at all. Typhus is simply more prevalent than usual, aggravated only by local and no doubt temporary causes, the conditions leading to the aggravation being "privation, overcrowding, and filth among large masses of the lowest population." Now, what a pity that the eminent specialist, Dr. Charles Murchison, M.D., F.R.C.P., Physician to the London Fever Hospital, 79 Wimpole street, W. (See 'Times,' April 8th), did not anticipate Dr. Whitley, and give us the foregoing information of his own personal knowledge. But I suppose it may be said of him as of many others amongst us (to parody the old mariner's song):—

"Ye medicos of England, who live at home at ease,
Ah! little do ye think upon but pocketing the fees."

Of this expected epidemic at St. Petersburg, I see no reason to vary from my opinion expressed in my letter No. 15; but of the epidemic prevailing in the north of Germany, on the frontiers of Prussia and in the Lower Vistula, we have something yet to learn. Taking my stroll in Regent street, as is my custom in an afternoon, I caught sight of an old friend just arrived from St. Petersburg, whom I immediately buttoned. "What news from the Northern capital?—how about the epidemic?" said I. "Whilst there," he replied, "I never heard a word of it, although I moved extensively in society—theatres, balls, and *soirées* every night; but hearing of it since I returned, I am reminded of an amusing farce at the theatre there, in which a young man is supposed to be travelling from the north of Germany with three physicians, discussing with them, *en route*, the nature of the epidemic which they had been to investigate, ridiculing the idea of it to them, and professing to have no fear whatever of an attack from it. On his reaching St. Petersburg, he called upon a photographic friend, who, by accident, spilled upon his hand a few drops of solution of nitrate of silver. The next morning he awakes and observes a black patch upon the back of his hand. He at once concludes he has brought with him the epidemic fever from the North—the yasma, the gasma, or yagsna, or some such term by which it is known. The fun of the piece consists in his sending for the physicians of his neighbourhood, who turn out to be his fellow-travellers, and they, by way of paying him off for his incredulity, keep up for a time the terror which pervades his mind. When the audience have had their money's worth of fun, the joke explodes." My friend ridiculed the idea of the rye bread having anything to do with the fever. The working population infinitely prefer the black bread, and look upon the white bread in the same light as we do cakes and biscuits. It is astonishing what an amount of stuff and nonsense we are invited to read about these supposed epidemics. The

theories and speculations concerning them reach in absurdity the wood-pavement notion of our friend Dr. C——, in relation to change of type in disease, adverted to in a previous letter. Thus, a learned German believes them to be connected with great elemental changes, such as earthquakes and increased intensity of volcanic action recurring in cycles of uncertain period. Now, why should we care to travel so far for the cause when we know that a little soap and water, white-washing, and the adoption of the ordinary means of ensuring cleanliness, and the breathing of a wholesome atmosphere, with wholesome diet to sustain the inner man, will also keep from our doors the much-dreaded visitation? I do abominate these far-fetched theories about pestilences, changes of type in disease, &c. As sure as possible, we shall have some learned doctor proclaiming another change of type through the opening of the new sewer and the purification of the Press—the Thames I mean. By the bye, purification seems to be the order of the day: we are purifying our streets of prostitutes, our courts and alleys of filth and putridity, our Thames of sewage, our Press of obscene advertisements, and our Profession of irregularities and breaches of decorum. The last named is the object of these letters. The quacks will die out with their advertisements, and an appropriate receptacle for their carcases would be the new sewer.

Since my last, Dr. Murchison has got into his right place, the 'Lancet,' instead of the 'Times.' To that Journal he has sent a paper "On the Cerebro-spinal Symptoms and Lesions of Typhus Fever, and on the Relation of Typhus to Epidemic Cerebro-spinal Meningitis." Though very well worth reading, there is not much to be learned from it. The concluding remark is the most to the point, in which he advises, that "before attempting to establish a new specific disease, it is necessary to keep in view the many modifications which those already known to us may undergo; and more particularly to study their etiological relations, and the circumstances under which they arise and are propagated." In other words, Murchison, "there is nothing new under the sun," is there? and the anticipated pestilence is but an old *enemy* with a new face. Somebody, somewhere, has called it a "friend!" And, in one sense, it may be considered a friend, for afar off it cries to us with a warning voice, "Cleanse your Augean stable, or I'll be among you before you can say Charles Murchison." The cry is heard, our sanitary officers are at work as far as the guardians will permit them, and when the mysterious messenger of Death arives and finds our houses in order, does he dwell among us? No; here his beneficial mission is fulfilled, and he passes on to other countries unprepared for his visitation, and Death follows in his footsteps.

The painful incident of the week is the case of the poor carpenter's wife. I wish I could defend the conduct of Mr. Alfred Butler, but I cannot; and I suppose, by their silence, the Journals feel the same. One remark, however, on behalf of the hard-worked practitioners of this country I will venture to make, and it is this:—The carpenter ought to have been prepared with the fee long before the time when it was due! In many parts of the kingdom the wife herself takes care to be provided months before the fee is required. The first case of midwifery to which I was called in private practice ended in rupture of the uterus, though not from interference. The woman was known always to have bad labours, and four Medical men on this occasion had been called upon in the night, but refused to attend. Anxious for practice, I obeyed the summons. The woman of course died, but it did me no harm; on the contrary, I obtained great credit for my humanity.

Since my last, the Medical Council have separated, each pocketing 170 guineas—not the least agreeable incident of the meeting. During the seventeen days, there was plenty of talking, but little done. When it is so clear that the interests of each are opposed to the interests of the others, it is equally clear such men are not the proper representatives for the Government and for the Profession. They resemble the council at the beleaguered town, each one insisting "there is nothing like leather." The fact is, no man connected with or interested in a Medical school, licensing board, or university, should be elected to the Council; indeed, I believe that if the Council were composed of men drawn from other sources than the Profession, better things would be done. However, we shall soon see what good will come of the recent meetings. Sir George Grey has been primed and loaded for a shot at the quacks and pretenders; but will this great gun go off this session? I think not; so these *mauvaises sujets* will have more to fear from you, from "Detector," and from the Anti-Quackery Association, than they have from the Medical Council and the Government.

GENERAL CORRESPONDENCE.

HOSPITAL ABUSES.

To the Editor of the Medical Circular.

In the communication which you did me the honour to insert in the MEDICAL CIRCULAR last week, I endeavoured to point out how little we were prepared in this metropolis to meet any unusual quantity of contagious fever, or even adequately to treat the ordinary cases that must occur at almost any season. This state of affairs arises in a great degree from the absence of any supervision on the part of Government at the various hospitals, and still more so from the pernicious doctrine of non-contagion having so long held the ascendant, so that those precautions which the experience of ages has taught us to observe have been disregarded, and are contemptuously set aside by those to whom authority in these matters has been entrusted. The first and foremost principle amongst all treatment and precaution, the separation of the sick from the healthy, for the benefit of both, was completely ignored in the Report of the Sanitary Commission appointed in 1848, in which the trusty and well-beloved Edwin Chadwick was the prime mover and authority. An eminent political writer has observed that we may be divided into the wrongheads and the rightheads: what he terms the wrongheads are those who have opposed and always do oppose every beneficial reform and the rightheads those who promote wise and temperate alterations suitable to the changes of the times: but it so happens that while one side makes a point to resist every innovation, the other, by force of antagonism, sweeps off all; and I cannot help thinking that political struggles have had much to do with non-contagious doctrines. Although I set the first value on the separation of the sick from the healthy by proper organized hospitals, I do not the less advocate the improvement in the dwellings of the poor; and it is astonishing, after all the fuss and parade at what has been effected in sanitary measures, how little the dwellings of the poorer classes have improved—in fact, as far as crowding is concerned, in many parts it is worse than ever, arising from the demolition of so many tenements by railways and other improvements; and it is hardly fair to lay so much blame on the landlords for so-called fever-dens, as has been done by Dr. Jeaffreson and by yourself in your remarks on the Russian pestilence. The owners of many of the dwellings of our poor must be either very much above the common level of humanity or very much below it. It must be either by dire necessity to get an unusually large return for capital or the most philanthropic motives that can induce anyone to become the owner of such property. Why cast all the blame on these landlords? Is it not a notorious fact that peers, members of the House of Commons, and other great landholders systematically drive away the poor from their estates, and thus crowd them into unhealthy villages and small towns? What enormous bribery in the shape of compensation for almost valueless land has been exacted by members of our Legislature from railway companies; and in what solitary instance have the poor been thought of? It is not the way to rectify this state of affairs to abuse the owners of this class of property; they

only do, in a lesser degree, what their superiors are hourly doing—

"Compound for sins we are inclined to,
By damning those we have no mind to."

The improvement in the dwellings of the working and poorer classes is a public concern, and can only be met by a combination of philanthropists who would erect commodious blocks of building. Such has been already done by Miss Coutts, by Mr. Peabody's gift, and in other ways. It is a concern of much greater importance than the building of churches—for which the Bishop of London lays claim to a million of money to effect. If this description of buildings for the poor were extensively carried out, London would have less area and yet have many more open spaces. Those who are connected with the Society for the Relief of Distress in London cannot but observe, that while they are doling out to poor distressed creatures, in small and unhealthy rooms, a small quantity of fuel or food, they find that much more is spent about Scripture-readers, or others of a sour religious stamp, than to relieve the dire distress of the poor or to forward really useful work. Cant in one form or other is a great obstacle of improvement. To effect the necessary alterations in the dwellings of the poor would take a very long time. It is scarcely within the bounds of probability that these improvements should be more than partially effected; but if the present incomes of the various hospitals were properly applied, and the hospitals themselves placed under proper supervision, there need be no want of accommodation for the sick of fever or other cases; but so long as subscribers to useless hospitals are gulled by the advertisements of their promoters (more puffing than those of the Wizard of the North), and are induced to contribute to worthless or mischievous institutions, to the neglect of others really necessary, it is not surprising that in an emergency we may be found wanting.

There are two hospitals on which much has been bestowed—the Cancer Hospital and the Hospital for Consumption—neither of which has been of the least benefit. The former has been puffed in a disgraceful manner with the names of its Medical officers. There is no fact to which there are fewer exceptions (I doubt if there be one exception) than that *all operations* for the removal or extirpation of cancer are hurtful, and assuredly shorten the patient's life; and yet this hospital has been founded by interested people to advertise themselves and induce patients to submit to operations or other treatment, and thus to contribute large fees and consign themselves to much pain and an earlier death.

A clergyman, in advocating the claims of the Hospital for Consumption, declared that many cases of consumption were cured, and all relieved. This is totally and utterly untrue; not one case has been cured, nor has any one remedy, or any effective method of treatment of that or any other chest affection, been discovered through its agency; and besides the waste of benevolence, it appears cruel to bring from various parts of the country to one town so many suffering from an incurable disease.

While the fear of a new pestilence being imported into England from Russia exists, it is probable that some attention will be paid by those in authority to the now admitted defects of our hospital accommodation, for the purpose of amendment, considered and acted on by *our authorities;* and notwithstanding your excellent remarks on the Russian epidemic, it is *not yet proved not to be plague.* It must be a pestilence of a very severe character that, in its early appearance, destroys as many as one-fourth of the cases. I never saw or read of any outbreak of typhus in which the deaths were more than one-eighth, and that very rare; but it is not uncommon for mistakes to be made both in plague and typhus. It is not unusual for even Medical men in large business to fail to discover typhus, if they have been some years without seeing cases; and how much more likely in the plague, which varies as much in its character as typhus? It is a well-known fact that the local symptoms, such as carbuncles and buboes, are often absent, and the malignant fever alone present. And Dr. Patrick Russell thus observes:—"And fatal has been the error of rashly, from their absence, pronouncing a distemper not to be the plague, which in the sequel has depopulated regions, and which early precautions might probably have prevented from spreading."

As to the "meningitis spinalis," it is a specimen of the jargon that some Medical men delight in. The convulsions that precede the development of small-pox and many other severe fevers, and which appear to accompany this pestilence, are the real symptoms thus designated.

I am, &c., Un Medecin malgre lui.

[Although the disavowal is almost unnecessary, we beg to state that we do not in any way hold ourselves responsible for the opinions expressed by our correspondent.—Ed. Med. Circular.]

AMENDMENT OF THE MEDICAL ACT.

To the Editor of the Medical Circular.

Sir,—Reading the reports of the proceedings of the Medical Council in your Journal, it appears to me that they are losing sight of the main principles in their proposed amendment of the 40th clause. Will you kindly spare a corner in your valuable periodical for the only mode, to my mind, of preventing miscarriage of justice under a revised clause, viz.:—

"That any person practising Medicine, Surgery, Midwifery, or anything connected therewith, UNREGISTERED, shall be subject to a penalty of ."

I have written the Council thereon, but think it requires hebdomadal refreshers and urgency to remind the members of the Board of the serious injury inflicted on the main body of this Profession by that large class of empirics called "Herbalists," who infest this country in myriads, assuming *no title,* and who therefore would evade all the proposed legislation which has hitherto appeared. Although the entire thanks of the Profession are due to "Detector" for his bold exposure of the *soi-disant* doctors or charlatans, I hope you will deem it fit to advocate with equal vigour my views, until an enactment has passed to protect our pockets from wholesale robbery and a devastating invasion on the public health.

I am, &c.,
Broadway, Barking, E. J. L. Emerson.
April 20th, 1865.

PROPOSED GUARANTEE AGAINST THE POSSIBLE CONSEQUENCES OF SIGNING LUNACY CERTIFICATES.

To the Editor of the Medical Circular.

Sir,—May I request the favour of your inserting the enclosed form of guarantee against the possible consequences of signing a lunacy certificate.

It should be signed by as many of the family as possible, witnessed by two witnesses, and sent within a fortnight to Somerset House, to be stamped. The stamp is sixpence.

Many of your readers may like to make a copy of it for future use, as a prudent precaution. It was drawn up by an experienced barrister.

I am, &c.,
Joseph Bullar, M.D.,
Physician to the Royal South Hants Infirmary.
Southampton, April 18, 1865.

"To Dr. and Dr.

"Gentlemen,—We the undersigned having requested you to sign a certificate for the admission into a lunatic asylum of Mr. of whom we believe to be a person of unsound mind who ought to be confined in an asylum for lunatics do hereby in consideration of your so signing the same and permitting the same to be used at our request agree and undertake as follows

"First to guarantee and save harmless you and each of you against all costs damages and expenses of you or either of you and all claims and demands against you or either of you by reason of or touching your signing the same certificate or permitting the same to be used and

"Secondly that you and each of you shall be completely indemnified by us against all the consequences of you and each of you so signing the same and permitting the same to be used

"Thirdly we undertake to defend at our own cost any action suit or other proceeding against you or either of you touching or relating to that certificate or to the use thereof or to the confinement and treatment of the said lunatic by reason thereof As witness our hands this day of 186 "

PARISIAN MEDICAL NEWS.

TREATMENT OF SYPHILIS.

In order fully to understand the pathology of any disease, it is not enough to see a large number of cases, but its symptoms must be interpreted with sagacity, and the patients continue to be watched long after a cure has been effected. Professor Piorry has followed this rule with regard to syphilis; and several patients infected with the taint having recently been admitted into his wards, he took advantage of this opportunity to lay before his class the results of his experience and meditations on the subject.

The Professor ushered in his observations on the treatment by a few remarks on the prognosis of the disease.

The prognosis is much facilitated by the discrimination which the practitioner should always endeavour clearly to establish between genuine syphilitic manifestations, and a host of other organic changes in the system which are merely coincident. If tubercles, cancer, uterine disease, are set aside, and the many anatomical alterations which impart to several of the preparations in Dupuytren's Museum their most repulsive features, syphilis may be said not to constitute a disease of any serious gravity.

Discharges, for instance (the lecturer adverted only to syphilitic discharges), may be easily cured, and by appropriate measures of treatment the subsequent formation of strictures, their most formidable complication, may be averted. The late Professor Roux was of opinion that it was safer to allow gonorrhœa to exhaust itself without interference—a doctrine which M. Piorry denounced as absurd, because the very duration of the complaint induces in the tissues the organic changes to which stricture must be ascribed. The constriction may, on the contrary, be prevented by checking gonorrhœa in the early stages of its development. If no pain be detected in any one particular part along the course of the urethra, the disease is unimportant, but the presence of pain in a circumscribed spot indicates that the affection is of a syphilitic nature. Persistency of the discharge also leads to the formation of orchitis, a complication which, although not dangerous, leaves indurations of a lasting character.

"Chancre," said M. Piorry, "when not indurated, is a matter of small importance; the question, however, is not yet entirely settled, and it is prudent to closely watch its course. The gravity of the indurated chancre is an undoubted fact, and this ulcer should be treated with the utmost energy.

"Bubo should, if possible, be checked in its progress, in order to obviate suppuration; this kind of chronic abscess is liable to induce general infection, if it is consequent on indurated chancre.

"Mucous papulæ are readily amenable to treatment. Condylomata are subject to relapse, but with perseverance a complete cure can, in most cases, be effected. The general infection of the system, when uncomplicated, can also be removed by the exhibition of appropriate remedies, and syphilitic eruptions more especially promptly disappear under the influence of mercury."

After these introductory remarks, M. Piorry adverted to the treatment of each separate class of symptoms.

As we have intimated above, M. Piorry does not approve of non-interference in urethral discharges: the disease may be simple or contagious, but in either case the Professor recommends the following measures:—

Uncomplicated Gonorrhœa in the Male Subject.—Injections, four or five times a day, with a table-spoonful or two of a solution of fifteen grains of sulphate of zinc in two or four ounces of water. For four days, two drachms of cubebs every three hours, mixed in one ounce of water flavoured with the syrup of orange-flowers. The patient should wear uninterruptedly a well-made suspensory bandage.

In the female, M. Piorry remarks that the discharge is usually connected with excoriations or granulations of the cervix; hence the necessity of inspecting the os uteri and touching the ulcers with lunar caustic if required. If the speculum be applicable, the following course of treatment, innocuous in serious cases, will generally be found efficacious in the milder forms of the disease. Lotions of cold water should be repeated several times a day, and also copious injections of the same fluid gently thrown in: immediately after, a few table-spoonfuls of the solution of sulphate of zinc should be injected three or four times daily. This fluid must be retained as long as possible in the vagina, and the patient must therefore lie in such a position that the vulva be higher than the cervix uteri. These measures in general effect a rapid cure.

Contagious discharges in the male subject must be checked as promptly as possible. Even while the inflammation is at its height, and when chordee is present, and the passage of urine extremely painful, the Professor unhesitatingly prescribes from one to two ounces of cubebs to be taken in the course of the day, immediately after the excretion of urine. The effect of the drug is to allay the pain and inflammation. When the acute symptoms have in some degree subsided, M. Piorry advises the use of the following injection:—

℞ Zinci sulphatis, gr. iv.;
Aquæ, ℥v.

This treatment is far more successful than baths and anodynes, which are powerless to check, if they do not increase, the patient's sufferings.

In mild cases the injection may be resorted to at once, simultaneously with the cubeb-pepper.

Persons frequently apply for advice for a trifling discharge or oozing which may have lasted a few days; they are most anxious for relief; and if, by chance, the surgeon is not strictly conscientious, he may visit the case as often as he pleases and reap a golden harvest: but an honest practitioner will at once prescribe an ounce or two of cubebs, and ten injections daily, and a cure generally follows in one or, at the farthest, two days.

The patient must, however, be cautioned that after an interval of four of five days, a relapse of a mild character may be anticipated. The same remedies again remove the symptoms, which seldom reappear. A complete cure of gonorrhœa may thus be effected in a week or ten days. Of course, a suspensory bandage must incessantly be worn throughout the treatment.

In *contagious vaginal discharge*, M. Piorry also exclusively relies on injections with sulphate of zinc, proportioning the strength of the solution and the frequency of its use to the severity of the disease.

We have stated the Professor's motives for the adoption of the same treatment for soft and indurated chancre; in both he applies the lunar caustic, not once, but several times daily. A young married man recently consulted him for a chancre situated on the glans. The patient was naturally anxious for a prompt cure. M. Piorry cauterised the ulcer three times daily, and dressed the wound in accordance with Boyer's precepts, with mercurial ointment, and in the course of six days the chancre was entirely destroyed. The Professor stated that he might adduce a host of similar cases. "Indurated chancre," says he, "should be cauterised four, five, or six times daily, mercurial ointment be liberally applied without any fear of stomatitis, and baths and lotions frequently resorted to.

"If phymosis be present, the foreskin must be divided and the wound cauterised at once; and paraphymosis should be reduced by pushing back the glans with one hand, while the prepuce is drawn forward with the other."

In his remarks on bubo, M. Piorry blamed the practice of applying tincture of iodine or solvents to the surface of the tumour. In order to effect the desired purpose, the remedial agent must follow the road previously taken by the virus; and if the chancre be situated on the glans, the mercurial ointment should be applied over that organ. In many cases this treatment will succeed in causing the retrocession of the glandular inflammation. When suppuration has formed, an issue must, of course, be given to the morbid secretion; but any operation in the inguinal region should be performed with the greatest caution, and the surgeon should have recourse to the most approved procedures to avoid the formation of extensive scars. M. Piorry, in illustration of this remark, pointed to the case of a man, at present lying in the wards, under treatment for chancre and abscess in the groin. This man, before his admission into hospital, was treated at his home, and an incision of nearly two inches in length was made in the inguinal region. Such an incision in the case of a single woman would assuredly reveal, if she became married, the nature of the affection she had laboured under, and the future happiness of her entire life might thus be jeopardised. These tumours should always be opened in the following manner, which M. Piorry has invariably adopted with success.

With the point of a very narrow-bladed bistoury he opens the abscess, and inserts into the wound a canula, through which the contents escape, and which also serves for the purpose of injecting large quantities of water; this plan is persevered in until the water thrown in returns colourless, when a mixture of one part of tincture of iodine with two of distilled water is introduced into the cavity. The fluid should be retained for a few minutes within the abscess, and the wound afterwards closed with court plaster and diachylon. The formation of a large and deformed cicatrix is thus entirely prevented.

Vegetations must be removed by scissors, and by degrees only, in order to avoid hæmorrhage.

Syphilitic eruptions, characteristic of general infection of the system, promptly yield to the exhibition of the liquor hydrarg. bichloridi, or to the proto-iodide of mercury and iodide of potassium administered at different hours of the day. M. Piorry prescribes from one-third to two-thirds of a grain of the mercurial salt, and from thirty to forty-five grains of the iodide of potassium. He never exceeds these doses, but perseveres for two months at least in their exhibition. If these measures fail, he has recourse to the most efficient of all modes of treatment, mercurial frictions, watching carefully the condition of the mouth, and checking with chlorate of potash or nitrate of silver any tendency to stomatitis.

We need not dwell at greater length on the treatment recommended by the Professor for the cure of syphilis, because it differs in no respect from that universally adopted. We may, however, add that he urges the surgeon to use every endeavour to discover and remove, at as early a period as may be practicable, all coincident complications. If any doubt should arise as to the nature of the symptoms, the specific medication affords a reliable test, which the practitioner is perfectly justified in applying, more especially as, in prudent hands, it is entirely innocuous.

Vaccination.—During 1864 13,902 applications for vaccine lymph were made to the Medical department of the Council Office. Of these, 11,182 were from Medical practitioners, including 1,383 Poor-law Medical officers in England and Wales, 1,657 from Ireland, 516 from Scotland, 229 from the army, 110 from the navy and emigration department, 147 from the colonies, and 61 from diplomatic and other foreign services. There were issued by the department 144,290 charged ivory points, 4,319 charged squares of glass, and 4,075 charged capillary tubes. The quality of the lymph supplied is reported to have been found quite satisfactory everywhere.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Court of Examiners on April 13, and when eligible will be admitted to the Pass Examination:—George Lucas, W. W. Inglis, F. Rainbow, F. W. Smith, and A. C. Maybury, students of St. Thomas's; James Rawlings, W. P. Boyle, J. W. Morris, J. P. Cheetham, and S. K. Watson, of Guy's; Joseph Oakman, Walter Moore, W. C. Watson, and R. C. Brookes, of the Westminster; J. W. Melson, George Chapman, Frederick Hopkins, and M. H. Wright, of Birmingham; Edward Nettleship, R. H. Robinson, and E. H. Seccombe, of King's College; W. J. Tattersall, H. C. Upton, and E. C. Maxwell, of St. Bartholomew's; J. W. Pinder and Charles Wills, of the Middlesex; George Hails and S. K. Powell, of Newcastle; and Timothy Lewis, of University College.—Out of the 107 candidates who offered themselves only twelve were rejected.

The following gentlemen passed on the 18th inst., viz.:—George Roots, C. J. W. Meadows, G. S. Elliston, J. R. Stocker, H. K. King, Charles Sangster, J. W. Cooke, and Henry Moon, students of Guy's; W. H. Ellis, E. J. Leverton, Isaac Coulbank, M. L. Heelas, and C. D. Batt, of St. Bartholomew's; William Bonney, J. C. Bailey, J. H. Casson, and Hugh Fergusson, of the Middlesex; George Mannings, Walter Smith, and A. A. Napper, of King's College; John Sykes, T. E. Scatchard, and Edmund Robinson, of Leeds; R. E. Ash and C. E. Howard, of St. Mary's; T. R. Loy and Edgcumbe Cornish, of University College; Arthur Hill, Westminster; J. W. Booth, St. Thomas's; and M. S. McDonnell, of Hull.

The following gentlemen passed on the 19th inst., viz.:—Arthur Humphry, P. D. Hopgood, John Tremearne, R. H. Coombs, Frank Ewbank, and J. M. Dixon, students of St. Bartholomew's; S. J. Truman, W. G. Palmer, T. A. Buck, F. A. Thomas, and Douglas Wills, of Guy's; G. H. R. Dabbs, Denis Daly, R. L. Wilcox, W. H. Mills, and G. H. Snape, of King's College; S. S. White, J. A. Hayden, and George Airey, of Charing-cross; W. P. Pindor and R. M. Pryce, of University College; Thomas Horder and R. F. Hay, of the London; F. B. Farley and J. E. Schon, of the Middlesex; T. J. Quicke and M. W. Chambers, of the Westminster; John Ockenden, of St. Mary's; William Makinson, of Manchester; Moses Taylor, of Birmingham; and Edward Malins, of Edinburgh.

The following gentlemen passed on the 20th inst., viz.:—Arthur Goodwin, G. F. Trotter, W. F. Thurston, and W. H. Rawlings, students at Guy's; C. M. Heim, Herbert Tibbits, W. J. Garrett, and Edmund Exell, of St. Bartholomew's; E. C. Ring, P. H. Mules, and Robert Anderson, of St. George's; G. M. Lowe, Robert Thorburn, and Alexander Stephen, of Edinburgh; Joseph Ludlam, and J. W. Langmore, of University College; W. W. Smith, of the Middlesex; J. W. Booth, of St. Thomas's; J. W. Allin, of Charing-cross; T. E. Bowkett, of the London; J. L. Cooke, of Birmingham; H. M. Fothergill, of Newcastle; R. A. Mowell, of Liverpool; Alexander Paterson, of Aberdeen; and A. J. Farr, of Bristol.

It appeared that out of the 105 candidates who offered themselves for examination no less than twenty were remitted to their studies.

Prevalence of Typhus.—Several cases of typhus fever occurred at Melbourne in the month preceding the departure of the last mail for England. The 'Melbourne Argus' states that all the cases are traceable to the ship Golden Empire and to the premature release of that vessel from quarantine. The Government of Victoria have appointed a Board to inquire into the circumstances and into the quarantine arrangements generally. A complaint against the master of the Golden Empire for bad arrangements on board was made and heard before the Williamstown magistrates. The complaint was that the hospital accommodation had not been used to a proper extent. The magistrates

stated that this was a matter in the surgeon's department, and the captain could not be held responsible. Several ships which reached Victoria in the month were placed in quarantine on their arrival.

WAR.—Dr. Chenu, Physician of the French Army, has just published and presented to the Imperial Academy of Medicine a large 4to volume, containing a report of the Medical service of the army during the war in the Crimea from 1854 to 1856. It appears from this work that the number of men killed in battle was 10,240; and of wounded, 34,606. Of this last number about 100 died in the hospitals in Turkey. But that was not the whole of the losses; we must take into account those who died of cold, cholera, typhus, scurvy, &c., and Dr. Chenu gives the following table of the losses experienced by the French army in the East from the 1st of April, 1854, to the 31st of December, 1857, for many soldiers died after their return to France in consequence of wounds received or diseases contracted in the Crimea:—Killed on the field of battle or missing, 10,240; lost in the Sémillante, 702; died of various diseases and cholera before the battle of Alma, 8,084; died of cold, apoplexy, &c., before Sebastopol, 4,342; died in field and general hospitals to the 31st of December, 1857, 72,247; total, 95,615. The effective force sent by France to the East was only 309,264 men; consequently about one-third of them perished. It is to be remarked that as the number actually killed in battle or dead from wounds does not exceed 20,000 according to Dr. Chenu, disease alone carried off about 74,000 men, or one-fourth of the army. Dr. Chenu attributes these enormous losses by disease to the feeble constitutions of a portion of the contingent. He says that many conscripts, totally unable to bear the fatigues of a campaign, are declared fit for service, but they no sooner join the army than they have to be sent to the hospitals.—'Galignani's Messenger.'

THE BRIGHTON REVIEW.—The only serious casualty that occurred during the day was one which happened to Joseph Lambert, of Poplar, gunner in the Tower Hamlets Artillery. He was acting with the men of the 1st Middlesex Artillery, when, in trying to clear the wheel of an ordinary carriage which was passing close to the cannon, he fell and one of the wheels of the gun passed over his thigh, not breaking, but bruising it very badly. The poor fellow was at once conveyed, in one of the Netley ambulances, from the field to the temporary hospital fitted up in case of accidents at the review, where he was attended to by Brigade-Surgeon Burrows, of the 1st Sussex Artillery, assisted by the Doctor of the Civil Service Corps. This little hospital is very neat and airy. It contains four beds, an operating table, and all the appliances necessary in surgical cases of emergency. In addition, there were four accident beds provided at Bevendean Farm, and a ward to accommodate thirty or forty cases was secured in the Industrial Schools. Brigade-Surgeon Burrows had charge of these arrangements, which were altogether exclusive of those in the general hospital of the town. Two of the men of the Carbineers had falls from their horses. One soon recovered from the shock he received from falling, and was able to mount again. The horse trampled on the knee of the other soldier and hurt it, but even in this case the injury is believed not to be a serious one.—'Medical Times and Gazette.'

EPIDEMIC YEARS.—Another of the detailed annual reports prepared by Mr. Stark, of the Scottish General Register Office, has been completed, and is issued by the Registrar-General. This report, which is for the year 1861, shows among other things the light which may be cast by the returns upon the question whether epidemic diseases are contagious or not. From the time when the Registrar-General for Scotland opened his books on the 1st of January, 1855, and began to register the death and the mortal disease of every one whose breath departed tn Scotland, the wave of zymotic disease (scarlatina, whooping-cough, small-pox, typhus, and the rest) was gradually rising, and covering the country like a storm; in England it attained its maximum in 1858, but, taking nearly a year in travelling, the maximum was not attained in Scotland until 1859. In 1861, it had subsided, and the deaths from the zymotic class of disease fell to about a fifth of the total mortality. Now the Scottish returns show that in the non-epidemic year 1861 the mortality from zymotic disease bore substantially the same proportion to the entire mortality in town and in country, in the crowded and in the rural population; and the conclusion drawn is that in ordinary years epidemic diseases are not, any more than other diseases, propagated by contagion. In 1861 the total deaths in towns in Scotland were to the total deaths in the insular districts nearly as five to three, and the deaths from zymotic diseases also were nearly as five to three. It is argued that these latter are no more propagated by contagion, to any appreciable extent, than bronchitis or consumption or rheumatism. On the other hand, in epidemic years, diseases of the zymotic class appear to be largely propagated by contagion. The year 1859 was notably an epidemic year in Scotland; in that year, if the deaths from zymotic diseases in the town districts had borne the same proportion to the total deaths as in the insular districts, 460 persons in every 100,000 would have been cut off by this class of diseases in the towns; but, in fact, 689 deaths occurred, very much more than the regular proportion due to a town's increased mortality. The same fact was nearly as strongly shown in 1860, also an epidemic year.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, APRIL 26.—Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Dr. Odling, "On the Chemistry of Tissue-Metamorphosis."

THURSDAY, APRIL 27.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 4 p.m.—Prof. Frankland, "On Organic Chemistry."

FRIDAY, APRIL 28.—Operations at the Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Dr. Odling, "On the Chemistry of Tissue-Metamorphosis;" Royal Institution, 8 p.m.—Prof. Playfair, "On the Diet of Man, &c."

SATURDAY, APRIL 29.—Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing cross Hospital, 2 p.m.; Royal Institution, 4 p.m.—Prof. Bain, "On the Physical Accompaniments of Mind."

MONDAY, MAY 1.—Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAY 2.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Transactions of the Obstetrical Society. Vol. VI. London: Longman and Co.

Manual of the Turkish Bath: Heat a Mode of Cure and a Source of Strength for Men and Animals. Edited by Sir John Fife, M.D. London: John Churchill and Sons.

Vital and Economical Statistics of the Hospitals, Infirmaries, &c., of England and Wales for 1863. By F. Buckle, M.D., &c. London: John Churchill and Sons.

Archives of Medicine, No. XV., Vol. IV. London: John Churchill and Sons.

The Archives of Dentistry, No. III. London: John Churchill and Sons.

On Letters Patent for Inventions. By F. Edwards, jun. London: H. Hardwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press in the afternoon of that day.

†† The Anti-Quackery Association's correspondence arrived too late for insertion.

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—The following subscription has been further received on behalf of the above fund:—

	£	s.	d.
Richard Wilding, Esq., Church Stretton	0	5	3
Amount previously announced	123	6	9
Received at the 'Lancet' Office	9	9	0

Yours, &c.,

ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
April 20, 1865.

DR. JOSEPH BULLAR'S communication is inserted.

MR. MILTON'S paper "On Acne" shall appear immediately.

ISLE OF MAN.—A letter directed to Dr. H. Lobb himself would be the best means of obtaining the information required. The reports of the proceedings of the Harveian Society, which meets once a fortnight, are regularly reported in this Journal.

MR. H. S. PURDON'S paper has been received.

DR. HERMANN WEBER'S abstract has been received.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE TREATMENT OF ACNE.—WITH CASES.

By J. L. MILTON,
Surgeon to St. John's Hospital for Skin Diseases.

There are few, if any, diseases of the skin which afford more opportunities for accurate observation than acne. It is separated by such clear, sharp lines of demarcation from all other cutaneous affections, that the diagnosis is rarely difficult; it is a common disease, and therefore cases enough for statistical purposes can always be collected. Patients affected with it generally attend regularly enough on the whole, and the rise, climax, and decline of the morbid process can be easily traced through every stage. Yet these very facilities prove how difficult it is to obtain positive information about the power of medicines over any disease; for it is very doubtful whether, with all those opportunities, any observations have been made which could, in any degree, determine what amount of control is really possessed by the remedies usually ordered and recommended in this complaint. If any records throwing light upon this question really exist, I can only say that I have found no trace of them. One might have expected to meet with something of the kind in Hebra's work (*a*); but it does not go so far as the treatment of acne, and therefore I have not been able to learn what conclusions he has come to about the matter. Judging, however, from what he says about the influence of medicines over eczema and some other diseases, I should not think his decision likely to be very gratifying to those who have recommended the medicines in question, for he pronounces the remedies, one and all, to be utterly useless.

It might be considered as going too far if I were to pronounce a similar opinion as to the efficacy of most medicines in acne; I will therefore confine myself here to the question of the necessity for retaining them. I do not for one moment mean to say that acne is not cured by the complicated plans of treatment in vogue with some authors; on the contrary, I have no doubt that it yields to them: but I think it is quite a legitimate subject of inquiry to examine whether these methods might not be simplified, and some of their ingredients once for all banished from Medicine. But to attain to anything like certainty, such researches should be registered with the same diligence as those upon which the Registrar-General and Astronomer-Royal base their reports; and I need not tell the reader that, owing to the apathy displayed in our hospitals, no machinery exists for doing this. All that can at present be done must therefore be imperfect and uncertain—a mere attempt to get at the truth.

My own experience is, that in acne there is only one medicine really necessary, and that is arsenic; all the others only clear the way for it. When there is any great feeling of heat and irritation, white tongue, irritability of the stomach, tendency to vomiting and constipation, it is generally necessary to give a mild saline aperient for a few days before beginning with the arsenic. Similarly, when the arsenic brings on headache, sickness, coating of the tongue, and nausea, it is as well, if these symptoms do not soon begin to yield again, to leave off the medicine and give the aperient. Again, if there be loss of appetite, a mineral acid may be prescribed in bitter infusion; and perhaps few preparations of this kind are superior to the nitric or nitro-muriatic acid in infusion of quassia or calumba. Suppose, however, that loss of appetite is conjoined with acidity of the stomach, foulness of the tongue, and constipation, then liquor potassæ may be substituted for the mineral acid, and mild aperients may be added; if there be no particular loss of appetite, the liquor potassæ may be given in milk, particularly if there be much thickening of the skin. I believe my observations quite warrant me in saying that, even when given alone, it will, after a time, produce considerable absorption of the matter around the follicles, making the skin much thinner and softer, sometimes also paler. In this respect it paves the way exceedingly well for arsenic; but I have never been able to cure one severe case of acne with it, however carefully it might be used, and with whatever amount of perseverance.

If the bowels become constipated at any time while these medicines are being taken, the necessity for attending to this state should, I think, take precedence over all other indications for treatment, especially if the patient have any tendency to piles, as is sometimes the case in bad acne rosacea. The simpler, however, the aperients which are used the better: they need not in any way interfere with the employment of other remedies, and may be continued even when the arsenic has been begun with; though generally they are not requisite then, because the arsenic itself rather tends to bring on looseness. When aperients are not necessary, small doses of mercury may be given, especially if there be any objection to the use of arsenic, to the employment of which some practitioners are very averse; but I do not think mercury should be given either to overcome constipation or along with aperients, as it is apt to distress patients. Perhaps no salt of mercury fulfils the requisite indications here better than the biniodide, in doses of a sixth of a grain or so daily, in combination with some mild sedative or aromatic; but I think that its administration had better not be continued after the arsenic has been begun with. Should there be much exhaustion, steel may be given; and it has more than once happened to me to protract the cure rather than hasten it, by hurrying on to the use of arsenic before putting the patient through a course of steel, the necessity for giving it being shown by the immediate benefit which ensued so soon as it was had recourse to. When there is no dyspepsia present, the tincture of the sesquichloride of the British Pharmacopœia, or some similar preparation, may be exhibited; and when these disagree with the patient, the steel mixture of the Pharmacopœia, or sulphate of iron, either with or without sulphate of quinine, may be substituted.

So soon as these remedies have even partially fulfilled the indications expected from them, not a day need be lost in giving the arsenic; it is not in any way necessary to get over every little disturbance of the system before using it, partly because the beneficial effect of the tonics, &c., to some extent continues after they have been given up, and partly because arsenic is a powerful tonic, keeps the bowels open, and removes many obstinate nervous symptoms. When it is beginning to produce a decided effect upon the disease, it may be advisable, and indeed it is sometimes necessary, to reduce the dose; but this should only be done when absolutely requisite, as it cannot be raised again so easily. Should a relapse occur, I think it is decidedly preferable, instead of increasing the dose, to give the saline, and acid, or steel, for a short time, after which the arsenic can be given in the same quantity as at first.

As to external applications, I confine myself to saying that I have tried several, and that, with a few rare exceptions, I think they may be dispensed with, and that they exert no material influence over the duration of severe acne. Any mild mercurial preparation, such as calomel ointment, seems to agree very well with punctiform, or simple inflamed acne, and the ointment of the hypochloride of sulphur is a valuable preparation in the more severe forms, and in acne rosacea. I have removed a considerable degree of rosacea by simply employing this remedy freely every night. Blistering with nitric acid or cantharides has been recommended on excellent authority, but I have never found it requisite to employ so sharp a remedy. Lotions and washes of all kinds are, I think, superfluous. They may be admitted as luxuries, but such things divert attention from the more important subject of medical treatment; and when the precaution is taken of always washing with very hot water, without soap, of

(*a*) Handbuch der Speciallen Pathologie u. Therapie.

using ointment freely every night, and defending the face from the action of cold dry winds, they are very rarely required.

I will now give a few cases recently treated in this way. If they establish the conviction in the reader's mind that they are adequate to the purpose, the object aimed at in this paper will be gained; for my wish is simply to call attention to the benefits of a plan which may enable us to get rid of unnecessary elements, seeing that the nature and uses of one drug can be much more easily learned and retained in the memory than those of several, and offer a more easy standard of comparison with any new remedy we may be tempted to try.

CASE I.—*Acne Rosacea of long standing.*—A. G., a strong, otherwise healthy-looking man, applied as out-patient at St. John's Hospital, October 13, 1863, with this affection, under which he had been suffering several years. The skin over almost every portion of the face was raised up in large papules of intense redness; there was no lividity in them, the colour being a deep rose, or damask. They also extended over a great part of the front of the chest, particularly along the line of the clavicles. The skin in the few parts of the face not assailed by the acne was, I think, without exception, the coarsest I ever saw; it was almost like a grater, with the colour of a nutmeg or old lemon. The patient suffered from acidity of the stomach and heartburn, accompanied, and as he thought, aggravated, by constipation. He was directed to take twenty minims of liquor potassæ three times a day, and an occasional aperient, to wash only with very hot water, avoiding the use of soap, and not to take any hashes, stews, pork, &c., the use of which was generally followed by an exacerbation of the heartburn and acid eructations.

His employment only allowed him to come very seldom, and it was not till March that I could secure his regular attendance. The arsenical solution was now added, in doses of five minims three times a day; but it almost immediately produced such disorder of the stomach, that it had to be given up, and steel was prescribed instead, a saline being first of all given, in order to allay the irritability of the stomach and remove the coated state of the tongue induced by the arsenic. Some slight improvement took place under this treatment; he remained free from indigestion and costiveness; but as he did not attend very regularly, he made no great progress till July, when, having arranged to come once a week, the arsenic was resumed in the same doses as when first used, the ointment of the hypochloride of sulphur being added. He now attended very punctually, and, so far as I could gather from his own statement, suffered no inconvenience from taking the arsenic, beyond now and then a slight feeling of sickness, which, however, was not severe enough to induce him to leave off the medicine; and the beneficial action of this was now so steady and rapid, that by the end of September the disease had almost entirely disappeared, and on the 24th of November, when he was last seen, it was gone, the cure being to the best of my judgment complete.

CASE II.—*Acne Rosacea of nearly Nine Years' Duration.*—G. R., a strong-made man, æt. thirty-five, a waiter by trade, was admitted December 5th, 1865, as out-patient at St. John's Hospital, with this complaint. His account was that, nearly nine years ago, he noticed it after a long and wearying debility and lassitude. It first appeared on the cheeks, and gradually spread to the forehead. The face is now almost entirely covered with hard, fiery red papules, several of which are in a state of suppuration, and the intervening skin, except in one or two small spots, is of the same fiery hue. The face is a good deal pitted, from the suppurating of the follicles. He denies having been irregular in his habits, though he may have, he says, on a few rare occasions, given way to intemperance. He has been under treatment, and has also attempted to cure himself. I need scarcely add that, while he was his own physician, he took a quantity of cooling medicine and sarsaparilla, both with the same amount of benefit.

He was ordered a dose of the saline mixture (*a*) of the hospital every morning, and to wash only with very hot water. Having continued this treatment for a week, the dilute nitric acid was prescribed in infusion of quassia, three drachms of the acid to a pint of the infusion; an ounce three times a day. He was directed to take plain good food, and a little pale ale or dry sherry as a stimulant. As generally happens under this treatment, the tongue rapidly became clean and the appetite improved. The ground being thus cleared, he was, on the 19th, ordered the liquor arsenicalis, without spirit of lavender, five minims three times a day with his food; he was also directed to apply the ointment of the hypochloride of sulphur to the face freely on going to bed, and to allow it to remain on all night.

By the 13th of February the disease, though somewhat retarded by a slight outbreak of indulgence shortly after Christmas, which required a return, for a short time, to the nitric acid and quassia, was quelled; the suppuration had ceased; the tubercles had flattened down almost to a level with the skin, and the fiery hue had given way to a slight amount of deepish redness. He had only taken the arsenical solution twice a day during the greater part of the time. He continued to progress in a very satisfactory manner till the beginning of March, when he was suddenly assailed by a severe looseness of the bowels; believing this to be the effect of the medicine (the arsenic), he left off, and as he seemed afraid to resume it I directed him for a few days, to use only the ointment. About the middle of the month there seemed to be a strong tendency to relapse, owing, perhaps, in great part to the extremely bleak east winds which prevailed at that time; but the outbreak subsided again under the continued use of the ointment, and when seen on the 27th he was, for all practical purposes, cured, the spots being quite shrunk, and differing only a very little in colour from the surrounding skin.

CASE III.—*Acne Rosacea of Twenty Years' Standing.*—Anne S., an unmarried woman, came under my care as a private patient, on January 3rd, 1863, with the affection, which she attributed to anxiety; it was very severe, the skin thick and deep red. She was ordered the dilute nitric acid in infusion of quassia, an eighth of a grain of biniodide of mercury daily, and a little of the carbonate of soda. It was, however, very soon evident that this did not agree with her skin, and it was left off. Her appetite having improved under the use of the acid, the liquor potassæ was begun with on the 7th of March, and by the 28th there was also a very marked improvement in the acne; the liquor arsenicalis was, therefore, ordered, but I was obliged almost immediately to relinquish it, even in the smallest doses. She was then attacked with severe rheumatism, for which colchicum was given with iodide of potassium; the treatment of the acne being for a time suspended, a relapse took place. I attempted to keep it in check by the use of sulphur and potassium lotion and other local means recommended by different authors, but they never agreed with her skin, making it decidedly more red and tender. The rheumatism being subdued, Donovan's solution was tried, but the stomach would not bear it. Tincture of steel was then ordered, but it almost immediately brought on dyspepsia, and, as a last resource, she was directed to take the same mixture of the Pharmacopœia and an occasional aperient pill, using no application to the face beyond rose water and glycerine and calomel ointment at night. This agreed thoroughly well with her, and she took nothing else during the remainder of her attendance, which, with a few exceptions, lasted up to the middle of October, 1864, when she left, cured, so far as such cases are cured at her age after lasting so long.

I have greatly condensed this account, as I took copious notes of it originally, and therefore the inferences I draw may not appear so clear to others as to myself; but it appeared to me that all the benefit obtained was re

(*a*) Each dose contains a drachm of the sulphate and five grains of heavy calcined magnesia, with ten of nitrate of po

due to the nitric acid, the liquor potassæ, the steel mixture, and the calomel ointment.

Case IV.—*Simple Inflamed Acne.*—Being anxious not to occupy too much space, the following case is given only in a very condensed form; nor would I have brought it forward but that it was such a severe form of the disease, and filled up the gap between rosacea and punctiform acne:—

The patient, E. S., admitted March 18, 1864, as out-patient at St. John's Hospital, was a young man whose face was almost entirely covered with inflamed acne; the health was thoroughly out of order, the tongue being extremely foul, and the patient himself very weak; the muscular system greatly relaxed. He entirely recovered in about three months, under the use of the acid and deuto-iodouret of mercury, followed only by three-minim doses of liquor arsenicalis three times a day.

Case V.—*Acne Punctata and Comedones.*—Sarah S., a young unmarried woman, applied Dec. 9, 1864, with this disease. The face was almost entirely covered with spots of one kind or other, and on the cheeks the black dots were very numerous. She reported herself in perfect health, except that her appetite was not very good; her tongue was clean, bowels regular, menstruation good. She was not aware of any cause for the eruption, but had always washed with cold water, and fancied that of late it was worse, and that the skin smarted more after washing. The saline, was ordered, and immediately followed up by the use of the dilute nitric acid in infusion of quassia; she was directed to wash only with hot water, and to apply the ointment of hypochloride of sulphur on going to bed. As she fancied that beer always made her heavy and sleepy, she was directed not to take any, but otherwise to live well.

By the 7th of January she reported her appetite as ravenous, and some improvement had taken place in the acne. She was now ordered the solution of arsenic, five minims three times a day, and to leave off the acid, but continue the ointment. The history of the case from this time is that of a moderate, rapid, and uniform decline of the affection. On the 11th of February she was seen, and then presented a remarkable improvement; she was very much pleased with the progress she had made. The black dots had very much diminished in number and there were not above one or two acne spots left, but the skin was almost covered with brown stains, apparently from the action of the hypochloride of sulphur, and was still somewhat rough to the touch. The medicine had made her at times feel low and languid, but she always managed to take it three times a day, and never took anything else all the time she was under my care. When last seen (March 18) she considered herself cured; there had been no fresh spots, the old ones were fading away, and the dots were lessening in number. I wished her to remain under treatment, but she discontinued her attendance.

ABSTRACT OF A PAPER
ON
DELIRIUM OR ACUTE INSANITY DURING THE DECLINE OF ACUTE DISEASES,
ESPECIALLY
THE DELIRIUM OF COLLAPSE.

By Dr. Hermann Weber.

[Read before the Royal Medical and Chirurgical Society, April 11, 1865.]

The author did not treat on the usual delirium arising during the increase and acme of acute diseases, but on a rarer form occurring after the crisis, or towards the termination of such diseases, and attended with the phenomena of collapse, which form he was inclined to designate as the delirium of collapse, and which resembled much more the mental derangements usually comprised under the term insanity than the common delirium.

After having alluded to the literature of the subject, he described seven cases:—

Case I.—A. L——, æt. sixteen, an otherwise healthy boy, had measles with broncho-pneumonia, without excessive pyrexia; he had no delirium during either the increase or acme of the disease. On the eighth day, there was a considerable abatement of all the symptoms, the broncho-pneumonia being in the state of resolution. On the ninth day, when the pyrexia had already almost entirely disappeared, the patient became suddenly very anxious, had a frequent and feeble pulse, a cool and profusely-perspiring skin, and fancied that he was suspected of dishonesty, and on the point of being taken to prison. He had hallucinations of sight and hearing. On the tenth day, the mental aberration continued, but the subject of the delusion was different. Under the use of opium and a generous diet, the patient had sound sleep, after two days' duration of the derangement, and on waking had recovered his reason, and was otherwise convalescent.

Case II.—M. M——, æt. thirteen, an excitable, but healthy girl, had measles in a well-developed, benign form. The fever reached its highest point on the second and third days of the eruption. On the fifth day, when the pyrexia had almost ceased, the girl became suddenly violently delirious, the pulse being at the same time very feeble, the face pale and cool. Under the influence of repeated doses of morphia she gained sound sleep, after twelve hours' duration of the delirium, and was quite reasonable on the sixth, and part of the seventh day, on which latter, however, after some excitement, she became again delirious for a few hours, the temperature in the axilla being not above the norm of healthy, the pulse again very feeble, the skin bathed in perspiration. After three doses of morphia, she again fell asleep, and on waking was conscious of her former delusion, and made afterwards a good recovery.

The same girl had, not quite two years later, scarlet fever in a severe form. The pyrexia was exceedingly high on the third day of the eruption (being in the evening 41° 4 cent., or 106° 52 F.), but it had already considerably abated on the sixth day, and still more so on the eighth, when the patient on waking from a short sleep was found almost maniacal, with coldness of the extremities, profuse perspiration, and an extremely feeble pulse. After a few doses of morphia the patient slept, and on waking was quite reasonable, and otherwise progressed favourably.

Case III.—M. E——, æt. twenty-nine, had erysipelas of the face and head, in a well-developed, but by no means severe form. On the eighth day, the local affection subsided, and the pyrexia diminished considerably, when, early in the morning of the ninth day, she was seized with maniacal delirium, presenting at the same time the phenomena of collapse in a well-marked manner. Under the administration of morphia, wine, and food, sound sleep was procured after fifteen hours, on waking from which she was reasonable, and seemed rapidly recovering, when, after a free interval of several days, a second attack of erysipelas broke out, at the termination of which (the ninth day) she again became, early in the morning, delirious, with a cool skin, profuse perspiration, and a very feeble and irregular pulse. Under the same treatment as before, the delirium disappeared after fourteen hours, and was followed by convalescence.

The nature of the delusions in this instance was distinctly traceable to subjects particularly occupying the patient before the commencement of the illness, but the delusions were of a more gloomy character than those subjects.

Case IV.—J. V. B——, a rather excitable and delicate man, æt. sixty-four, had, on the eighth or ninth day of a right-sided pneumonia, when the local affection was already in perfect resolution and the pyrexia had almost, but not entirely, ceased, a transitory maniacal delirium, with great excitement, and distinct collapse. After being eight hours under the use of food, stimulants, and opiates, sleep was obtained, and was followed by perfect recovery.

Case V.—C. M——, æt. twenty-two, a young man of rather anxious disposition, and overworked, had circumscribed pneumonia of the right side; on the early morning of the eleventh day from the occurrence of the rigor, at the very eve of convalescence, when the local pneumonic symptoms had almost disappeared and the temperature had descended

nearly to the normal standard, the patient suddenly became maniacal, having at the same time a very feeble pulse, a pale face, and cold extremities. The treatment consisted in rest, food, the moderate use of stimulants, and the free administration of morphia. After twenty-eight hours' duration of the delirium, sound sleep was obtained, after which the convalescence progressed favourably.

CASE VI.—L——, æt. twenty-two, of excitable temperament, and inclined to work beyond his strength, at the end of the second, or the beginning of the third week of typhoid fever of moderate severity, the diarrhœa having already ceased, the rose spots disappeared, and the temperature being but slightly above the standard, was suddenly seized with delirium and collapse. Sleep after fifteen hours, under the use of stimulants and opiates, followed by uninterrupted convalescence.

CASE VII.—Typhoid fever, likewise of moderate intensity, in a man, æt. twenty-eight, naturally anxious and excitable. At the end of the second or the very beginning of the third week, when the pyrexia and other phenomena of the disease had already much abated, sudden outbreak of maniacal delirium with unmistakable collapse. Cessation of the delirium after ten hours under the influence of morphia and stimulants, followed by convalescence. As well this patient as almost all the other six, had no delirium during the increase and acme of the disease.

I remarked that in all the seven cases, which in reality were equal to nine, as two of them were two separate attacks of disease in which the delirium occurred, when the pyrexia and the other active symptoms had already abated, that in all there was a feeble, mostly frequent, and irregular pulse; that, in the majority, the face and the extremities were more or less cold, and the skin in profuse perspiration; that the delirium was characterised by the suddenness of the outbreak, which almost always occurred on waking, and more frequently in the early morning. The delusions were in the majority of cases of fixed nature, and the subjects of a gloomy kind, repeatedly traceable to the occupation of the mind just before the commencement of the illness. There were hallucinations of the senses, especially of hearing, but occasionally also of sight. The duration of the mental derangement varied from eight to forty-eight hours.

The condition of the brain and nervous system appeared to be allied to anæmia and to be connected with the peculiar shock, not rarely experienced by the whole system during the decline, but sometimes also at the time of the crisis of acute disease, and significantly termed "collapse."

The writer alluded also to other mental derangements occurring during convalescence. He maintained, however, that not all the mental disturbances observable during the decline of acute diseases were of one and the same nature, and considered also the peculiar delirium or insanity arising during and at the decline of rheumatic fever as different from the delirium here described as the delirium of collapse. Regarding the treatment, Dr. Weber thought that rest and the use of stimulants externally and internally, according to the degree of the collapse and the concomitant circumstances, would probably in the majority of cases suffice, but that opiates, which in this condition seemed to be remarkably well borne, even in large doses, appeared to accelerate the recovery.

SCIENTIFIC ARTICLES.

ARNICA MONTANA.

By H. S. PURDON, L.R.C.S.I., L.R.C.P. Edin.

Arnica montana, or Leopard's bane, is a native of the Alps and mountainous districts of Southern Europe. It belongs to the natural order of *Compositæ*. The dried root only is officinal.

The following are the botanical characters as described in the British Pharmacopœia:—"Rootstock from one to three inches long and two or three lines thick, cylindrical, contorted, rough, from the scars of the coriaceous leaves, and furnished with numerous long slender fibres." The leaves and root have a somewhat peppery taste and peculiar odour; they have been analysed by Weber and other chemists, and found to contain resin, a peculiar alkaloid, gum, essential oil, colouring matter, woody fibre, &c. Arnica is incompatible with the mineral acids, preparations of iron, and lead.

The only officinal preparation is the tincture, which is directed to be made from the root by percolation. An infusion of the flowers is sometimes ordered; and in the Hamburg Codex there are directions for making a tincture from the flowers.

The constitutional effects of arnica appear to be those of a powerful stimulant to the nervous system, and also slightly astringent; and it has been largely used both externally and internally in America and Germany. Neligan, in his work 'On Medicines,' states that arnica is useful in adynamic febrile affections, nervous headache, and amaurosis.

I have been informed that public singers frequently are in the habit of taking a few drops of the tincture of arnica in water before singing, for the purpose of strengthening and clearing the voice.

Dr. Thomas, in his 'Practice of Physic,' has recommended an infusion of arnica flowers in paralysis, when the acute symptoms have declined. I have given the tincture of arnica in chronic rheumatism combined with debility, and found it beneficial, as it was in a case recorded in the 'Dublin Journal of Medical Science' for February. In private practice, it might be necessary to add some syrup if given in a mixture, to hide the disagreeable taste, and a little tincture of cochineal might be added as a colouring agent.

As an external remedy in contusions, the advantages of arnica are now well known both by the Profession and public. Mr. Erichsen, in his work 'On Surgery,' thus speaks of arnica:—"I have employed it largely in the most extensive extravasations, and have rapidly promoted their absorption by its use. He recommends a lotion composed of one part of tincture of arnica to eight of water.

I am inclined to think that arnica, either in the form of a lotion, ointment, or soap, might be very beneficial in some of the chronic forms of skin affections, *especially* when the cuticle is thickened and infiltrated.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 11.

Dr. ALDERSON, President.

A paper, by HERMANN WEBER, M.D., F.R.C.P., was read

ON SOME FORMS OF DELIRIUM OR ACUTE INSANITY DURING THE DECLINE OF ACUTE DISEASES, ESPECIALLY THE DELIRIUM OF COLLAPSE.

An abstract of this paper will be found at page 281.

The PRESIDENT observed that the paper of Dr. Weber presented many points of interest and embraced a large range of diseases, as measles, scarlet fever, typhoid fever, and rheumatism, in which the author described the peculiar delirium as coming on after protracted illness. They had all seen this form of delirium in protracted cases of typhoid fever in young persons, especially after a continued use of stimulants, sometimes excited or set up apparently by most trivial circumstances. In his own experience he had generally seen the best effects from slight counter-irritants, to relieve what may be reasonably attributed to temporary congestion of the brain or its membranes; for it is well known that after delirium in typhoid fever, in fatal cases, no appreciable lesion is ever found. He had seen the symptoms, described by the author of the paper, in long-continued cases of rheumatism, complicated with pericar-

ditis, when there was found after death extensive effusion in the pericardium; but he confessed that, in those cases, he always looked upon the maniacal symptoms as of fatal character.

Dr. SANKEY said that, having been connected with the Fever Hospital for nine years, and having afterwards for nine years studied insanity, he would offer a few remarks on the paper. He had seen cases exactly like those described by the author. The delirium occurred after waking, and was more of the character of acute melancholia, and was attended by apprehensions. He had known both illusions and delusions, and related a case in point. He agreed with the author that collapse was the chief element in causing the delirium. The cases were, he believed, rare, as, after having had under observation 8,000 cases of fever, he believed he had only seen twenty or thirty cases. Without referring to his notes, he could not say whether it occurred more frequently after typhus or typhoid. He had treated his cases by stimulants, and the delirium had generally passed off; but in one case it did not, and the patient was sent to a lunatic asylum. His subsequent experience had not been so clear. Although many cases of insanity had been attributed to fever, yet the ignorance of the patient's friends prevented certainty on that point. He could not say, therefore, in his experience that any case had become a permanent one. The patient whose case he had just alluded to was well again in a month.

Dr. FULLER thought that such cases were not unfrequently met with, and said that he had seen four or five during the last few years. A girl, one day, when convalescent, became "raving mad," but soon recovered under the influence of stimulants. In another, the symptoms continued for some time, and the patient was sent to Hanwell, but recovered in six weeks. He thought that he saw at least one or two cases a year. He objected to the term "delirium of collapse." It is true the delirium occurs in a state when the patient is most exhausted, but he had not found that it occurred in those specially exhausted, but, on the contrary, in those who had gone through the disease pretty well.

Dr. WEBSTER had listened to the paper with great pleasure. He asked if there had been any history of previous insanity, or of any hereditary tendency. He believed that such cases occurred from collapse after fever, and similar cases followed want of food and exposure. One of the commonest symptoms in illness after shipwreck was delirium or temporary insanity. He agreed with the author, that the delirium was due to physical exhaustion, and also that it was to be best treated by opiates. Dr. Webster then remarked on the delirium attending convalescence from bronchitis and pneumonia.

Dr. GOODFELLOW considered that the delirium in the cases related by the author was allied to delirium tremens. He had seen after typhoid fever a transitory delirium, like that of delirium tremens; after typhus a more permanent delirium. Many other circumstances might give rise to similar delirium—want of rest, extreme anxiety, &c. In all the delirium was due to debility, and resembled the delirium of delirium e potu.

Dr. WOOD was disposed to agree with Dr. Fuller, that these cases were not so very rare. No doubt the cause was physical exhaustion, the form of delirium being given by the patient's peculiar idiosyncrasy. His experience as regards treatment coincided with the author's—viz., that by opium. Stimulants were obviously important, too; but opium was to be chiefly relied on.

Dr. A. P. STEWART said such cases were rarely found after typhoid; more frequently after typhus. He had not seen a case in which the delirium became permanent; but such cases occurred. He would have liked to have heard from the author details as to the sleep of the patients during the earlier part of the disease. As the opium treatment had been so successful, he was led to think that there must have been wakefulness before. He agreed with Dr. Goodfellow that the delirium was allied to delirium tremens, and that it might occur from many circumstances preventing sleep. Dr. Stewart then instanced the case of Hugh Miller as one of insanity due to long-continued mental labour. He wished also to know the temperature of the external air, as it had a remarkable effect on mental health. The many cases of insanity which occurred during the retreat from Moscow showed the great influence of alteration of temperature in producing insanity.

Dr. HORACE DOBELL asked if difference in treatment of fevers, which were followed by delirium oftener in the experience of some than others, might not account for the difference in frequency in the practice of different speakers.

Dr. GOODFELLOW said that his remarks applied to various diseases, and not to cases of fever only.

Dr. WYNN WILLIAMS said that he had seen a similar kind of delirium in women who had nursed their children too long. He had also seen several cases occurring after the subsidence of typhoid fever. He had treated them successfully, not by opiates, but by blisters to the nape of the neck.

Mr. GANT remarked as follows:—"I would ask the able physicians present whether the delirium in the cases described can be regarded as the effect of either 'collapse' or 'anæmia?' This question is essentially important, it having reference to the pathological condition, of which the delirium was the most prominent symptom, and to which it was immediately due—a question, in fact, as to the pathology of the cases themselves, and determining their affinity to other cases in which delirium is present. That the delirium was not due to the collapse in these cases would appear from the well-known fact that no delirium is ever present in the collapsed stage of cholera, which might be said to be the very type of collapse. Nor, again, was it due to the anæmia; for, in cases of extreme hæmorrhage, delirium is generally, if not invariably absent. Surveying the history of the cases observed, the pathological condition which would appear to have been the *immediate* cause of the delirium was 'cardiac syncope,' or simply failure of the heart's action, more or less prolonged."

Dr. WEBER, in replying to Dr. Webster's remarks, stated that he had not discovered any hereditary predisposition to insanity in his patients; he did, however, not think that this point could decide whether their mental aberration ought to be regarded as acute insanity or as delirium, but agreed with Dr. Wood, that there was no real difference between delirium and insanity. He thought that neither the duration of the mental aberration, nor the presence or absence of fever, nor the nature of the delusions, warranted our drawing a line of demarcation. He was unable to give exact answers to Dr. Stewart, but, as far as he could remember, the patients had not been altogether deprived of sleep before the outbreak of the delirium; they had, however, manifested that degree of sleeplessness peculiar to most febrile diseases, especially the febrile exanthemata. He was also not aware that any remarkable change of the external temperature had been concomitant with the outbreak of the delirium. In reference to Dr. Goodfellow's observation, he acknowledged that there were points of resemblance between the delirium described and delirium tremens, although, by none of his patients, alcoholic beverages had been taken to an immoderate degree; but as in delirium tremens the removal of the accustomed stimulus (by accident, or by nausea, and dislike to it) caused, or at all events preceded, the commencement of the delirium, so in these cases the sudden diminution of the stimulus of the blood through the diminished power of the heart appeared to him a most important cause. The feeble and often irregular pulse, the cold, pale face and extremities, and the profuse perspiration pointed in that direction, as also the facts that the delirium almost always broke out immediately after waking and in the early morning, viz., at the time when in the decline of acute diseases the remissions were strongest, the temperature of the blood and the action of the heart at the lowest, when, therefore, the difference between the previously much increased and then much diminished power of the heart were greatest. Mr. Gant's objection to the view that "collapse" could have given rise to the delirium, the author thought, might be due to the double sense in which the word "collapse" was used; while Mr. Gant seemed to apply it to that state of loss, or depression of power, which might be caused by

the action of a poison on the system, or of excessive secretions, as in cholera. He (Dr. Weber) in his paper understood by it that peculiar shock frequently observed during and after the crisis of acute diseases, which often was very slight, and almost imperceptible, like a transitory chilliness, or a rigor, or a feeling of faintness, and anxiety, with more than usual perspiration; which was, however, in some cases, accompanied by all the phenomena of serious prostration, causing the greatest alarm to the patient himself, as well as to those around him. It would be desirable to find different terms for these different conditions.

THE PATHOLOGICAL SOCIETY.

TUESDAY, APRIL 2.

Dr. PEACOCK, President.

Dr. CRISP exhibited several morbid specimens, casts in wax, and drawings to illustrate the various forms of

TUBERCLE, ITS SEAT AND ORIGIN IN THE LOWER ANIMALS.

Dr. Crisp said that he had never found tubercle in an invertebrate animal; but in fishes he had seen tumours that had some resemblance to tuberculous deposit in the higher vertebrata. One great peculiarity in the lung tubercle in birds and mammals was the general absence of cavities, and the large amount of earthy matter in many orders, especially in the ruminants. Another important fact which he had before mentioned was the comparative infrequency of tubercle in the purely animal feeders. The lungs, spleen, kidneys, and a portion of the peritoneum of a gruet monkey were shown, all of them studded with tubercles; those on the peritoneum were very vascular, about the size of a millet seed, and connected with a small branch of an artery. A portion of the lung of a Bactrian camel which Dr. Crisp had recently dissected was also exhibited. It consisted chiefly of nodules, varying in size from a pea to that of a nut, and both lungs were throughout affected with these tubercles, which contained a large amount of earthy matter. The bronchial glands were much enlarged, and they contained so much earthy material that, on drying, they were seeen to be hard and stone-like. It was well known that the blood of the camelidæ was of an elliptical form, unlike that of all other mammals; but the blood of this animal, although the spleen and liver were sound, contained a very large number of white corpuscles, which were round, and about three times the short diameter of the red discs. Some glands of a peculiar character in the colon, cæcum, and ilium of this animal not before described were also exhibited. In both the animals above named, the liver was sound, and hence the prolongation of life under such an amount of lesion of pulmonary structure, the liver evidently taking on a part of the office of the lungs. When both liver and lungs were extensively diseased, life was soon extinguished. The camel and the monkey had been in a travelling menagerie, where limited space, unnatural food, and a vitiated atmosphere would all tend to occasion the lesion enumerated. Tubercle in wild animals (excepting rabits in unhealthy localities) was rarely or never met with.

Dr. WALE HICKS showed a specimen of

OPEN FORAMEN OVALE.

A boy, two and a half years old, died of croup after a few days' illness. The foramen was widely open, and the pulmonary valves were thickened. The boy had never been ill before the croup, and the only noticeable symptom he had had was blueness of the hands occasionally when he was cold. The dimensions of the orifice at the pulmonary artery were below the average at the patient's age, according to the observations given in the President's book.

The PRESIDENT said the case was interesting as regards the absence of cyanosis. Under ordinary circumstances there must at all times have been admixture of venous and arterial blood, and yet the cyanosis was only occasionally noticed. This was doubtless to be explained by the circumstances that, though the pulmonary valves were thickened, the orifice was large and the ventricle powerful, and therefore probably there had been but little actual obstruction to the circulation.

Mr. NORTON exhibited a specimen of

MALIGNANT DISEASE OF LARYNX.

The subject of this disease was an out-patient of St. Mary's Hospital, under the care of Dr. Sieveking. For five months he suffered from severe cough, constant secretion of sputa, hoarse whistling, prolonged inspiration, frequent paroxysms of urgent dyspnœa; pulmonary sounds perfectly normal. By the aid of the laryngoscope a tumour was seen on the left side of the epiglottis, but the cords were not visible owing to the glottis being filled with muco-purulent sputa. The post-mortem verified the laryngoscopic examination. Malignant disease occupied the left side of the larynx, extending from the epiglottis downwards between the left cord and the left ala of the thyroid cartilage. The diseased mass under the microscope presented a comparatively small amount of fibrous stroma, the chief part consisting of cells of the most variable form, some containing several nuclei.

Mr. HOLMES asked if the possibility of relief by tracheotomy had been entertained?

Mr. NORTON said that the patient had not been seen either by himself or by Dr. Sieveking in a paroxysm of dyspnœa. He seemed to be sinking from cancer.

In reply to the PRESIDENT, Mr. NORTON said that no cancer had been found in other parts of the body.

Dr. GIBB remarked that Mr. Pemberton had stated to him that no well-authenticated case of cancer of the larynx was recorded in which there was no cancer in other parts of the body. He (Dr. Gibb), however, had recorded several cases in which cancer appeared to have begun in the larynx, and to have then affected other parts of the body secondarily. It is well, he considered, to disabuse the Professional mind of the belief that cancer of the larynx was always secondary, or tracheotomy might be usefully performed in some cases.

The PRESIDENT suggested that drawings of the specimens should be made, as, although primary cancer of the larynx did occur, it was undoubtedly rare.

Dr. MURCHISON showed a specimen of

HYDATID CYST OPENING INTO THE BILE DUCT.

The patient had jaundice and colic, and then a discharge of hydatids from the bowels. He continued to pass them for from ten to fourteen days. He gradually recovered, and got to business again. He felt well, except that he had pain in his abdomen. One night pain and vomiting came on suddenly and he died of peritonitis.

Dr. MURCHISON then showed

A SPLEEN FROM A PATIENT WHO HAD DIED OF TYPHOID FEVER.

There had been, he remarked, much discussion as to the so-called typhoid matter in enteric fever. It was said to have been found in the larynx and in the spleen. No doubt ulceration of the larynx occurred in typhoid fever, but he had never found any deposit in it. It was also quite exceptional to find any deposit in the spleen, and it appeared to him that it was more of the nature of embolism. In the specimen exhibited were two wedge-shaped masses, the result, Dr. Murchison believed, of embolism.

Dr. THOMAS BALLARD showed a specimen of

DISEASED KIDNEY.

The patient had had pus in his urine, and had suffered from incontinence of urine. There had been an abscess in the left loin, which, at the autopsy, was found to communicate with the kidney. There was also a communication with the rectum. The kidney was much disorganised.

The PRESIDENT supposed the specimen was one of strumous pyelitis.

In reply to Dr. HILLIER, Dr. BALLARD said that he had been able to make a complete examination, but no tubercle was found in other parts of the body, so far as he had been able to investigate.

Mr. SPENCER WELLS exhibited a

SEMI-SOLID OVARIAN TUMOUR,

which weighed thirty-seven pounds after four pounds of fluid had drained out of it, and which he had removed entire the day before from a woman, thirty years of age

the Samaritan Hospital. It was non-adherent, but as it contained no large cysts, a long incision was required—the longest, Mr. Wells said, he ever made. It extended twenty inches in the distended integument; but when united and the skin had contracted it only measured thirteen inches. The patient rallied well at first, but sank exhausted twenty-seven hours after the operation. The tumour consisted of an immense number of very small cysts, many of them being filled with fibrine in different stages of fatty change. The operation would have been done some months earlier, but the patient then suffered from effusion into the left pleura and also into the peritoneal cavity. The ascitic fluid was twice removed by tapping, the pleural fluid was absorbed, the general health improved, and then the operation was done, though with very little hope of success, on account of the still weakly state of the patient, and the large size of the solid tumour.

Mr. SPENCER WELLS also showed a

FATTY TUMOUR FROM THE RECTO-VAGINAL SEPTUM,

or from the recti-ischiatic fossa, which had completely closed the vagina in a young lady. It was lobulated, and weighed two pounds when removed. There was no difficulty in the operation. The specimen was shown to make known a very cheap and efficient mode of preserving morbid preparations. It was simply placed on a sheet of glass, a little ammonia placed beside it on blotting-paper, and then a glass shade was put on and sealed round the edges with a little lard. This specimen had been so preserved nearly two years, and it retained its original appearance almost as well as a wax model. Mr. Wells said that chloroform was said to be as good a preservative as ammonia, and if so it might answer better, as it would not saponify fat.

REVIEW OF THE PERIODICALS.

The 'MEDICAL TIMES AND GAZETTE.'

Dr. BENCE JONES continues his lectures "On Chemical and Mechanical Diseases and their Relationship," his present subject being still the Diseases of Suboxidation—Gout. Rheumatic inflammation and gouty inflammation are so nearly alike in their local and general phenomena, that no positive distinction can be drawn between them except in the *materies morborum*. The rheumatic poison has not yet been insulated, but it differs from uric acid in its solubility and probably in its volatility, and does not form calculi. But the rheumatic and gouty acids may co-exist in the same blood, causing a rheumatic gouty diathesis. The great mechanical consequence of gout is the loss of voluntary motion from the joints becoming fixed, the progress being from the toes and fingers through every joint to the jaws.——Dr. WILKS communicates a defence of "Hunter on the Venereal Disease," in answer to some observations lately made in depreciation of the views of that great surgeon. Dr. Wilks quotes largely from Hunter's writings to show that he took a correct view of syphilis as a specific constitutional disease; that his opinions as to the identity of syphilis and gonorrhœa were such as might be formed by many surgeons of the present day; and that he did not recommend indiscriminately the use of mercury, nor regard that mineral as a specific in venereal disease.——Dr. HERMANN WEBER contributes "Holiday Notes on Some Continental Spas," those now described being at Bagnères-de-Luchon. These waters are characterised by the predominance of sulphuret of sodium, and the diseases most frequently relieved by their use are skin-affections, scrofula, and rheumatism, and some syphilitic diseases, especially where the cachexia arises from the combined effects of syphilis and mercury.——Mr. BOWATER J. VERNON, late House-Surgeon to St. Bartholomew's Hospital, offers some observations "On the Value of the Method of Slinging for Wounds of the Lower Limbs, especially for Stumps after Amputation." This plan of treating fractures of the bones of the lower extremities has been carried out in the accident wards of St. Bartholomew's and other hospitals for many years, and Mr. Vernon has modified the apparatus hitherto used, substituting a light wooden splint for the heavy iron one, and a simple linen sling for the cradle and straps.

THE JOURNAL OF MENTAL SCIENCE; published by Authority of the Association of Medical Officers of Asylums and Hospitals for the Insane. Edited by C. L. ROBERTSON, M.D. Cantab., and HENRY MAUDSLEY, M.D. Lond. April, 1865.

The present number of this Journal is singularly deficient in articles connected with mental science, a great portion of the contents having very little reference to that subject. There is a tolerably long paper "On the Suicide of George Victor Townley," in which the event is commented upon entirely in a one-sided view, and an article from the 'Saturday Review' on the same side is quoted at length; but none of the papers or articles on the other side are quoted at all, and something like personality is shown against Dr. Forbes Winslow. Again, in a journal devoted to mental science it might be supposed that the trial of Potter, which took place at the last Derby Assizes, would have been noticed. This man, it will be recollected, murdered his wife, and, after ten minutes' deliberation on the part of the jury, was condemned to death, although very strong evidence was adduced that he was insane. Before his execution, however, he was visited, by order of the Home Secretary, by Dr. Hood and Dr. Meyer, and was forthwith removed to Broadmoor Asylum, although on what grounds the public has never been informed. Now, it is precisely in the 'Journal of Mental Science' that we should expect to learn the whole particulars of this case, which is quite as interesting as that of Townley; and the editors have probably had access to documents which would throw light upon the man's removal to Broadmoor. But whether they have such information or not, there is quite enough in the published history of the case to attract attention to it on the part of psychological writers, yet no notice whatever is taken of this remarkable trial, and the capital sentence and the subsequent respite.——Dr. JOHN CHAPMAN contributes a lengthy paper "On Neuropathy, or Vaso-Motor Therapeutics: a New Method of Treating Disease through the Agency of the Nervous System." In this paper Dr. Chapman details his peculiar views of the pathology and treatment of certain diseases, which he has already explained in the pages of other Journals. There is, however, a long and able article "On the Psychology of Idiocy," by an anonymous writer, who seems to be well acquainted with the literature as well as the practical details of the subject of idiocy; and Dr. C. L. ROBERTSON continues his observations "On the Means of Extending the Public Asylum System." The part of the Journal devoted to Reviews, also, has but little in reference to mental science, and consists of a very learned and able review of a recent edition of some of the works of Aristotle; another of Dr. Handfield Jones's "Clinical Observations on Functional Nervous Disorders;" a third on Dr. Meryon's recent work "On Paralysis;" and a fourth on Dr. Barclay's book "On Medical Errors," which is severely and mercilessly handled by the reviewer.

DEATH FROM HAMBURGH SPIRIT.—On Monday, April 24, Mr. W. J. Payne, the Deputy-Coroner of the City and Southwark, held an inquest at the Vestry-room in Horsleydown on the body of John West, late a labourer at Fenning's Wharf, who came by his death in the following manner:—Daniel Crummings stated that he was employed at Fenning's Wharf, and that on Friday last deceased came to him and asked if a "drop" could be got out of some casks which they both supposed contained brandy or wine. They both had a "suck at the monkey," as it was called, and while the witness was somewhat burnt in the inside by what he took, the other man died in a few hours. Mr. Arkless, the Custom House guager, said the spirit in the cask sucked by deceased was pure Hamburgh spirit 66·8 over proof, and was, in fact, "liquid fire." It was shown by the evidence of Mr. Lacey, a surgeon, that death was caused by the collapse arising after taking an acrid poison, and a verdict to this effect was returned.

GUIDE TO THE QUACKS OF LONDON.

By DETECTOR.

(*a*) Messrs. BRIGHT and Co., until lately advertised in the newspapers as Surgeons, of 29 George street, Hanover square, but present residence, if any, not known. (See letter appended.)

Dr. CURTIS, otherwise J. LAMERT 15 Albemarle street, Piccadilly.

Dr. WALTER DE ROOS, M.D., 25 Bedford place, Bloomsbury square.

Dr. HAMMOND, 11 Charlotte street, Bedford square.

Messrs. HARVEY and Co., Weymouth street, Portland place.

(*b*) W. HILL, Esq., M.A., Berkeley House, South crescent, Russell square.

(*c*) H. JAMES, Esq., Percy House, Bedford square.

Dr. KAHN, Kahn's Museum, 3 Tichborne street, Haymarket.

JAMES LOWE, Strand Museum.

Dr MARSTON, 47 Berners street, Oxford street.

(*d*) Messrs. PERRY and Co., Berners street, Oxford street.

Dr. RUSSELL, 28 Clarence road, Kentish town.

Dr. SMITH, *alias* SMITH and Co., 8 Burton crescent, Euston road.

H. SCOTT, formerly HAMILTON, addresses himself "to ladies," Henrietta street, Cavendish square.

Dr. THOMAS, 9 Markham square, King's road, Chelsea.

Dr. THOMSON, 21 Harrington square, Hampstead road.

(*a*) 29 George street, Hanover square, London, W.
April 21, 1865.

SIR,—The above premises being in my exclusive possession and used by me only for the purpose of carrying on my own practice, I beg to state that if at any time *hereafter* you should in any way publish or connect the name of "Messrs. BRIGHT and Co." therewith, I shall place the matter in the hands of my solicitor to take whatever proceedings he may be advised.

I am, Sir,
Yours obediently,
R. J. JORDAN.

To the Editor of the MEDICAL CIRCULAR.

(*b*) This person acts in conjunction with the so-called Dr. Watson.

(*c*) This individual hunts for victims in co-operation with the person styling himself Dr. Hammond. See "Detector's" letters.

(*d*) Bright and Co., Harvey and Co., and Perry and Co. are carried on by one gang. See "Detector's" letters.

THE MEDICAL CIRCULAR.

WEDNESDAY, MAY 3, 1865.

MEDICAL EDUCATION.

The subject of Medical Education having occupied a large share of attention in the Medical Council at its recent sitting, and the resolutions which have been passed being of a very important character to the future interests of the Profession, we make no apology for again adverting to the topic. The opinions expressed by the speakers in the Medical Council are of the most discordant character, being influenced by the interests of the corporate body which each speaker comes to represent; but the remarks we are about to offer are swayed by no such considerations, and are in accordance only with what we conceive to be the real sentiments of the practitioners of Medicine and of the public. We turn with some sense of relief from the voluminous discussions in the Medical Council between rival bidders for the fees of students and for the payments for licences and diplomas, to some "Observations on Medical Education," made on the occasion of opening the classes of University College, London, for the Session of 1864-65, by Mr. Quain, the Professor of Clinical Surgery in that institution. The veteran lecturer observes, and we believe very truly that he cannot now expect to derive any personal advantage from any change which may be effected in existing arrangements, and his observations are therefore entitled to particular respect, as coming from a disinterested spectator of past and present schemes of Medical Education. We by no means identify ourselves, however, with the views expressed by Mr. Quain, although some of the statements we offer are made on his authority.

A greater contrast cannot be presented than is offered by the systems of Medical Education respectively in operation in France and in our own country; and the difference is due to the love of centralisation encouraged in the one nation, and the reverence for established institutions inherent in the other. In reviewing the results of each system, it is impossible not to feel that there is much to be said on both sides; and if we were to express our opinion, it would be to the effect, that while centralisation is carried to too great an excess in the one case, the British system is sadly in need of some controlling Board or Council, which might lay down at least some general principles of acknowledged soundness, to be followed implicitly by all subordinate institutions. The variety and the number of the British licensing bodies, the multiplicity of schools, and the consequent dispersion of teachers, are all manifest evils, which are but inadequately counterbalanced by the freedom of action and the independence of opinion which such a subdivision of authority is calculated to perpetuate and sustain. In France, the system of Medical education has at least the merits of simplicity and uniformity: a certain curriculum, including both general and Medical subjects, is laid down for the guidance of the students, who pay, at periodical intervals, a definite amount of fees which are carried into a common fund. The examinations also are held at certain specified times, and all candidates are examined in the same subjects by examiners appointed by the State. The lectures and hospital practice are open to all the students whose names are inscribed in the registers, and special payments are required only in those cases where particular courses of lectures or demonstrations are sought for by the candidates.

In Great Britain, on the other hand, there can hardly be said to be any system at all, and the student is allowed to select any school or any examining board that he pleases and yet it cannot be denied that, even in this absence of authority and control, the British practitioner, is on the whole, quite as well educated as the foreigner. But still it is unfair, now that the State has in a measure interfered to regulate the education of Medical practitioners, to allow such monstrous differences to continue as those which now

prevail among our schools and examining boards. It is not in human nature to expect that students will not in very many cases prefer those establishments where the fees are lowest and the examinations most superficial; and, on the other hand, the representatives of the schools and corporations will be anxious to retain as long as possible the profits and the privileges which they have hitherto enjoyed, and will make a struggle before they lose them.

Now, the question of expense is really a very important one in determining the choice made by a student, and it is the duty of the central authority to equalise the expenses of education and the fees of the examining boards as much as possible. But we find at present that one licensing board charges twenty guineas for its diploma, while another gives an equivalent diploma (as far as a legal title is concerned) for ten guineas, and we believe that some licences are granted at the small sum of ten shillings and sixpence! Again, in the case of University degrees, although the fees charged for the diploma are pretty nearly the same, yet the time and labour and consequent pecuniary outlay required in obtaining them are most widely different. Thus, at Oxford and Cambridge, the candidate for a Medical degree must either take a degree of Bachelor of Arts in the University, must have passed a certain examination in Arts before the Medical education is commenced. By the regulations of these Universities, therefore, it is impossible for a candidate to become a Doctor of Medicine until he is at least twenty-four or twenty-five years old, and until he has passed through a pretty extensive course of education. At the University of London, although the regulations are of the most liberal kind, and no particular residence at any college is enforced, yet the requirements of the examinations are of the most stringent character, and, practically, very few candidates take their degrees until they are about twenty-three or twenty-four years of age. But at the Scotch universities, no preliminary degree in Arts has hitherto been required from Medical candidates, and we accordingly find that men have been made Doctors of Medicine in these institutions even before they were twenty-one! Under these circumstances, we cannot be surprised that while the English Universities, representing a population of twenty millions, grant only thirty-nine degrees in Medicine in the course of a year, and Ireland, with a population of five millions and three-quarters, grants forty-eight Medical degrees, the Scotch universities, representing a population of only three millions, grant annually no less than two hundred and twenty-five Medical degrees! Of course, our Northern friends will urge that the great excess of Medical degrees granted in Scotland is due to the greater value of the diploma, and its higher appreciation on the part of the Medical and general public; but looking at the matter in a mere commercial light, it is quite as probable, and, indeed, more probable, that the extended curriculum of Oxford, Cambridge, and London, deters the great majority of students, while the comparatively short course required at the Scotch universities attracts them. In investigating the relative stringency of the different universities in granting degrees, it is not fair altogether to overlook the pecuniary interests involved on the part of the examiners, nor ought the Scotch Professors to be indiscriminately blamed because they pass their candidates on somewhat easier terms than the examiners of the University of London allow to theirs. The Scotch Professors examine their own pupils, and their income depends in a great measure on the number of those who pass; but the examiners of the University of London are paid by the State, and they can therefore afford to be more rigid in their tests. Mr. Quain tells us that, while a Bachelor of Medicine of the University of London pays 15*l.* for his diploma, the expense of his examination amounts to about 50*l.*, and all the difference between the less and the greater sum is paid out of the public taxes. Now, it is not only unlikely, but it is impossible, that any university could afford to furnish graduates in Medicine to the public at a loss of 35*l.* each graduate; and without the slightest disrespect to the University of London, we affirm that if that institution were left to its own resources, it would either lower the value of its degrees or it would cease to confer degrees at all. To make the competition a perfectly fair one, either the subsidy should be taken away from the University of London, or it should be extended to the Scotch universities, which could then afford to exercise a greater stringency over their candidates, and to appoint examiners who are not Professors.

While the horror of centralisation occupies the mind of the British public, it is almost hopeless to expect any improvement in these matters; but it must be admitted that a small instalment of better things than we have at present is given in the late resolutions of the Medical Council, requiring that all Medical students must pass a preliminary examination before they commence their Professional studies, and that they must devote four entire years to those studies and pass two or three separate examinations. By this arrangement, all will at any rate have a fair start, and none will be allowed to reach the goal by a short cut or by tripping up their competitors.

SUMMARY OF THE WEEK.

THE CASE OF MARY GREEN AND DR. BUTLER, OF HOLLOWAY.

In our Parliamentary Intelligence, it will be seen that the unfortunate death of a poor woman named Mary Green, in childbirth, was a subject of discussion in the House of Commons on Thursday evening. We would willingly have made no further allusion to this unhappy case, if we did not perceive that, as usual, the whole blame is thrown upon a member of our Profession, while all the other participators in the transaction are exonerated. It appears that this poor woman being taken in labour, her husband applied at twelve o'clock at night to Dr. Alfred Butler, a private Medical practitioner residing in Holloway, who immediately obeyed the summons, but, on arriving at the woman's house, he found that the os uteri was not dilated

and that very little pain existed. He also found that the parties were very poor, and that there was no probability that he would be paid for his attendance. He accordingly thought it unnecessary to remain, as the pains had not yet commenced, and he declined the case altogether on the ground that it was a pauper one, and as such came within the sphere of parochial Medical attendance. The next step was that the husband applied to the porter of the Islington Workhouse, and was answered by a pauper to the effect that no parochial relief would be rendered unless the marriage certificate of the parties was produced. The morning now arrived and the husband applied to one Medical man after another, and in the end a gentleman attended and delivered the woman. His services, however, came too late, for the case was one of shoulder-presentation, and rupture of the uterus had taken place, and death, both of mother and child, soon followed. At the inquest which was held upon the body, it was stated that Dr. Butler had bought his practice of Mr. Gardner, that the latter had been engaged by the husband of the woman to attend her in her confinement, and that consequently Dr. Butler was bound by the engagements of his predecessor; and it was moreover stated that when Dr. Butler attended, 10s. was offered to him in part payment of his fee. All these statements Dr. Butler distinctly and categorically denies, but they are all repeated by Mr. Villiers, the President of the Poor-law Board, in his reply to Mr. Hennessy in the House of Commons on Thursday evening. The 'Daily Telegraph,' in the meantime, which is particularly lenient to the obscene quacks (for reasons which we have elsewhere pretty fully indicated), but is ferocious upon any shortcomings, real or supposed, of the regular and licensed practitioner, had belaboured Dr. Butler in the most violent terms and held him up to public execration, and hence, perhaps, the whole case has received more attention than it would otherwise have attracted. The matter, however, lies within a very narrow compass, and the blame really lies upon the woman and her husband, who ought to have made provision for the expected event, either by providing the sum necessary for securing the services of a Medical man, or by procuring a midwifery letter from the parish or from some charitable institution. Dr. Butler was (accepting his version of the transaction, which we have no reason to question) under no obligation to attend, and even the parochial officers, considering that the application for relief was made in the dead of the night, are not open to legitimate censure. The result, however, was most lamentable, because, in a scientific point of view, the case was one in which, by timely assistance, the life of the mother might have been saved if a Medical practitioner had ascertained at the proper period the nature of the presentation.

A WEEK OF HORRORS.

It has been remarked that truth is often stranger than fiction, and this saying has certainly been verified by the events of the past week. The first news which arrived was the attempted assassination of the Secretary to the Russian Legation in Paris, by a person said to be a lunatic. The next was the revival of the horrible story of the Road murder, by the voluntary confession of the supposed murderess, after a lapse of nearly five years since the crime was committed; and the crowning horror of all was the assassination of President Lincoln, an event which, without any exaggeration, may be said to have convulsed the civilized world. Of all these pieces of intelligence, that which most appeals to the English people, and presents the greatest interest in a psychological point of view, is the Road murder, a mysterious story almost forgotten, and which, to say the truth, would better be forgotten. Whoever may have been the perpetrator of the wicked deed, it would perhaps have been better that he or she should have expiated, by a life of prayer and penitence, the original crime, rather than that the harrowing and disgusting details should again be presented to the public view; but as the whole story is presented to us afresh, we must make what we can of the facts laid before us. Without pledging ourselves to any theory on the subject, we are compelled to admit that the recorded facts of this melancholy case are quite consistent with the confession of Constance Kent, and if she be really guilty, the state of mind, present and past, of this miserable girl, offers an interesting field of investigation to the psychological inquirer. Our contemporary, the 'Times,' offers the following explanation, of which we can only say at present, that a more absurd and unfounded accusation against our female youthful population was never seriously presented to the British public:—

"Lady Macbeth was a woman who lived in a castle, among savage retainers, and amid scenes of violence—Constance Kent was a school-girl. How shall we account for a contrast in which, if there is fact on one side and fiction on the other, it is a national faith to hold one as true as the other? Hard physiologists and shrewd observers give an answer that will shock tender minds. From twelve or fourteen to eighteen or twenty is that period of life in which the tide of natural affection runs the lowest, leaving the body and the intellect unfettered and unweakened in the work of development, and leaving the heart itself open for the strong passions and overwhelming preferences that will then seize it. Youth, it must be confessed, does not feel much; and, sad to say, it is the softer sex especially which is said to go through a period of almost utter heartlessness. As for boys, it is said that their case is not quite so bad, though bad enough. Yet girls, it is said, are harder and more selfish still, and it is good they should be till the master passion takes them. If so, theirs is a hard case, and harder still where there is a want of active employment and that peculiar brooding, imaginative, inventive tendency found in many young girls exists. In these cases the dream seems to grow and become an inner life, unchecked by social feeling and by outward occupation, till a mere idea equally causeless and wicked, fills the soul and masters the very act. Circumstances, too, may unfortunately favour such an evil possession, and such circumstances there were in this case. Constance Kent, it is said, only did what myriads of her age and sex only wish should come to pass by other agency than their own, and cared as little for what she had done as they for the spontaneous event. If this be so, youth and beauty are not quite what they seem, yet we see no reason to complain if, as we grow older, and may be, sadder, we become, or ought to become, more tender, gentle, and dutiful.

MEDICAL GOSSIP. By VIGILANS.

No. XVIII.

DR. ALFRED BUTLER'S SUCCESSFUL DEFENCE—PROVINCIAL MEDICAL PUFFING ANATHEMATISED — PLAGIARISM OF THE METROPOLITAN BOARD OF WORKS—A NEW PERIODICAL FOR MEDICAL DISSENTERS.

Nothing in the past week has pleased me more than the defence put in by Dr. Alfred Butler, by which the injustice of the verdict of the coroner's jury is made evident—the death was *not* "accelerated by the refusal of assistance by the surgeon to the said Mary Green, after having commenced his professional services." In a long letter to the 'Lancet,' which I daresay space will not allow of being reproduced, Dr. Butler very successfully defends himself; and I am decidedly of opinion that, if he should think it worth while, he might easily set aside the verdict. Dr. Butler appears to have been driven to defend himself in consequence of a powerful and a damaging leader in the 'Daily Telegraph,' which of all the daily papers has least right to condemn a duly-qualified member of our Profession so long as it opens its advertisement columns to the vile swindlers whose proceedings have driven many a poor sufferer to suicide. Can the talented writer of the leader referred to, who glorifies our Profession for "the divine art of healing" we practise, be aware that at the back of his eloquent peroration appear advertisements from the vilest swindlers in London, who pay his employers five shillings a line for them, and by which they inveigle into their clutches poor miserable sufferers from supposed, not real, disease, whom they rob and victimise, until empty pockets, madness, or suicide terminates the fraud?

The following note has been left at the office for me:—

"SIR,—Your readers must have observed, with unmixed satisfaction, your efforts to discourage puffing in connection with London practice, and doubtless you will hear without surprise that the provinces as well can boast of Brodies, Coxmiths, &c.

"The enclosed specimen, from our last Saturday's 'Hampshire Independent,' will give some idea of our weekly medical puffs; and I believe your readers will feel that you are doing good service by giving publicity to the same in your widely-circulated periodical.

"Surely it would be equally legitimate for the private practitioner to proclaim weekly, in the local papers, his extraordinary cases, accidents, and operations!

"I am, &c., "ORTHODOX.

"Southampton, April 25th, 1865.

"'ACCIDENTS.—Last evening about 8 o'clock, a lad 12 years old, named Arthur Walden, living in Coronation terrace, St. Mary street, climbed up the ivy around St. Mary's church to take a bird's nest, and fell from the roof a distance of 30 feet, receiving a severe compound fracture of the right leg. The broken limb was set by Dr. Fowler at the Infirmary, to which institution he was at once conveyed. About the same hour a man named Joseph Kimber was playing on some rails in Bar street, and falling, his arm was fractured. On being conveyed to the Infirmary, Dr. Fowler set the broken limb.'"

Must I again produce my moral cat-o'-nine-tails, and administer its purifying influence to another member of the Profession? Before applying the lash, I would ask if Dr. Fowler is really guilty of the breach of decorum imputed to him by my correspondent? I had hoped that my strictures on the practice which "Orthodox" so properly condemns, and to which I had called attention in my sixth letter, had been read in every Medical household; and, indeed, I shall continue to hope that Dr. Fowler is innocent of the offence, and that the breach rests with his friend the editor of the Hampshire Independent,' until I hear to the contrary. Perhaps Dr. Fowler is a Tory or a Whig, and does not read the 'Independent.' Perhaps, also, he does not read the MEDICAL CIRCULAR; though that is as improbable as that the late Mr. Cobden did not read the 'Times.' However it may be, I am quite sure it is only necessary to call Dr. Fowler's, or that of any other respectable member of the Profession's, attention to the fact that his name is improperly and indecently obtruded upon public attention, to have it suppressed for the future. Let me beg of Dr. Fowler to send six stamps for the MEDICAL CIRCULAR, which contains my sixth letter, or, whilst he is about it, enrol his name as a subscriber, if he is not already on the list.

There are pirates and plagiarists in other professions as well as our own. A more glaring instance of the latter was never exposed than the main drainage scheme now being carried out. Mr. Bazalgette, to Question 5112 before Lord Robert Montagu's Committee, 1864, answers:—"The main drainage works were, in fact, originally designed piecemeal, and between the years 1856 and 1858 the plans were from time to time modified, until finally adopted in 1858 on the joint report of Messrs. Bidder, Hawkesley, and myself." Now, it may be asked what this subject has to do with the Medical Profession. Not much truly; but it affords me the unmixed pleasure of showing off to the best advantage one of ourselves, whose whole life has been devoted to the public good, and although it has far exceeded threescore years and ten, the mind is as active and vigorous as ever. Dr. Granville—I believe now the oldest living member of the College of Physicians—is engaged on a work entitled 'The Great London Question of the Day; or, Can Thames Sewage be converted into Gold?' I have been favoured with a sight of the Preface, from which it appears that, nearly thirty years ago, Dr. Granville took a most active part in the formation of the "Thames Improvement Company," the object of which was to carry out the plan of a departed man of genius, John Martin, which embraced every one of the measures which the Metropolitan Board of Works' scheme of the day is about to accomplish.

"The Metropolitan Board of Works, who having adopted, after many vain successive tentative designs of their engineer and others, that great artist's plan for effectually freeing the Thames from pollution, and of applying the polluting matter as a source of profit to the land, have never made the smallest reference or allusion to him, or to those patriotic individuals who early came forward with their money and influence to support, and if possible bring to a happy issue, so original and national a scheme. That scheme, indeed, fell through, but simply for the lack of those four or five millions of money which a more favourably disposed Legislature than the original designer and promoters had to deal with, enabled the imitators to raise by taxation. The plagiarism by the latter, as will be shown by documents in the course of this essay, has been pushed to the verge of adopting, not only the four salient points of the plan, programme, and evidence, but, in some instances, the language even of an association of gentlemen of scientific influence and standing in society, who, in the form of an intended joint-stock company, entitled 'The Thames Improvement Company,' undertook, thirty years ago, to carry out John Martin's plan, and along with it every one of the measures which the Metropolitan Board of Works' scheme of the day (come to by bits and snatches and piecemeal, as their own architect has declared before Lord Robert Montagu's Committee) are about to accomplish.

"To prove all the preceding allegations, that plan in all its most intrinsic details, as prepared for parliamentary inquiry in 1836-7, will be here reproduced, in order to show that, with the exception of the larger valuations of material quantities, arising from increased population during a subsequent period of thirty years, the same details and calculations put forward in the present scheme were in that year made known for the first time to the public, and have remained unchallenged. And when the readers shall have attentively perused the whole scheme of the Thames Improvement Company in all its particular features, so studiously kept from their knowledge by the present workers, and they shall have compared it with the other scheme actually in action, as detailed by the chairman and engineer in Lord Robert Montagu's able and elaborate report of 1864, they will possibly exclaim, 'What prevented this identical plan being carried into effect thirty years ago, thereby obviating the endurance for so long a period of the disgusting fact of more than two millions of people cooking with and drinking a stercoraceous river water, while

the land was at the same time defrauded of the advantages which we now hear extolled on all hands, even to exaggeration?'

"When the two descriptions shall be before the world, I shall take leave to say to Lord Robert Montagu and to Mr. Thwaites, 'Look upon your picture and on this, and tell us whether the one be not the offspring of the other, so closely resembling its parent, that no one but those individuals who may wish to sink into perpetual oblivion the lineal descent would venture to deny the filiation. How comes it that your sense of justice did not lead you to acknowledge the right claim of priority of your parent scheme? You have recorded no small number of trifling and insignificant devices which had come before you or to your notice, with reference to your own main object, but not the faintest token of recognition have you vouchsafed of the greater scheme analogous to, and the parent, in fact, of your own.'

"But besides its other important objects, forming, as it were, a body of evidence concerning the great London question of sewage and manure, which may be said to form its history, the present volume aims at some more useful attainment than that of merely exposing a practical plagiarism, which, after all, if properly completed, may lead to the very end desired by the Thames Improvement Company. The main purport of these pages is to come to the aid of a good work so happily begun, by bringing forward such a mass of continental information, obtained directly from official sources, and never before published, as will throw a decisive light on questions still perplexing and undecided in the newer scheme."

I have heard on good authority, though he withholds mention of the fact, that Dr. Granville expended many hundreds of pounds in the promotion of this scheme. Notwithstanding its failure, the project was highly honourable to him and to all concerned in it—indeed, it would seem to be the identical project now being realised.

Somebody who, I suppose, regards me as an ally, seeing that I am always holding up to execration intra-professional quackery, has sent me a prospectus of a new periodical, to be called 'The Medical Dissenter, or Unregistered Doctor: a Weekly Journal of Health, adapted to Popular and Professional Reading; and devoted to a thorough Examination and Exposure of a Jealous, Rapacious, Selfish, Hypocritical, Insolent, Domineering, Inadequate, Anti-progressive, but Oppressive Holy Alliance of Privileged Quacks and Routinists, whose overshadowing Charter-rights, Pedigrees, Monopolies, and Ingenious Conspiracy to rob, drench, poison, mangle, and slaughter the People, is perpetuated by Act of Parliament.'

This out-and-out defender of Medical dissent and nonconformity, whether exercised by allopaths, homœopaths, hydropaths, botanics, galvanics, and eclectics, chemists or druggists, has many objects in view, all of which are enumerated in the prospectus. No. 15 runs thus:—

"XV.—To inquire—Who gave Hippocrates his diploma? Whence did Galen get his? Had Esculapius such a thing? Would they have been more successful in the art of healing by possessing a sheepskin from a bloated and antiquated corporation? Does a sheepskin, even with a tail appended to it, enliven the wits of any of these formal hocusses and dreary old fogies, such as Professors Opodeldoc, Kalomel, Ippakak, and Kodlivroyl, who give stale, stupid, flat, and unprofitable lectures annually, on the destructive art of mis-medicine, at the slaughter-house hospitals? If not, why not?

"XVII.—To show that the magic of a diploma, the mysteries of medicine, and the force of the arrogant assumptions of a designing, crafty, and anti-progressive Parliament-protected corporation are together pssing away; the people are beginning to think for themselves; common schools and newspapers are teaching something of physiology, and with the dawn of popular knowledge must come the downfall of feudal, mineral, slashing, and torturing quackery, no matter whether protected, diplomated, or addle-pated.

"Lastly.—To gibbet remorselessly those unprincipled impostors, who, ignorant alike of Medicine and Surgery, have, nevertheless, nearly monopolized the practice of some of the most important and misery-producing diseases that have ever afflicted humanity. These unprincipled quacks, by means of swindling and extortion, however, have given an excuse to the privileged monopolists to beg for exclusive laws and privileges against conscientious, *though capable*, dissenters."

"The editor pledges himself to prove and defend the allegations contained in this prospectus. The Journal will be undertaken from the most conscientious motives, from an enthusiasm in the cause of freedom, and a full conviction of its necessity. If it be still asked—What is the use of such a publication? I answer in the words of the Rev. John Wesley—'The greatest that can possibly be conceived. Is it not needful, in the highest degree, to rescue men from persecution—from an unjust and tyrannical body of antiquarians? Is it not needful to unite in one body Medical Dissenters, and assert their claim to supply the present inadequate state of Medicine, regardless of the obstacles to progress by the routinists, whether they be actuated by ignorance, prejudice, or knavery?' Is it nothing to protest against encroachments upon the dearest personal rights and liberties of the subject—against an odious monopoly, created for the benefit of a trading class, which tries to outlaw all dissenters, and render the people abject slaves to a tyranny as galling, insulting, and injurious as any against which Britons ever had to struggle? But it has been objected that we shall be maligned, calumniated, persecuted. The celebrated Dr. Harvey said—'He who professes to be a reformer of the art of physic must expect to run the risk of the martyrdom of his life.' The editor is prepared for the ordeal, if necessary; and hopes that all who desire to recover their Medical liberties from the grasp of an overgrown imposthume of the Medical body, will encourage him in the work.

"Persons favourable to the objects of this Journal are respectfully solicited to assist the enterprise by subscriptions, and by communications with the editor; who will also be pleased *to receive statements of facts illustrative of the ignorance, mal-practices, extortion, and arrogance of the monopolists.*—All communications must be addressed to the Editor,

"Thos. V. Paterson.

"10 Litchfield street, Soho square, W.C."

Of course, I have enrolled my name in the list of subscribers, more especially as I recognise in the new periodical a new and powerful aid to my own efforts in the purification of my Profession, for, certainly, I shall accept the invitation of Mr. Thomas V. Paterson, and send him statements of facts illustrative of the ignorance, malpractices, extortion, and arrogance of us monopolists, whenever one amongst us is found oblivious or defiant of my castigation or censure.

Mr. Arnott, when he expressed an opinion before the Medical Council that an application to Parliament for increased powers would be fruitless, must have read this prospectus. That gentleman, to my mind, has the longest head of all our representatives. Parliament men are not great friends to the legitimate doctors, and it behoves us to be careful whom we send to the new Parliament to represent us. I don't like any Medical candidate I have heard of yet.

Vigilans.

REVIEW OF BOOKS.

Manual of the Turkish Bath. Heat a Mode of Cure and Source of Strength for Men and Animals. From Writings of Mr. Urquhart. Edited by Sir John Fife, M.D. F.R.C.S., Senior Surgeon to the Newcastle Infirmary. Pp. 419. London: Churchill and Sons. 1865.

This little volume contains so many paradoxical theories and startling novelties in connection with the subjects of Medicine and Hygiene, that we hesitate to give our assent to the views propounded until they have received the sanction of experience. When we are gravely told that the invention of glass-windows and the use of clothing have been

and are injurious to the human race, and that the regular consumption of two or three meals a day is the cause of dyspepsia, and that, conversely, the health of man would be promoted and his longevity secured by his full exposure to all weathers, by the absence of clothes, and by indulgence in one meal only in the twenty-four hours, we rub our eyes and ask ourselves whether we are better or worse for our boasted civilisation, and whether it would not be good for us to plunge again into the darkness of barbarism. The worst of it is, that we do not exactly know what era of the world's history or what region of the earth Mr. Urquhart would recommend us to take as models for the guidance of our lives and habits. The Turkish bath being the basis of Mr. Urquhart's ideas of human perfectibility, we might imagine that Turkey was the favoured country; but such is not the case, for it appears that the bath has degenerated in the present Ottoman empire. Ancient Greece and Rome, in Mr. Urquhart's opinion, never used the bath in the proper manner, and modern Europe is quite ignorant of its construction and application. As far as we can understand, the period at which the bath flourished most, according to Mr. Urquhart, was before the time of Mahomet, who actually discouraged its use and was induced to sanction it only because he was assured that it caused fruitfulness in women.

The publication of the present volume, however, will fairly introduce the whole subject to notice, and all classes of readers, lay and professional, can learn what Mr. Urquhart has to say on a topic which has engrossed very much of his attention, and in the study of which he has brought to bear a great amount of learning, and practical experience gained in various countries. Sir John Fife, who has become a warm advocate for the Turkish bath, and has caused such baths to be constructed for the use of the Newcastle Infirmary, speaks very highly of their efficacy in the treatment of many diseases, both Medical and Surgical, and in a short preface he enumerates the maladies in which he conceives that they will prove serviceable.

The contents of the book are of a miscellaneous character, and the remarks, though often learned and ingenious, are very discursive. The first part consists of what is called a Dialogue, or what is properly a Polylogue, between Mr. Urquhart and a number of Medical men, some in favour of the bath and some sceptical as to its value; and Mr. Urquhart considers that he always has the best of the argument. The other parts of the book consist of papers, contributed from various sources, some being republications from Journals, and all connected more or less with the views advocated by Mr. Urquhart.

The Surgery of the Rectum: being the Lettsomian Lectures on Surgery, delivered before the Medical Society of London, 1865. By Henry Smith, F.R.C.S., Assistant-Surgeon to King's College Hospital, Vice-President of the Medical Society of London. Pp. 127. London: Churchill and Sons. 1865.

Of the three lectures of which this course consists, the first describes some points connected with Fistula in Ano; the second is on Stricture, Cancer, and Polypus of the Rectum; and the third is on the treatment of Hæmorrhoids and Prolapsus. In the last lecture, the use of Mr. Smith's improved clamp is fully explained, and is illustrated by the record of the author's experience of the instrument, which is shaped somewhat like the ordinary clamp used by Mr. Curling for applying nitric acid; but the edges, instead of being serrated or not meeting in their entire length, are so constructed as to fit accurately along their whole extent by means of a groove on one blade and a raised surface on the other. By this modification, the mucous membrane or tumour to be removed can be thoroughly compressed, and there is no fear of bleeding. The instrument is further improved by attaching a screw to the handles so as to regulate the power of the blades. Mr. Smith's lectures, in their printed form, constitute a very useful contribution to an important department of practical surgery.

GENERAL CORRESPONDENCE.

THE WANT OF FEVER HOSPITALS.

To the Editor of the Medical Circular.

SIR,—When I forwarded to you the communication which you did me the honour to insert in the MEDICAL CIRCULAR of last week, I had not seen the official report of the physicians employed by the Russian Government. That report enters very minutely into the nature of the epidemic, and appears to be honestly drawn up. Had I then read it, I should not have written the concluding paragraph. That report conclusively establishes the fact of the epidemic at St. Petersburg being a variety of typhus and not the plague; and the reported large mortality may perhaps be accounted for by the number of deaths being those of the inmates of the hospitals only (necessarily the severest cases), and the milder cases left at their own dwellings not included. It certainly is quite unaccountable how such a report as the prevalence of plague at St. Petersburg and other parts of Russia should have been so persistently and so widely disseminated, and the more especially in the columns of the 'Times,' usually so accurately informed. And if the plague should again visit Western Europe, it will be probably through Russia, and not from the Mediterranean. Its extensive conquests in Asia, and the consequent frequent interchange of troops between the different towns of her extensive dominions, render the attack of plague on her western provinces a matter of great probability. But admitting the epidemic at present existing in the north of Europe to be a variety of typhus, my arguments as to the want of hospitals for contagious fevers are not invalidated. The presence of so large an amount of fever in London at present clearly points out the necessity for the reformation of our hospitals and their future organization, that this scourge may be properly met and treated.

It is more than likely that more is bestowed on hospitals and other charitable institutions in London, even in proportion to its inhabitants, than in most other cities or even capitals; yet, for the want of a proper supervision, less is accomplished. It can scarcely be credited that so important a disease as fever—in comparison to which all other diseases sink into insignificance—should be left to the chance bounty of the public, and that only one *fever hospital* exists, or rather languishes, for want of funds. With its very limited means, the managers of this hospital have effected wonders, and the benefits the public have derived from their exertions are great indeed. Without *puff*, *parade*, or *exaggeration*, they have gone on doing good. Nor has the breath of suspicion ever reached them for either jobbery or egotism; but these gentlemen must know that the miseries and destruction caused by contagious fevers are gigantic, and that for this large metropolis many fever hospitals are required. The fact is not unknown to them that numbers of people suffering from typhus die from the fatigue of a removal from a distance, and, although contagious, that a thin wall affords as much seclusion and protection from contagion as a distance of a mile.

The Bill introduced by the Government to the House of Commons last week for the reorganization of Greenwich Hospital has been hailed by the public with extreme satisfaction. The abuses that had grown up in that establishment were known to be great, and the reformation proposed is most effective. St. Bartholomew's and St. Thomas's Hospitals stand on the same relation to the country as Greenwich; for while the principal income of Greenwich Hospital is derived from the forfeited estates of traitors, the revenues of the former are derived from estates alienated from the religious houses of the Roman Catholic Church; and it is just as much the right and duty of the Government to reform these as Greenwich, and to see that their enormous revenues are applied according to the wants of the sick poor of London. Assuming the income of these two hospitals to be conjointly from 80,000*l.* to 100,000*l.* per annum, at the ample allowance of 30*l.* per bed, between 2,000 and 3,000 inmates could be constantly maintained as in-patients, and ample provision could be made for fever and other pests Several hospitals might be maintained, and I think expe

rience would show that hospitals with not more than two hundred beds are preferable to larger ones; they could be so located as to be within easy reach of those who require them. If the funds of these royal hospitals were thus applied, they ought to be under the management of one Council, appointed by the Crown, and who should be required to report to Parliament annually. In a report of the Great Northern Hospital, so-called not for its size, but because it is in the vicinity of the Great Northern Railway Station, its claims for public support are grounded on the migration of the labouring classes from the neighbourhood of St. Bartholomew's; and its surgical statistics tell of more cases of strangulated hernia admitted and more accidents than at the wealthy Bartholomew's. Continued appeals are being made on behalf of the West London Institute at Hammersmith, on the same grounds.

I cannot omit the temptation to quote the following excellent observations on the Medical Council which appeared in your leader of this week, the appropriateness of which no one can gainsay:—"Instead of a number of gentlemen coming together to carry out an Act of Parliament in a manner most conducive to the welfare of the many, we have a packed assembly representing the interests of the few, and to those interests almost all objects have been sacrificed. The jealousies of the corporations, also, instead of being decently concealed, have been openly paraded before the Medical world, and the sittings of the Council have been too often made the occasion of venting reproaches and bandying invectives between one licensing body and another." It should be considered that the corporators in question are the Medical officers of the hospitals. The keeping up flourishing Medical schools; the drawing together from distant parts of rather what is curious in disease than really to relieve the sick; to perform various operations which, however skilfully effected, would in many, perhaps in most, instances have been better for the sufferers not to have been done at all,—is much more the object of the managers of these institutions than to apportion their funds to the adequate relief of the sick poor of this metropolis. Nor does the constitution of these hospitals affect London alone; it equally concerns the country at large. On investigation, it will be found that nearly all the epidemics in country villages and small towns have been brought to them by servants and others sent out of London. An adequate provision made for fever cases in the metropolis, through the agency of the wealthy and national hospitals I have named, would confer far greater benefit on the country at large than enticing to their wards cases for operation under pretence of London skill, the usual termination of such cases being premature and painful deaths in their obscure dwellings after leaving the hospitals, while such operations serve as exhibitions to the pupils, and are presented as triumphs of surgical skill.

I am, &c., UN MEDECIN MALGRE LUI.

POOR-LAW MEDICAL RELIEF.

To the Editor of the Medical Circular.

SIR,—At a meeting of a majority of the Medical officers of the Weymouth Union, held at my house this day, the following letter, for which you will oblige me by finding space, it was agreed should be sent to the guardians of this Union, as it may act as a guide for the great body of Poor-law Medical officers. I am, &c.,

RICHARD GRIFFIN.

12 Royal terrace, Weymouth,
April 24, 1865.

"*To the Board of Guardians, Weymouth Union.*

"GENTLEMEN,—In consequence of the Poor-law Board having issued a circular letter to you and all other Boards of Guardians throughout Engiand and Wales, relative to the supply of cod-liver oil, quinine, and other expensive medicines for the poor, we have felt it our duty to you, as your Medical officers, to hold a meeting on the subject, in order that we may, if possible, assist you in arriving at a right decision on the questions involved, as they are purely Medical, and are with difficulty understood, excepting by Medical men.

"We think it right to premise our remarks by stating that the recommendation of the Select Committee on Poor Relief was made for the benefit of the poor, as it was felt that, owing to the expensive nature of many drugs, the Poor-law Medical officers could not afford to purchase them out of the very low salaries now paid them, and as a consequence, the poor have been but inadequately supplied with them; if, therefore, the Guardians should carry out the recommendation of the Select Committee, the present Medical officers must not be expected to contribute from their salaries towards the extra expense, but they will most readily assist you towards obtaining them in the most economical manner.

"With regard to cod-liver oil, we have no suggestion to offer on the recommendation of the Poor-law Board, further than to inform you that it may be purchased at prices varying from 8s. to 30s. per gallon, according to quality, some of the cheaper kinds being very nauseous to the taste; at about 20s. per gallon a very good quality ought to be obtained. We would advise your purchasing it done up in four- and six-ounce bottles, and in that state it may be given out to the sick poor, either at the workhouse, as named by the Poor-law Board, or direct from a druggist if purchased in Weymouth; or a certain number of bottles may be given to those Medical officers residing in the country for their delivery to the poor.

"With regard to quinine and other expensive medicines, we feel a difficulty in advising you as to the best course to be pursued, as several drugs frequently enter into the composition of one bottle of medicine, some very expensive and others of but slight cost; for instance, quinine is rarely given alone, although it may form the most important ingredient in the mixture: opium in its various forms, sarsaparilla, iodide of potassium, and the ethers are all expensive medicines, but are seldom given by themselves. Under these circumstances, you must either place confidence in your Medical officers, and allow them to charge extra for these medicines, or else you must allow your officers to order them from the druggists.

"We beg further to recommend that leeches should also be found by the Guardians, as they are frequently of great importance in the treatment of diseases, but from their expensive nature they cannot be found by the Medical officer to any very great extent.

"We have the honour to be, Gentlemen,
"Your obedient servants,

"Weymouth, April 24, 1865."

PREVENTION OF DECAY IN ANIMAL SUBSTANCES—GORINI'S PROCESS.

To the Editor of the Medical Circular.

SIR,—A learned correspondent in Turin has forwarded me the following account of a report concerning "the preparation of animal substances," made by a Commission of the Royal Academy of Sciences of Turin, on Dr. Paul Gorini's methods. The subject is one of much importance, both to the Medical Profession and public, and I shall be glad if it suit your columns.

First Report.—"Dr. Gorini," says the report, "has asserted—1st. That, by his method, dead bodies may be kept in a state of softness and freshness during a space of six months, so that they may be fit for subjects of dissection. 2nd. That these subjects, after this time has elapsed, commence to mummify, and, at the end of another couple of months, they become completely dry and hard, and from this time forth, for an indeterminate number of years, by plunging them for some weeks into water, their *turgor* and softness of fresh subjects may be restored. 3rd. That Professor Gorini has the power of hardening dead bodies in such a manner, and with so little alteration of their forms, as to be easily capable of recognition. That this method may be used for keeping bodies for medico-legal purposes.

"On the 21st May, 1864, the Commission visited the house of Professor Gorini, and there examined various

parts in various conditions of desiccation, and especially proceeded to the dissection of a little subject of a child which Dr. Gorini had prepared on the 22nd of January of this year. This subject was still soft, turgid, and, in fact, odorous; the skin had assumed a colour sensibly livider than in the fresh subject. When the thoracic and abdominal cavities were opened, the viscera were found in the most praiseworthy state of preservation.

"In this first session of the Commission, two dried subjects of children were placed in a bath of water. These subjects (seen May, 1864), according to Professor Gorini, had one of them been prepared 10th April, 1862, the other 6th February, 1863.

"The Commission assembled again on 25th June, to examine the subjects which had been in water since the 29th of May. The water during this time had been changed five times. The following observations were made upon them:—The epidermis was destroyed; a kind of unctuous varnish covered the body; the two bodies were softened and swelled out. The abdominal and thoracic cavities were opened: the viscera were found well preserved, especially the intestines; the colour of the muscles was natural; the nerves were admirably distinguishable.

Second Report.—"Report read in the meeting of 18th December, 1864, of the Physical and Scientific Section of the Royal Turin Academy.

"The preservation of an œdematous hand is wonderful. This method, suitably applied, may render great service to science, making it easy to obtain by this means portions of the human subject for physiological or anatomical permanent study, which Pirigoff was only able to accomplish for a short time by freezing them. Two human heads, prepared many years ago, are most wonderful preservations. In this manner, too, entire bodies of animals may be prepared, and Dr. Gorini showed us a dog and cat with all the internal parts solidified and in perfect preservation.

"Two other child-subjects, prepared by Signor Gorini, at Lodi, the one on the 2nd, the other on the 8th August of this year, were examined in October. They were still soft and perfectly preserved, so as to be quite fit for dissection. The lungs, the heart, the intestines, the spleen, the kidneys, the uterus, were preserved, with all their characters of form, colour, and dimensions. The mesenteric vessels were very distinct—full of red blood. The intestines contained fæcal matter in parts of it, and when washed the villi appeared as if fresh. After having verified that, in Professor Gorini's method, no incision of vessels is required, it is also important to remark that neither is the washing out of the intestines repeatedly required, as was supposed. Your Commission is, then, of opinion that, by the process of Dr. Gorini, the preservation of bodies may be intact for an indefinite number of years.

"The knives and instruments used for dissection are not injured on these prepared subjects more than on fresh ones. . . . The advantages depend, of course, on the material conditions of the process; but these are unknown, since Dr. Gorini makes a secret of them; but he has assured the Commission that, for the simple preservation of subjects for dissection, only one day is required, and the materials are not costly, and five francs (or four shillings) would be sufficient for each subject. Your Commission conclude by expressing the desire that Professor Gorini may be induced to render his discovery public, certain that it will render great service to science, and also certain it will be improved upon by the many experiments which will doubtless be made by other competent observers."

I may add that Professor Gorini appears to have a process for preserving butcher's meat in a fresh state. Should this prove as effectual as the above process for subjects, we may yet hope to see something better than the dry-beef of South America brought to the shores of this country.

I am, &c., C. DRYSDALE.

39 Southampton row, W.C.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

APRIL 27.

THE CASE OF MARY GREEN.

Mr. Hennessy, who had given notice of his intention to ask the President of the Poor-law Board a question with reference to the conduct of the parochial authorities in refusing Medical aid to a woman named Mary Green, who died in childbirth, said that according to the published account of the case, the husband of the woman sent for a doctor named Butler, who had purchased the practice of a former doctor. Mr. Butler came to the house and looked around, but seeing that the people were very poor, and that he was not likely to get his fee, he left the place, recommending the people to send for the parish doctor. The man went to the workhouse at Islington, stated the case, and asked for the assistance of the parochial doctor. ("Order," and "Hear, hear.") The man was told that Medical assistance would not be afforded to the woman unless he produced the marriage certificate. He then secured the services of another Medical man, but by the time the latter had arrived, the child was dead, the woman herself dying shortly afterwards. He wished, therefore, to ask whether it was the rule of the Poor-law Board that the Medical officer should not attend poor women under similar circumstances without the production of marriage certificates, and also, if such were the rule, whether Her Majesty's Government would take any steps to have it repealed.

Mr. Villiers said that he had seen the report of the case in the newspapers, but he was not yet perfectly informed as to the details; but he had already sent for the depositions taken before the coroner, and should shortly know what had precisely occurred. As soon, however, as he saw the report, he had requested an inspector to make inquiry at the workhouse at Islington, to know more of the matter, and though he learnt that the case was substantially as described by the hon. member, yet it did not appear that any authorities at that house had been to blame. The poor man who had applied for Medical assistance for his wife was not a pauper, but an independent artisan, and he had never intended seeking relief. On the contrary, expecting his wife to be confined, he had made an arrangement with a Medical man to attend her during her confinement. In the meantime, however, the doctor had sold his business to another doctor, and with it transferred all the engagements he had contracted. When, therefore, this poor woman was taken ill, she sent for the doctor who had purchased the business, and it was true, he believed, that being struck with the apparent poverty of the people, he declined to attend her, and said it was a case for the parish. Upon which the husband went to the workhouse and applied for Medical relief, but unfortunately he only applied to a man standing at the gate, who was no officer, but a pauper and inmate of the workhouse, and he told the man that they would not give him Medical relief unless he produced his marriage certificate; on which, unfortunately, the man went away. It so happened that the relieving officer was always at the workhouse, and his directions were to provide Medical relief immediately in all cases of emergency, and in this case that relief would certainly have been provided, had he been apprised of the matter. The man, upon leaving the house, called upon another doctor, who readily went to the poor woman's assistance, but when he arrived it was too late, and shortly afterwards the poor woman died.

MEDICAL NEWS.

UNIVERSITY OF ABERDEEN.—At the late Medical Graduation term, the following candidates, after the usual Examinations, received Degrees in Medicine and Surgery:—*The Degree of M.D.*:—Edward Batt, M.R.C.S.E. and L.S.A., Oxfordshire; John Tasker Evans, M.R.C.S., Hertford; James Farquharson, Edinburgh; George Findlay, A.M. Keith; James E. Fowler, A.M., Aberdeenshire; Jas. Thos. Gage, Aberdeen; Alfred O. Jones, M.R.C.S. and L.M., London; William C. Lucey, M.R.C.S., L.S.A., and L.M.,

Surrey; Edwin B. Muskett, Norfolk; Thomas Seccombe, F.R.C.S.E., Plymouth; Joseph B. Siddall, M.R.C.S.E. and L.S.A., Derbyshire; Edward Sutcliff, M.R.C.S. and L.R.C.P.L., Surrey; James Taylor, Banffshire; Martindale C. Ward, M.R.C.S.E., M. and L.S.A., and L.M., London.

The Degree of M.B.—William S. Birnie, New Pitsligo; William Center, A.M., Aberdeen; Anthony C. Colborne, L.R.C.P., L.S.A., London; John Dawson, M.R.C.S. and L.S.A., Norfolk; William Duncan, Aberdeen; Alex. Gibb Grant, Aberdeen; George Garvin, Colombo, Ceylon; David A. Kerr, Aberdeen; George King, Aberdeen; John Macpherson, Huntly; Robert M. Milne, Dunnottar; Thomas Milne; Aberdeenshire; Alexander G. Mitchell, A.M., Rayne; John Murray, M.R.C.S. Eng., Aberdeen; Alexander Ogston, Aberdeen; Samuel Rowe, M.R.C.S.E., London; Charles E. Saunders, M.R.C.S., London; John Simpson, Kintore; Francis Snaith, M.R.C.S. and L.S.A., Lincolnshire.

The Degree of M.C.—William Center, Anthony C. Colborne, John Dawson, William Duncan, John Tasker Evans, George Findlay, James Fowler, James Thomas Gage, George Garvin, Alex. Gibb Grant, Alfred O. Jones, David A. Kerr, George King, William C. Lucey, John Macpherson, Robert M. Milne, Thomas Milne, Alexander G. Mitchell, John Murray, Edwin B. Muskett, Alexander Ogston, Joseph B. Siddall, John Simpson, Francis Snaith, Charles E. Saunders, Edward Sutcliff, Martindale C. Ward.

Of the before-mentioned candidates, William Center, Anthony C. Colborne, John Tasker Evans, James Thos. Gage, George King, Alex. Ogston, Joseph B. Siddall, Edward Sutcliff, and Martindale C. Ward, received their degrees in Medicine and Surgery, with highest academical honours. James Elsmie Fowler, Edwin B. Muskett, and Charles E. Saunders received their degrees in Medicine, with academical honours, and William Duncan his degree in Surgery, with academical honours.

At the same time, Alfred Swaine Lethbridge and Frederick John Wadd were certified as having passed all the examinations, and are entitled to receive degrees on their attaining the necessary age.

And the following were declared to have passed part of their examinations:—William S. Aitken, George H. Anderson, Alex. Cameron, John M. Campbell, John Carless, Jas. C. G. Carmichael, Jas. Allan Coutts, William W. Galloway, Benjamin Graham, William R. Gordon, Charles D. Grant, Alex. R. Gray, John Thos. Hughes, Charles Maclean, William Macrae, Alex. C. Reid, James Rodger, John Shives, Alex. B. Strahan, Hercules S. Traill, David Young.

The next Professional examination for degrees in Medicine commences on Monday, July 24, 1865.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows, held on Friday, April 21, 1865, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—James Byers Thomas, Palamcotta, India; James Jones, 88 St. John street, Clerkenwell; Franklin Gould, 26 Charlotte street, Bedford square; Ernest Rudolph Gotthard Groth, M.D. Berlin, 12 Sutherland terrace, Brixton; Edwin Burrell, Westley, Bury St. Edmunds; John Spencer Ferris, 62 Great Russell street; Henry Cripps Lawrence, 4 Palace road, Kingston-on-Thames; Edward Septimus Earle, 22 Queen Anne street; Joseph Frederick Eyeley, Llanymynech; Thomas Sheldon Foster, Carnarvon; Newton Greenwood, Penryn, Cornwall; Robert Lamb, 162 Caledonian road.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 25th ult.:—Alfred Courtnay Baillie Melhado, Bayswater; Alexander M'Ivor Tindall, Falsegrave, near Scarborough; Paul Quick Karkeek, Pentreve, Truro; George Jones, L.S.A., Loughborough-road, Brixton; and Francis Bateman, Canterbury, students of St. Bartholomew's Hospital. John Gill, Weston-under-Redcastle, Salop; Howard David Reynolds, Haverfordwest; Jabez Thomas, Swansea; and Henry Whiting, Southend, Essex, of Guy's Hospital. George Arthur Brown, L.S.A., Welshpool, Montgomery; John Oakley, Shrewsbury; Franklin Gould, B.A. and L.R.C.P. Lond., Charlotte street, Bedford square; and Richard Murhall Hickman, Leaton, near Shrewsbury, of King's College. Richard Ley, South Molton, Devon; Rees Llewellyn, Maesgwyn, Breconshire; and Edward Seymour Wright, March, Cambridgeshire, of the London Hospital. Charles George Firman, L.F.P. and S. and L.M. Glasgow, Wivenhoe; John Swindale, L.S.A., Appledore, Devon; and Alfred Jones, Chepstow, of the Middlesex Hospital. John Stuckey, L.S.A., Langport, Somerset, and George Washington Evans, Streatley, near Reading, of University College. Henry John Foulds, Derby, and Thomas Stretch Dowse, Bradford-on-Avon, of the Charing-cross Hospital; and James Algernon Temple, M.D. M'Gill Univ., Quebec, Lower Canada.

PROPOSED HOSPITAL FOR MERCHANT SEAMEN.—On Saturday a public meeting, convened on a requisition to the Lord Mayor, was held in the Egyptian-hall of the Mansion House, for the purpose of establishing a hospital similar to that at Greenwich for worn-out and disabled merchant seamen of all grades, and also a Mariners' National Pension and Widows' Fund, to which all the officers and seamen of the British empire, whether of the Royal Navy or Mercantile Marine, may subscribe, in order to insure themselves at the age of sixty, or previously if permanently disabled, a pension ranging from 9*l.* to 45*l.* a year, and pensions for their widows. For the proposed hospital the mansion of the late Sir Culling Eardley, at Belvedere, has already been purchased, and efforts are now being made to establish the institution on a permanent footing and commensurate with the necessities of the case. At the meeting a goodly number of merchants, bankers, shipowners, members of Parliament, and naval men assembled to countenance or take part in the proceedings. The Lord Mayor presided on the occasion. Letters were read from several noblemen and gentlemen, promising to aid the project, and commending it to the public support. Lord Clarence Paget designated it in a letter as a truly patriotic proposal, and said he should be happy to aid it in every way in his power. Mr. Thomas Baring, M.P., in proposing the first resolution, offered, first of all, his cordial thanks to the Lord Mayor for affording the promoters the use of the Egyptian-hall. The Belvedere Hospital would accommodate 500 inmates, but it was calculated that about 4,000 old and infirm merchant seamen were spread over the country in workhouses; and he thought it was somewhat of a disgrace to a great commercial community like this, that there should not be an asylum and provision in old age for men who rendered such signal services to their country. He commended the enterprise to the blessing of God, and moved a resolution to the effect that it was desirable to establish an institution for the permanent reception of aged and worn-out merchant seamen, and a national provision for mariners and their widows. The motion was seconded by Mr. Cave, M.P., who cited as an example for founding such an institution the benevolent provision which was being made against age and infirmity among railway operatives and labourers. Captain Maude, R.N., recommended the establishment of such a hospital as an example to the northern ports, where it was much needed. The resolution was carried unanimously. On the motion of Mr. Lyall, M.P., a deputation was appointed to wait on the President of the Board of Trade to urge on the Government the necessity of caring for the merchant seamen, and soliciting their aid. Mr. C. H. Wigram moved a resolution commenting on the tangible nature of the objects proposed, and authorising an appeal to merchants, bankers, and shipowners at large in aid of them. This was unanimously adopted. Mr. Wolverley Attwood, in seconding a vote of thanks to the Lord Mayor for granting the use of the hall, dwelt in eloquent terms on the moral effect of an institution like the one proposed being visible from the Thames by seamen on voyages to and from distant climes, bearing the commerce which made our name as a nation famous all over the world. The subscriptions at and before the meeting amounted to about 2,500*l.*, over and above the munificent donation by the Shipwrecked Mariners' Society of 5,000*l.*

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MAY 3.—Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Dr. Odling, "On the Chemistry of Tissue-Metamorphosis;" Hunterian Society, 7½ p.m.—Council.—8 p.m.—Meeting; Obstetrical Society of London, 8 p.m.—Dr. Barnes, "On Dysmenorrhœa, Metrorrhagia, and Sterility, and the Relief of these Affections by Division or Dilatation of the Cervix Uteri."—Mr. H. W. Sharpin, "On a Case of Ovariotomy."

THURSDAY, MAY 4.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 4 p.m.—Prof. Frankland, "On Organic Chemistry;" Chemical Society, 8 p.m.—Mr. T. P. Blunt, "On Phosphide of Magnesium;" Harveian Society of London, 8 p.m.—Dr. Sisson, "On the Remedies for Dropsy."

FRIDAY, MAY 5.—Operations at the Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Dr. Odling, "On the Chemistry of Tissue-Metamorphosis;" Western Medical and Surgical Society of London, 8 p.m.—Mr. C. Hunter, "On the Progress of the Hypodermic Treatment."—Nomination of Officers for the Next Session;" Royal Institution, 8 p.m.—Prof. Fawcett, "On Wealth, and those who Produce it."

SATURDAY, MAY 6.—Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing cross Hospital, 2 p.m.; Royal Institution, 4 p.m.—Prof. Bain, "On the Physical Accompaniments of Mind."

MONDAY, MAY 8.—Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAY 9.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Small-Pox: How to Annihilate it; or, Observations on the Pernicious Consequences of Imperfect Vaccination, and on the Necessity for Re-Vaccination. By R. T. Lodge, M.D. Liverpool: H. Greenwood, 22 Castle street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand. In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing cross Post office.

MR. GRIFFIN'S letter is inserted.

THE ROYAL INSTITUTION.—The notice has been received.

A POINT OF MEDICAL ETIQUETTE.—It does not appear to us that either of the practitioners was to blame in the case described. The unpleasantness arose entirely from the conduct of the patient's friends.

A CANDIDATE.—The election is by ballot.

A SUFFERER.—We almost wonder that the question should be asked, after the revelations which have appeared in our columns.

THE OBSTETRICAL SOCIETY.—The notice has been received.

DR. DRYSDALE'S letter is inserted.

THE HARVEIAN SOCIETY.—The report has been received, and will appear next week.

MR. W. BIRD HERAPATH'S letter has been received, but its publication is unavoidably postponed till next week.

A YOUNG SURGEON.—The licence of the Faculty of Physicians and Surgeons of Glasgow is regarded by the Poor-law Board as equivalent to a diploma in Surgery.

IMPERITUS.—Chlorophyll is the green colouring matter of plants, and is analogous in its nature to a resin.

THE ANTI-QUACKERY ASSOCIATION.

To the following correspondents, enclosing advertisements cut from newspapers, handbills, and pamphlets, and making inquiries as to certain so-called specifics, we have but one answer to make—namely, Gross Quackery! Z. and Z., R. Newman, S. G., "A Victim," R. F. S., "A Subscriber," "An Enemy to Quackery." "Inquirer," J. M., Capt. B., "A Sufferer," and many others, will therefore receive this as our answer.

TO THE SECRETARY OF THE ANTI-QUACKERY ASSOCIATION.

SIR,—In walking along Coventry street to-day, the enclosed pamphlet was put into my hand. Now, I beg to give Mr. Barker Marston, of 47 Berners street, and of the Royal Institute of Anatomy and Science, 369 Oxford street, who appears to be the author of it, due notice that if it be repeated I shall just knock down the agent of his dirty work in the presence of a policeman, whose duty will be to take me before the sitting magistrate to answer for the offence. I would suggest to Barker to supply the poor agent with a bottle of "The Brahmin's Elixir of Life," for he may possibly require such a wonderful restorative.

Yours obediently, TOM CRIBB.

THE ANTI-QUACKERY ASSOCIATION.

20 KING WILLIAM STREET, W.C.

The Anti-Quackery Association deem it their duty to the public, as well as to the Medical Profession, to *caution* persons against the multifarious modes of quackery pursued by unprincipled pretenders to a knowledge of the Medical Art, and to expose the means they take to accomplish their nefarious ends:—1, by pretended specifics; 2, by spurious lectures and "Museums;" 3, by promises of self-cure; 4, by exciting the fears of the timid; 5, by the invention of cured cases and testimonials.

Before replying to suspicious advertisements, persons will do well to address the Secretary of the Anti-Quackery Association, who will be able, in most cases, to furnish the past histories of the quacks and pretenders from whom they emanate.

N.B. The letters of "Detector," entitled "Revelations of Quacks and Quackery," are now reprinted, and may be had at the Medical Circular Office, price 1*s.* 6*d.*; or, by post, twenty stamps.

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The MEDICAL CIRCULAR also publishes in every number "A Guide to the Quacks of London," as a part of the proceedings of the Association for the suppression of quackery. Sent on receipt of six postage-stamps.

Saint Pancras, Middlesex.—Election of Medical Officer for North-East District of Parish. Salary for attendance on sick poor of district and supply of all necessary Medicines, &c., 75*l.* per annum, and the usual Vaccination fees.—The person elected will be required to reside in the district, or in such other place as the Vestry may consider convenient, and to commence duty on the 15th May next. Appointment determinable by one month's notice or salary from any time. Candidates to be eligible must possess one of the two following qualifications, viz.: 1st, a diploma or degree as surgeon from a Royal College or University in England, Scotland, or Ireland, together with a degree in Medicine from a University in England legally authorised to grant such degree, or together with a diploma or licence of the Royal College of Physicians of London; 2ndly, a diploma or degree as surgeon from a Royal College or University in England, Scotland, or Ireland, together with a certificate to practise as an apothecary from the Society of Apothecaries of London. Applications in writing and testimonials (not exceeding six) of recent date to be left here before 12 o'clock on Saturday, the 6th May next. Candidates to attend here on Monday, 8th May next at 3 p.m. No travelling or other expenses allowed for any attendance.

By order,

Vestry Offices, Pancras road, April 28th, 1865. FRAS. PLAW, Vestry Clerk.

TAUNTON UNION.

The Board of Guardians of this UNION are desirous of receiving applications for the appointment of Medical Officer (duly qualified) for the Bishop's Lydeard district, comprising the parishes of Ash Priors, Bagborough West, Bishop's Lydeard, Coombe Florey, Cothelstone, Halse, Heathfield, Lydeard St. Lawrence, and Tolland.

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Information as to the duties, district, &c., may be known on application to me.

Testimonials of Qualification, &c., to be left at my office on or before the 5th May next, and personal attendance at the Taunton Union Workhouse at Noon on the following day (Saturday, the 6th), when the election will be proceeded with, is indispensable.

JOHN CHORLEY, Clerk.

April 17th, 1865, Registry Place, Taunton.

THE JOURNAL OF PRACTICAL MEDICINE & SURGERY

FOR APRIL IS NOW READY,

AND CONTAINS—

Vaccinal Syphilis; Letter from a Practitioner of the Département de la Nièvre; Medical Reform; Medical Certificates; Peri-uterine Phlegmon consequent on Parturition; Incarceration of the Testis in the Inguinal Duct; Dropsy of the Ovum; Disturbances of the Refractive Power of the Eye; Hypermetropia; Aphakia; Frequency of Strabismus in Long-sighted Subjects; Adhesion of the Placenta; Flooding; Injection of Sesquichloride of Iron; A Substitute for Adhesive Plaster; Exhibition of Stimulants in Acute Diseases; Treatment of Stricture; Amenorrhœa a Cause of Insanity; Mechanical Treatment of Icterus; Destruction of Parasites; Treatment of Ague; Stimulating Properties of Laurel-leaf; Prizes proposed for 1866; M. Piorry on Thoracentesis; Hospital and Public Hygiene; Practice of Medicine in China; Lithotrity; 'Intermittent and Remittent Fever.' By A. Bérenguier, M.D.; 'Chlorosis.' By A. Nonat, M.D.; 'Hydropathic Treatment of Chlorosis.' By V. Auphan, M.D.; Medical Association of the Département de la Seine; The Russian Epidemic; The Bordeaux Medical Congress; OBITUARY—Messrs. Bouchard, Chevillion, Deverre, Aubley, and Elleaume.

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TO STUDENTS, SURGEONS, DENTISTS, AND OTHERS.

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The Medical Circular.

AUSTRALIAN MEDICAL NEWS.

ON THE DISEASES OF VICTORIA.

From the Valedictory Address of Dr. D. J. Thomas, President of the Medical Society of Victoria.

Before I conclude, I shall slightly touch upon the diseases that have principally prevailed in this colony from the beginning of 1839 to the commencement of 1853. I left Melbourne at this time and went to Europe, where I remained until the end of 1859, when I resumed practice, and was very much struck with the different phases which disease then presented. The climate, I may mention, has considerably changed; the temperature has become much lower, the rain more copious, and the atmosphere more damp, especially in Melbourne. This I attribute in a great measure to the plentiful supply of water from the Yan Yean, which constantly and steadily flows through our streets, and, I am sorry to say, accumulates under our houses. During the whole period of my former residence I do not recollect rust attacking my instruments, but now they require constant care and attention to keep them in order. Formerly about Melbourne melons ripened to perfection, whilst gooseberries and strawberries failed. The reverse is now observed. The climate of Echuca is now what that of Melbourne formerly was.

The most prevalent complaint of the early days was dysentery. It attacked people of all ages, and was extremely fatal amongst infants. It was generally complicated with hepatic derangement, or preceded by a bilious diarrhœa. It was of an asthenic character, and in grown-up persons was frequently followed by ulceration of the intestines. I never saw a case of the malignant kind.

The next most frequent complaint was the so-called "Colonial Fever." This answered to the bilious remittent, with typhoid symptoms. Some confounded it with typhoid fever, from which it differed in many essential characters. The tongue was peculiar, being white with large elevated red papillæ, similar to what is observed in scarlet fever. There was no regular period of incubation in this fever, and it did not run a regular course. If not fatal, which it occasionally proved to be, it left the system by a critical evacuation from the bowels, sometimes to an enormous extent, of dark-coloured offensive matter, containing a large amount of vitiated ill-conditioned bile. This was the dangerous period, and unless a large amount of stimulants were administered at the time, there was great risk of the patient's sinking, and the friends were always cautioned that, should they notice any fainting or sudden sinking coming on (which invariably preceded the vomiting and purging), immediately to pour as much brandy down the patients' throats as they possibly could, and it was not unusual in these cases for a patient to drink a bottle of brandy in one night. If those thus affected got over the critical period they generally did well, but dysentery was very apt to follow. This complaint seemed to influence the system for many years afterwards, and in some cases for life. I had a very severe attack myself, and did not get rid of the effects for eight years; each year I had a slight recurrence of all the symptoms, but not sufficiently severe to interfere with my duties. The attacks lasted about eight or nine days. Patients generally after convalescence become very fat, and the liver hypertrophied. Influenza was an annual visitor, and one year (1849) it proved very fatal, and carried off several of our old colonists.

Liver complaints were extremely common, the usual form being hypertrophy, accompanied with occasional attacks of diarrhœa, more or less severe. I scarcely ever made a post-mortem on an old colonist, that I did not find the liver greatly enlarged. In addition to the climate, the mode of living was sufficient to induce this state of things; people ate too much animal food and drank too much brandy for the system to be kept in a healthy state; but, independent of errors in diet, the climate predisposed to and excited this state. I never saw a case in this country where it proceeded to inflammation, except in patients who arrived here from India. Hæmorrhoids were not rare, especially amongst stock-riders.

Rheumatism was a very common disease, especially amongst those who had much exposed themselves in the bush. This was in a great measure the cause of so many bone affections, the result of periostitis and of organic affections of the heart. People were also troubled with a functional derangement of this organ, from disorders of the digestive apparatus.

Many suffered from aneurism, attributable to hard drinking, diseased blood, long-continued and violent exercise, but I believe most frequently from atheroma under the surface, and fatty degeneration of the inner coat of the arteries, such tumours being very common in various parts of the body.

A skin affection which many suffered from was the "native pock," as people called it. Children were very liable to it, and it frequently occurred as an epidemic. At first it had all the appearance of the chicken pock; when mild it did not go beyond the vesicular state, but frequently, especially if the patient was out of health, it proceeded to the pustular stage, incrustations formed, and it presented all the characters of impetigo. If not treated properly it became a very troublesome complaint, lasted for months, was difficult to cure, and sometimes proved fatal from derangement of the alimentary canal, with which it was almost invariably allied; and to this part of the system the treatment should be directed. The best treatment I found consisted in alteratives and blood tonics.

Phthisis was rare, and the climate, in nearly every case that I saw, checked the disease for a time. Bronchitis in an asthenic form was very common. Head affections rarely occurred, except those brought on by hard drinking.

The first cases of scarlatina that came under my notice occurred in the year 1841; it appeared amongst the children of a family in Heidelberg, and was of a very mild form. I could not trace it to contagion, as the family lived in an isolated situation. Shortly afterwards it appeared in various localities in the same mild form. In 1848, it assumed a malignant type; its attacks were very general, and in a great many cases very severe and rapidly fatal. Whole families of children in some instances were destroyed in the course of a few days. It has existed here ever since, and is looked upon as one of the most devastating scourges of all the diseases which prevail here.

Measles first appeared in the year 1850, and was generally mild. It was brought here by the ship 'Persian'; it soon afterwards became very general.

Amongst the eye diseases, conjunctivitis was the only common form, and from the Murray district severe cases of purulent ophthalmia were frequently brought to town for treatment. Occasional cases of rheumatic and syphilitic iritis came under the practitioner's notice, and every now and then a case of cataract.

Severe cases of stricture were continually brought under surgical care; these were owing to imperfectly cured gonorrhœa, and long-continued horse exercise while in that state.

Inflammatory affections were rare, and those that occurred were of a passive character.

Typhoid fever first appeared in 1842. Three men were engaged as farm servants (in the very same place where the scarlatina first broke out) from a ship, the 'Salsette,' that had fever on board; two died, and others were attacked in a similar way, thus leading one to suspect its contagious nature; and many others of the emigrants who went far into the bush were also similarly attacked, and communicated the disease to their fellow-workmen.

Hernia has been frequent, especially amongst stockmen; it seldom required operative interference, for the relaxed state of system favourable to its production was equally favourable to its reduction. The diseases you observe were not numerous; this might naturally be expected, as the

population were young, strong, and vigorous, and possessing the spirit of adventure.

Since resuming practice in 1860, I have not seen a genuine case of the old colonial fever. Typhoid fever seems to have taken its place.

Pulmonary consumption is greatly on the increase, and runs its course rapidly to destruction; this I attribute to the digestive organs so soon giving way, so that a sufficient amount of nutriment cannot be taken to support the system against the ravaging tendency of the disease. I would refer you to the Melbourne Hospital as to the correctness of this assertion, where you will find that one-fourth at least of the Medical cases are phthisical. Bronchitis is very common.

Paralysis is on the increase, and madness exists to a considerable extent, brought on by excitements and the vicissitudes of life to which people are subject in this country, but principally to the effects of intoxicating drinks.

Joint diseases, and those of the bones, principally the effects of rheumatism, are constantly brought in great numbers under the practitioner's observation, and hip-joint disease among children is frightfully common. In addition to hypertrophy, the frequency of organic affections of the liver is testified at the post-mortem examinations at the Hospital, where cirrhosis, fatty, and waxy livers are so frequently observed.

Dysentery is less frequent, and is not so fatal as in the early days.

Patients constantly seek advice for aneurism and for heart-disease, generally valvular with hypertrophy. Diphtheria has made its appearance amongst us, and in some localities is very fatal. Dr. Day, of Geelong, after some careful experiments frequently repeated, comes to the conclusion, that in localities where ozone is plentiful, there diphtheria prevails, and in the absence of ozone the disease is not observed.

REVIEW OF BOOKS.

On the Modern Treatment of some Diseases of the Skin. By J. L. Milton, Surgeon to St. John's Hospital for Skin Diseases. Pp. 114. London: Hardwicke. 1865.

The contributions of recent writers to the bibliography of Skin Diseases have been so multitudinous, that it is necessary to classify them according to the department of dermatology which each professes to illustrate. Thus one devotes himself to the nosological arrangement of skin affections, another to some special forms of these diseases, another to their treatment, and another comprehends nosology, symptomatology, diagnosis and treatment, and perhaps adds, moreover, a series of illustrative plates, coloured, uncoloured, or photographic, as the case may be.

The modest course proposed by Mr. Milton, in the book before us, is to offer an impartial account of the treatment at present adopted in diseases of the skin by the most eminent practitioners in this branch, as he thinks that a book is required rather to present the collected experience of those who are looked up to as authorities, than the views of any individual writer, however experienced or zealous. At the end of the volume he has appended a table of two thousand cases, one-half drawn from the practice of Mr. Erasmus Wilson, and the other from the case-book of St. John's Hospital, showing the relative number of cases of each disease which have fallen within these respective categories.

But it is not altogether fair to Mr. Milton to regard his book as a mere *catalogue raisonnée* of the methods of treatment adopted by various authors: for he has in several instances entered pretty fully into the pathology of the affections, the treatment of which he describes. Thus, in the case of eczema, which has lately been regarded as the type and origin of a great number of skin diseases, he has described very fully his views as to its pathology, and he doubts its vesicular nature, which is maintained by most writers on dermatology. Mr. Milton tells us that he has repeatedly examined under strong magnifiers the eruption of eczema, and that he has convinced himself that the vesicle is not an essential feature of the disease, which is an inflamed and weeping surface. Again, in the case of the so-called parasitic diseases of the skin, or those supposed to consist of the presence of minute forms of animal or vegetable life, Mr. Milton enters very fully into the arguments adduced by authors on both sides of the question, some regarding certain forms of tinea, for instance, as distinct vegetable growths, and others looking upon them as being caused by the proliferation of cells under a process of morbid action.

With regard to the prominent feature of the book, namely, the modern treatment of diseases of the skin, Mr. Milton has displayed great industry, combined with much judgment and experience. Without something like criticism, the therapeutics of skin-diseases would be an inextricable labyrinth, each author advocating different and often opposite methods of treatment, so that the student is thoroughly perplexed instead of being enlightened by the perusal. Whatever may be thought or advanced by the homœopathist, the hydropathist, or the vegetarian, we find that mercury, iron, and arsenic still stand as the foremost remedies in most cases of skin affections; and as to the first metal, notwithstanding the objections raised against it, in some quarters, we find, in the internal and external treatment of cutaneous diseases, that the changes are rung by different authors among its chlorides, iodides, nitrates, and sulphates, all of which are considered more or less efficacious.

As an epitome, therefore, of what is known of the modern treatment of the diseases in question, and as a judicious guide to the student and the practitioner, we have much pleasure in recommending Mr. Milton's book to the favourable notice of the Profession.

Medical Errors. Fallacies connected with the Application of the Inductive Method of Reasoning to the Science of Medicine. By A. W. Barclay, M.D. Cantab. and F.R.C.P. Physician to St. George's Hospital. Pp. 123. London: Churchill and Sons. 1864.

We have formerly alluded at such length in a leading article to the views and principles set forth in this useful little volume, that it is scarcely necessary for us to do more at present than to state that it is a printed copy of the Lumleian Lectures delivered at the College of Physicians for 1864, the only apparent addition being the remarks which were suppressed, from want of time, in the delivery of the discourses. We might follow Dr. Barclay at great length through his suggestive and instructive pages, and might adduce numerous illustrative examples in addition to those which we referred to in our leading article, but it must suffice at present to state that we have perused this little work with great pleasure and profit, and that we regard it as a volume which should be read by all who take an interest in the welfare of Medical science. In case of the appearance of another edition, we should suggest the division of the matter into sections or chapters, and the addition of a table of contents; and some further polishing of the style would not be labour altogether misspent.

Is the Pleasure worth the Penalty? A Common-sense View of the Leading Vice of the Age. By Henry Butter. London: Caudwell. 1865.

This pamphlet has already been presented to the public under the title, 'What's the Harm of Fornication?' but this appeared an objectionable question, the author has changed the name on the title-page. The object of Mr. Butter is to show the physical and moral mischief which results from what is called the Social Evil, and he exhorts his readers to use all the influence in their power to obliterate this stain on our civilisation. He argues in favour of early marriages, and paints in glowing terms the degradation and misery which follow from any other connexion of the sexes.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. A. H. HASSALL communicates the first part of a paper "On the Estimation of Uric Acid, and on the Amount contained in Human Urine." The object of the paper is to show that the process for determining the amount of uric acid in human urine as described by Neubauer and Vogel, and by other writers, does not afford accurate results. The method employed by Dr. Hassall for determining the uric acid was that usually followed, namely, by precipitation with hydrochloric acid; but he found that the time recommended for the urine to stand was not nearly sufficient to precipitate the uric acid. Dr. Hassall illustrates his paper by the records of a great number of experiments.——Dr. J. S. RAMSKILL relates "Some Cases of Progressive Locomotor Ataxy, or Duchenne's Disease." This affection is chiefly characterised by inco-ordination and disorder of voluntary movements, unattended with real loss of muscular power; but although prominently noticed by Dr. Duchenne, of Boulogne, and subsequently by Trousseau, it has not been hitherto described by British writers. In the present paper, Dr. Ramskill describes three cases in which the symptoms characterising this peculiar affection were well marked.——Dr. WM. STUART MUNRO reports "A Case of Loss of a Large Portion of the Right Peroneal Nerve, and Recovery of the Patient without Amputation." The loss of the nerve was the result of an accident in an iron-rolling mill, a pin of the machinery tearing away the skin and fascia from the right popliteal space, as well as about two inches of the peroneal nerve.——Dr. WM. NORRIS relates "Two Cases of Dislocation of the Knee." The patients in both cases were entangled in a large wheel, and both died, although amputation was resorted to in one of them.——Mr. HERBERT EVERETT relates "A Case of Compound Fracture of the Skull," followed by recovery.

The 'MEDICAL TIMES AND GAZETTE.'

Dr. LYON PLAYFAIR, of the University of Edinburgh, contributes a portion of a lecture "On the Food of Man in Relation to his Useful Work." Dr. Playfair divides the work of the body into Mental, Calorific, Internal, and External Dynamical Work, and Digestive or Assimilative Work. He then proceeds to show, by tabular statements, the quantity of food required by the human body in different conditions of labour, drawing his illustrations from prisoners, soldiers in time of peace, soldiers in time of war, &c., and others in whom the diet and the mode of work can be accurately compared.——Dr. LAYCOCK contributes a paper "On a Simple Method of treating certain Kinds of Epilepsy, Dementia, and other Chronic Head-Affections. The method consists in the use of sternutatories, common snuff having been first employed and then medicinal snuffs, as asarabacca, hellebore, and arnica. The plan was tried upon insane epileptics, and also in some cases of headache, loss of memory, hallucination, and the like, and with satisfactory results. Dr. Laycock explains the operation of these medicated snuffs by reference to the physiology and pathology of the nervous system in connection with the morbid conditions in which his method has been adopted.——Dr. JOHN CHAPMAN relates a "Case of Apoplexy, with Paralysis of the Right Side, cured by Applications of Heat and Cold along the Back." The ice-bags and hot water-bags were applied in the manner which has been frequently described by Dr. Chapman.

THE 'GLASGOW MEDICAL JOURNAL,' No. XLIX., April, 1865.

The first paper in the present number contains a series of "Obstetrical Reports," by Dr. CHARLES G. RITCHIE. There are twenty-eight cases recorded, several of which the author attended while under the superintendence of M. Dubois, of Paris, and M. Braun, of Vienna. They are of a miscellaneous character, but are recorded with great care and intelligence, and are accompanied by remarks illustrative of the practical lessons to be deduced from the history of each.——Dr. T. MCCALL ANDERSON continues his "Notes on Some Forms of Skin Diseases," the present part being devoted to psoriasis and lepra. The author insists on the necessity of drawing a clear distinction between psoriasis and the so-called syphilitic psoriasis, because the two are different in their nature and require entirely different methods of treatment. A tabular statement is drawn up by the author in collateral columns showing the diagnosis between the two diseases; and in reference to treatment it is stated that while mercury is a never-failing remedy for the removal of syphilitic psoriasis, arsenic, on the other hand, is the remedy *par excellence* of the non-specific form of the disease. One caution, however, is to be given, namely, that a syphilitic eruption may at the same time be attended with non-syphilitic psoriasis; and the possibility of such an occurrence should be borne in mind. The diagnosis is also given between psoriasis and other forms of skin diseases, as eczema squamosum, pityriasis, and herpes circinatus. Psoriasis is said to be hereditary, but it is not contagious; and in the case of syphilitic eruption, the disease may be cured by appropriate treatment. But in common psoriasis, no matter what treatment may be adopted, the disease is likely to prove hereditary.——Dr. JOHN BRUNTON contributes a paper "On the Successful Treatment for Common Tape-worm." The disease in London is attributed by the author to the large consumption, especially by the poorer and working classes, of pork, hares, and rabbits. These articles of food are often eaten when only half-cooked, and the tænial ova are consequently not destroyed. After describing the general symptoms to which tape-worm gives rise, Dr. Brunton describes his treatment, which consists of the combined use of kamela and male fern, the first being used in powder, the second as the ethereal extract. The kamela is to be given in doses of about three-quarters of a drachm, and as much as three drachms of the extract of the male fern may be safely employed, although a smaller dose is often efficacious.——Dr. A. B. BUCHANAN offers some remarks on "Two Suggestive Cases of Infantile Syphilis," which illustrate the extreme contagiousness of this affection, the difficulty of making an accurate diagnosis when syphilis happens to be complicated with scabies, and the difficulty of determining in many cases whether infantile syphilis has been communicated by vaccination. The original source of the syphilitic poison in both the cases described was very difficult to determine, but the author relates the facts so far as they were known.——Dr. DAVID PRIDE relates "A Case of Aortic Aneurism with a Spontaneously Curative Tendency." The case was fatal, but on a post-mortem examination the aneurism was filled with a dense fibrinous mass, evidently not of recent formation.——Dr. THOS. B. HENDERSON describes "Two New Specific Remedies for Gonorrhœa." The first of these is the oil of yellow sandal wood, and the second is the Gurgina balsam, or wood oil. The first is given in doses of twenty to forty minims three times a day; the dose of the second is from ten to fifteen drops three times a day.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, MAY 2.

Dr. PEACOCK, President.

THE EPIDEMIC OF CEREBRO-SPINAL MENINGITIS.

Dr. SANDERSON, on behalf of Mr. Simon, who was unavoidably absent, exhibited the pathological results of two cases of the so-called epidemic cerebro-spinal meningitis which has recently prevailed in the neighbourhood of Dantzic. One of the specimens was the spinal cord of a child, aged three years and a half, who died on the eighteenth day of the disease. The illness commenced in the usual way on the 26th of March, with flushing of the face, intense pain in the head and back of the neck, and obstinate and repeated vomiting, which symptoms were soon followed by unconsciousness. Since the beginning of April there had been strabismus. When first seen by Dr. Sanderson on April 11th, the patient was lying on her side, with the head retracted and the lower limbs drawn up. The general surface was pale, and the body much emaciated. The pulse and breathing were rapid, and the latter embarrassed. The pupils were insensible to light. The eyes, which were usually open and lustreless, squinted inwards. The patient gave no sign of consciousness when addressed by name; but when she was lifted in bed, pitiful cries of pain were uttered, the countenance became distorted, and it was observed that the head remained fixed in its original position of retraction. On the 12th the breathing was more rapid and difficult, and the physical signs of hypostatic congestion were ascertained to exist. On the following morning the child died. The principal lesions discovered after death were the following:—The pons Varolii was covered with a thick layer of concrete exudation, consisting entirely of pus-corpuscles, which extended forwards to the chiasma, backwards to the anterior surface of the medulla, and laterally to the inferior surface of the cerebellum and into the Sylvian fissures. The ventricles were distended with purulent fluid containing flakes of concrete pus. Under the arachnoid covering the convolutions, on the convexities of both hemispheres, some of the intergyral spaces were occupied with similar concrete exudation. The posterior aspect of the spinal cord was covered with a layer of similar character, which extended from the cervical swelling to the cauda equina. The anterior surface of the cord was free from exudation. With the exception of collapse and excessive hyperæmia of the bases of both lungs, the other organs were healthy. The particulars of the second case were not communicated in detail. It was stated that the patient was admitted into hospital on the second day of the disease, and died on the tenth day. After the usual initial symptoms—rigor, vomiting, intense headache, and pain in the back of the neck—the patient became delirious, and subsequently passed into a state of stupor, from which he could be raised without difficulty. Dyspnœa came on about the seventh day, and gradually increased till death. In this case, as in the other, there was little pain, excepting when the patient was raised in bed. The head was constantly retracted, but there was no tetanic contraction of the muscles of the nape. The characteristic eruption of herpes labialis appeared on the seventh day. The post-mortem appearances, as regards the brain and spinal cord, resembled those already related, with the exception that here there was very little exudation on the base of the brain, but a considerable deposit on the pia mater covering the upper surface of the cerebellum, from which point it extended forwards to the velum interpositum.

The PRESIDENT wished to know if Dr. Sanderson had examined the mucous membrane of the alimentary canal, if any eruptions had been observed on the skin, and if any connection could be traced between the epidemic and any form of continued fever.

Dr. SANDERSON replied that the mucous membrane of the intestines had been healthy, and that during life there had always been constipation; that in most of the cases there had been herpes labialis, and that in only one case had he seen petechiæ on the skin, which, moreover, did not resemble the eruption of typhus. There was no epidemic of fever in the town at the time, and no apparent connection between the epidemic and either typhus or typhoid fever.

Dr. C. J. B. WILLIAMS asked if Dr. Sanderson had been able to form any opinion as to the causes of the disease.

Dr. SANDERSON replied that the only conceivable cause which he could discover was malaria which prevailed around Dantzic. His observations afforded no ground for believing that the disease was communicable from person to person.

The PRESIDENT inquired how many cases of the disease Dr. Sanderson had seen; and in the case where there were petechiæ, at what stage of the disease he had first seen the patient; also if ague was prevalent at Dantzic during the epidemic. This seemed to be unlikely at the season of the year when the epidemic appeared.

Dr. MURCHISON said his attention had been devoted to the subject of epidemic cerebro-spinal meningitis long before the epidemic at Dantzic had been heard of. He thought that the appearances described by Dr. Sanderson left no doubt as to the existence of inflammation of the membranes of the brain and cord in the specimens which he had exhibited. But the important points to determine were, whether this inflammation was primary, or whether it was merely a local complication of some general abnormal condition; and, in the latter case, what was the real nature of the primary disease. Most pathologists admitted that there was such a disease as primary inflammation of the brain and cord independent of tubercle; but all practitioners knew full well that the disease was extremely rare, and that when the lesions in question were found after death they were most commonly due to some blood disease. He (Dr. Murchison) had found these lesions in case of typhus fever, scarlet fever, and pyæmia; and a gentleman was present who had found similar appearances in a large number of cases of yellow fever. When, therefore, we heard of so many as 1,200 persons dying of this affection in Dantzic and its neighbourhood within a few months, there could be no doubt that the lesions of the nervous centres were secondary to some general disease of the system. The *question* then was, What was this general disease? Was *it, as had* been stated, a disease which of necessity gave rise to inflammation of the cerebro-spinal membranes, and which had scarcely before been known in Britain? He believed not. The epidemic at Dantzic had been stated on good authority to be the same as the "epidemic cerebro-spinal meningitis" which had been described by many French and American writers, and which had been so common in America during the present war. Assuming this to be the case, we had ample materials for forming an opinion. He (Dr. Murchison) had studied the accounts of those epidemics with great care, and had come to the conclusion that it was more than probable that most of them—he did not say all—were typhus fever complicated with meningitis, such as he had witnessed at the London Fever Hospital. This opinion, moreover, was the same as that held by some of the highest authorities on fever in America and France, such as Drs. Upham and Gaultier de Claubry. The signs of inflammation of the membranes of the brain were as marked in the American cases as at Dantzic; but this important observation had been made in America, that these signs were not always present, even in cases where their existence had been suspected from the previous symptoms. The other post-mortem signs were those of typhus—viz., a fluid condition of the blood, enlargement and softening of the spleen, and hypostatic congestion of the lungs. He would be glad to know what was the condition of the blood, the spleen, and the lungs, in the cases observed at Dantzic. A rash has also been noted in a large number of the American cases, many of the descriptions of which corresponded in every particular with the eruption of typhus. The etiology of the two diseases constituted another most important point of resemblance. Both in America and on the continent of Europe, the intimate relation between the

occurrence of epidemic cerebro-spinal meningitis and overcrowding, with bad ventilation, had been a matter of general observation. If this remark did not apply to the Dantzic epidemic, then it differed not only from typhus, but from most epidemics of cerebro-spinal meningitis on record. Dr. Murchison then proceeded to notice some objections which might be raised to his view of epidemic cerebro-spinal meningitis. First, he had heard it said that the symptoms and whole course of the disease differed from those of typhus. After considerable experience in typhus fever, he could not assent to the soundness of this argument; and it must be borne in mind that typhus fever complicated with meningitis presented different symptoms from typhus not so complicated. Secondly, it might be argued that inflammation of the cerebro-spinal membranes had been the rule at Dantzic and elsewhere, whereas in English typhus it was undoubtedly a rare exception. But it had been shown that in the so-called "epidemic cerebro-spinal meningitis" of America, cerebro-spinal meningitis was not always present; and with this fact before him, he was not prepared to admit that six or eight autopsies, which were all that had been made out of 1,200 fatal cases, were sufficient to decide the question in reference to the Dantzic epidemic. A more important fact remained to be stated. Outbreaks of undoubted typhus had been known to occur in England, in which almost every fatal case had been complicated with cerebral meningitis. About thirty years ago a remarkable outbreak of this sort had occurred in an asylum for seamen in the East of London. The epidemic had been described by the late Dr. Roupell, the author of an excellent work on typhus. Dr. Roupell's description of the rash and of the other symptoms made it clear that the fever was typhus. Many of the cases proved fatal, and they were dissected and recorded by an eminent pathologist, Mr. George Busk, who had assured him (Dr. Murchison) that Dr. Roupell's description was perfectly correct, and that in almost every one of the cases lymph or pus was found on the surface and in the ventricles of the brain. Thirdly, it had been stated that there was no evidence of the disease at Dantzic being personally communicable." Contradictory statements, however, had been made on this point, and it was worthy of consideration that many cases proved fatal at Dantzic before the stage at which typhus probably becomes contagious. The communicability of typhus varied greatly according to circumstances. Dr. Christison and the late Dr. Alison had attended upwards of 280 cases of typhus in private houses, and in only one instance had the disease spread. Few Medical men, however, would be induced by this fact to subscribe to the opinion of some persons, that typhus was not contagious. But after all, if the disease at Dantzic was not communicable, then it unquestionably differed from many of the epidemics of cerebro-spinal meningitis already on record. Lastly, it had been argued that typhus was unknown at Dantzic; but one of the most frightful epidemics of typhus ever known had occurred there, and it was a remarkable fact that the present epidemic had appeared almost simultaneously with the epidemic of typhus and relapsing fever in the adjacent country of Russia. In conclusion, Dr. Murchison observed that if he had ventured to express his views in opposition to those of his friend, Dr. Sanderson, he had done so chiefly with the hope that by free discussion light might be thrown on a disease which still required elucidation.

Dr. SANDERSON, in reply, stated that he had seen ten cases in the hospitals; that in four of these cases he had had an opportunity of making a post-mortem examination; and that he had also attended a good many other patients in their own homes. The disease had been more common in the neighbourhood of Dantzic than in the town itself. Hypostatic pneumonia was not uncommon, and, in fact, derangement of the respiratory function was usually the immediate cause of death. In general the blood was found to coagulated after death; in two cases the spleen was excessively hyperæmic and soft, as in typhus. Still he did not think the disease had anything in common with typhus except in so far as each disease was dependent on a specific poison.

HARVEIAN SOCIETY.

THURSDAY, APRIL 6.

President, Dr. J. C. LANGMORE.

THE ST. PETERSBURG FEVER.

Dr. CAMPS mentioned that a fever of a peculiar kind was now said to be prevalent in St. Petersburg. The fever continued, it appeared, for a week and then, with a period of intermission, it relapsed.

Mr. CURGENVEN said the description of this fever was very like that which he had met with frequently in the Crimea. Quinine had been much used for this fever, which had been caused by neglect of sanitary arrangements. Miss Florence Nightingale had had this relapsing fever twice or thrice.

Dr. DRYSDALE mentioned that a fever of this description had been prevalent in Dublin, about the year 1850, and had been caused by want. The same circumstance had been the cause of a similar fever in Edinburgh.

Dr. COCK said that famine-fever relapsed every seven days, and could thus be distinguished from typhus, which does not relapse. Again, the relapsing or intermittent ague must be distinguished from both of these. The best treatment for this latter is to give large doses of quinine, gr. x. t. d., before the fever comes back, and this will often act as a preventive.

Mr. SEDGWICK said that, with regard to the tropical acute remittent fever, it very frequently relapsed; and the quinine treatment had not in his experience prevented the relapse of that complaint. The mortality of 10 per cent. mentioned in the papers was not very large for a fever.

Dr. MUSHET observed, that Dr. Bodkin had said that the fever now prevalent in St. Petersburg was somewhat similar to the South American. Probably, then, it ought to be called an octidian, instead of quotidian or tertian, as usually appeared.

INTERMITTENT FEVER.

Dr. DRYSDALE observed that one of the very few cases of the above fever occurring in an inhabitant of London, which he had recently seen, had occurred in a basket-maker, patient of the Farringdon Dispensary, near Holborn. This man was in the habit of working in a damp cellar, and he (Dr. Drysdale) supposed that the decaying and damp willows with which the man worked had been the cause of the well-marked attack of quotidian ague under which he suffered. He recovered in a few days under gr. v. of quinine, t. d. The man had not been out of London for years.

Mr. CURGENVEN had met with four cases of ague within the course of a year; most of these cases, however, occurred in persons who had contracted the disease out of London. Cases of intermittent fever occurred not unfrequently, in the neighbourhood of the Edgware road, in Londoners endemically.

Dr. BROADBENT said that, on an average, twenty to thirty cases occurred annually in the Fever Hospital; they came from all parts of London.

Dr. COCK mentioned that there was one spot in Lisson grove where several cases of intermittent fever had been known to have originated endemically. He had been very familiar with this disease, having resided for a long time in a marshy district, where it was prevalent.

Dr. CAMPS read a paper entitled

IN WHAT CLASS OF CASES MAY WE EXPECT A CURE IN EPILEPSY?

The author defined epilepsy as a convulsive disease, accompanied by loss of consciousness. This disease usually appears with very short warnings, and sometimes with none at all. The fit lasts from a few minutes up to half an hour. Again, in a form named the "petit mal," there is only momentary loss of sensation and thought. This latter form of the disease had occurred in the case of a physician, a friend of the author. In the opinion of some authors, the "petit mal" is never recovered from. There is often before the invasion of an epileptic seizure a peculiar cry observed, and recently he (Dr. Camps) had, whilst passing through a

country town, heard such a cry, which he had immediately attributed to its accompaniment, viz., a fit of epilepsy. Patients rarely die of the fit. Women, children, and weak persons are more frequently attacked by epilepsy than strong men; occasionally the disease is quite incurable; but we may hope that such cases may gradually be limited in number. The proximate cause of a fit resides in the nerves, and although pathological changes may be found after death, these are frequently mere coincidences. With regard to treatment of cases of epilepsy, we may sometimes prevent attacks coming on by tying ligatures on the limbs where we suppose the irritation to commence. Disturbed digestive functions may be the origin of the irritation, and epileptic fits may be produced by anything which irritates the nerve centres. Some patients are thrown into fits by the slightest thing, and in one case a needle placed on a female patient's hand had caused fits. Any cause, indeed, disturbing either the body or mind may give rise to an attack. We must then ascertain whether the disease is idiopathic or symptomatic in its character. If it be of the former class, the treatment must be chiefly hygienic. All things which cause fatigue or terror, or, in short, any unpleasantness, must as far as possible be avoided; and Celsus had indeed indicated long ago the correct principles of the treatment of such cases, and the diet and regimen they should be subjected to. The diet should be of the simplest character, and even articles like cheese and pastry might bring on an attack. Mince pies had been known to cause an attack. With respect to drugs, bromide of potassium and belladonna were the best, although sulphate and oxide of zinc used formerly to be much vaunted. Symptomatic epilepsy is more easily treated and may often be cured. The cause of it may reside either in the intestines or in any part of the external or internal parts. There were no classes of cases of epilepsy so amenable to treatment as the syphilitic variety. In such cases, iodide of potassium is the great remedy. Ganglionic epilepsy has also been spoken of. Summing up the whole of his paper, he (Dr. Camps) would say that we may reasonably expect a cure in epilepsy (1) when the primary cause is known and is removable; (2) when syphilis is the cause; (3) in the milder cases of idiopathic epilepsy.

Mr. JAKINS had hoped that Dr. Camps would have given more hints as to the value of various drugs in epilepsy; but he had chiefly dwelt upon hygienic means of treatment. This, he said, disappointed him. Spasm of the arteries of the brain was, he believed, the proximate cause of epilepsy. Irritation of the sexual organs was much benefited by bromide of potassium. A little female patient with fits had slept for years with her brother, and on being removed to another bed was much better.

Dr. DRYSDALE observed that it was doubtful whether there was any true distinction between idiopathic and symptomatic epilepsy, both depending on a reflex construction, through the sympathetic nerve of the blood-vessels of the brain. According to Séquard, epilepsy seemed to consist essentially of an increased reflex excitability of certain parts of the cerebro-spinal axis, and a loss of the control which the will usually exercised over the reflex faculty. Even in what is called idiopathic epilepsy, some irritation may be found starting from some organ, such as the intestines, the uterus, the brain, the testicle, &c.; consequently *idiopathic* epilepsy merely means, as usual, that class about which we understand least, just as we speak of *idiopathic* tetanus. The epilepsy of children, called convulsions by some, eclampsia by others, was, as is well-known, frequently recovered from; but after the age of ten or thereabouts, it is unfortunately but too well-known that the majority of cases of epilepsy gradually lead the poor sufferers towards idiotcy or dementia and to death, although there are, fortunately, exceptions. He (Dr. Drysdale) must say that, notwithstanding the flood of light thrown on the subject of the causation and nosology of this disease by the illustrious Brown-Séquard and others of late years, he too frequently saw cases of epilepsy which neither belladonna, nor ligatures, nor bromide of potassium, nor cautery, nor subcutaneous injections of morphia could alleviate, and which were, in fact, far better treated by expectancy and hygienic arrangements than by the tentative process which he had too often witnessed in similar cases. If a child has worms, they must be removed; if a patient complain of a persistent headache, a red-hot iron applied to the skin over the spot is indicated; if there be over-sensitiveness of any extremity of a nerve, the hypodermic injection of morphia or ligature may be tried; and if we suspect masturbation to be the origin of fits, we may endeavour to cause the patient to leave off the habit. But, subtracting all these favourable cases, there was, he feared, a vast class of cases, either hereditary or otherwise, which no remedy could touch. Extract of belladonna had often seemed to him to protract the interval between fits. Bromide of potassium, again, had often failed in his hands; and although it was now so vaunted, it must be remembered that it was a new remedy, and although it cured so many in 1865, he feared that its fame would not be so great in 1870.

Mr. SEDGWICK thought that, in cases where the disease was hereditarily transmitted, there was little chance of doing much good by any remedies. It had been remarked that in the treatment of epilepsy all remedies did good for *a time;* and this probably took place by their action upon the imagination and *morale* of the patient. Bromide of potassium had been found to be very useful in treating certain cases, and he had found it do much good in one case in a young married woman.

Dr. HART VINEN had lately had two cases of epilepsy under his observation. One of these occurred in one of a family of nine children, all of whom had been attacked by epilepsy. The young lady was affectionate in disposition and rather of an erotic tendency, and he suspected uterine irritation. A gentleman who was considered an expert in this disease had been called in, and had promised her friends a cure by bromide of potassium; but this remedy had not performed any cure in this case. The second case he would mention was that of a young lady who was married at sixteen. After the birth of a child she had an epileptic attack, and many afterwards. The whole 'Pharmacopæia' had been ransacked for remedies to no purpose. The slightest emotion would bring on one of the seizures, and the only remedy he had found to be of any service was warm baths, which certainly did the patient a great deal of good.

Dr. BROADBENT thought the plan of treatment was to find out, if possible, a functional cause of epilepsy. He had frequently seen much relief from belladonna, and one remark he thought important was, that if we used belladonna, *much* of it should be given. He had seen some cases recover under belladonna. Bromide of potassium was also of great service in many cases. In syphilitic cases of epilepsy he had seen a cure effected by means of iodide of potassium, and another from bromide of potassium. In the case of a boy with fits, he was much benefited by belladonna, and bromide of potassium had cured him. He was convinced of this fact.

Dr. CAMPS attached great importance to belladonna and bromide of potassium, but thought that rigid attention to diet was of the greatest importance of all. Hereditary cases were certainly the most unpromising, but if we cannot cure, we may often alleviate such cases by means of belladonna and bromide of potassium. The treatment of epilepsy was becoming less and less empirical.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.—MAY 5.

INFORMAL CONFINEMENT OF A MAN IN A LUNATIC ASYLUM.—CASE OF COLONEL JOHNSON.

Earl Vane, in rising to call the attention of the House to the charges brought against Colonel Johnson, a magistrate of the county of Duham, said that he regretted the absence of the noble earl (the Earl of Malmesbury) who on a former occasion, in moving for correspondence on the subject of Mr Docknell's detention in the lunatic asylum, had, he ventured to say, adopted against Colonel Johnson an *ex parte* statement. He was quite sure that no one in such a case would be more ready to retract the charges he had made than his

noble friend. (Hear, hear.) All men were liable to errors of judgment, and he did not mean to say that his friend Colonel Johnson had not been guilty of an informality in signing the committal of the late Mr. Docknall to an asylum. But Colonel Johnson, in order to show how much he regretted that informality, was prepared to indemnify the unfortunate man for what he had done, for he offered a sum of 80*l.*, 50*l.* to go for the costs of the suit which had been undertaken, and 30*l.* for himself. The charge which his noble friend had brought against Colonel Johnson was this—that he had sent to the Lunatic Asylum of Sedgefield Mr. Docknall, a man who was perfectly sane and who ought never to have been sent to such a place at all. Now, Colonel Johnson had known this man for years; his family were in the habit of dealing with him, and the unfortunate state of Docknall's mind was notorious, not only to Colonel Johnson, but to every individual in the neighbourhood. But the worst part of the charge was founded upon a letter from the father of the man—namely, that Colonel Johnson had entered into a conspiracy with the wife of Docknall, who was a bad woman, in order to keep him in prison. He knew Colonel Johnson to be an honourable man, and a magistrate of thirty years' standing, and their lordships must agree that he was much aggrieved by the stigma passed upon him. At the last Quarter Sessions for Durham, he (Lord Vane) moved a resolution, which was carried by the whole Bench, affirming that, however much the Bench might regret the informality which Colonel Johnson had committed, they were satisfied that he was only actuated by the kindest motives towards the unfortunate man. (Hear, hear.)

The Lord Chancellor would merely observe that, as there was a pending action yet undisposed of against Colonel Johnson, he must wait until that was decided before he could take notice of the matter.

Lord Ravensworth, having been acquainted with Colonel Johnson for forty years, would affirm that he was a most honourable man both in his private and magisterial capacity, and he must express his belief that he had been actuated in this matter by the best and purest motives. He trusted that when the pending action should be disposed of, the Lord Chancellor would consent to lay the correspondence before their lordships, in order to clear the character of Colonel Johnson.

Lord Chelmsford thought that his noble and learned friend must be under some misapprehension in regard to the action said to be still pending. If he understood aright, an action of tort had been brought against Colonel Johnson—an action to recover damages. Such an action, however, died with the person, and could not be revived by the executors, and, as this unfortunate man was dead, there could be no pending action at the present moment.

The Lord Chancellor said that in certain cases the representatives of the deceased would be entitled to revive the action for recovering the expenses. He was informed that a suit was now pending in the Court of Probate to determine to whom letters of administration should be granted. If they were granted to the father, the action might be revived. At present, therefore, he did not think it proper to take any proceedings to investigate the charges against Colonel Johnson.

HOUSE OF COMMONS.—MAY 5.

WORKHOUSE NURSES.

Mr. A. Mills asked the President of the Poor-law Board whether it was the intention of the Government to adopt the suggestions contained in the evidence given before the Select Committee on Poor Relief, respecting the employment of trained and competent nurses in workhouses; whether it was intended to carry out the recommendation embodied in the report, that quinine and other expensive medicines should be provided, when required, by the guardians; and whether the articles of the Consolidated Order now in force respecting the voluntary visitation of sick poor present any practical obstacle to those who may desire to visit the inmates of union workhouses.

Mr. Villiers said he believed the evidence to which the hon. member referred was that of a lady, Miss Twining, who appeared as a witness before the Poor-law Committee. She referred to the great want of improvement in the system of proper nurses for the sick poor in the workhouses of London, and said that in most of these workhouses there was no such attendance at all. This was an overstatement of the case. The Metropolitan Poor-law Inspector had always urged the guardians to employ competent persons as nurses for the sick, and the fact was that upon inquiry, which he (Mr. Villiers) had directed in consequence of this evidence, he found that there were no less than 93 paid nurses in the different houses in London, and that out of the 39 workhouses there were only 8 without them. There was, however, great reason to doubt whether they were efficient for the purpose for which they were employed, and there was no doubt a great difficulty in proving who were competent persons; but, in consequence of communications lately received at the Poor-law Board from Miss Nightingale, who superintended establishments for the purpose of properly training nurses, and who was now taking much interest in the state of these houses, there was every reason to suppose that well-qualified persons could be obtained, and in number equal to the demand for them, should the guardians be willing to engage them. The Poor-law Board had already issued a circular to the guardians of all unions and parishes of London urging them to employ such persons, together with proper assistants, and it was to be hoped that they would now exercise their discretion in doing so. With respect to the supply of expensive medicines, such as quinine, &c., which the hon. member inquired about, the Poor-law Board had issued a circular to all the unions in England and Wales on this subject, suggesting the propriety of their making arrangements with their Medical officers forthwith for this purpose, and he was glad to say that many unions and parishes in the metropolis did supply those medicines and found no difficulty in doing so. With respect to the third question, he would read the article to which the hon. member referred, by which he would see what was allowed in this matter:—

"Article 118. Any person may visit any pauper in the workhouse, by permission of the master, or, in his absence, of the matron, subject to such conditions and restrictions as the guardians may prescribe."

Under this article the guardians might permit the visit of any person for any lawful purpose, to any sick pauper; this article also allowed any pauper in the workhouse to receive the visit of a stranger, subject to such restrictions as the guardians might think fit to impose. The Poor-law Board imposed neither restrictions nor conditions, and therefore the rules and regulations of the Poor-law Board presented no obstacles to those who might desire to visit the inmates of workhouses. (Hear.)

DR. BARNES, having been elected Obstetric Physician with the charge of beds to St. Thomas's Hospital, has resigned the office of Obstetric Physician to the London Hospital. A vacancy is thus created at the latter institution.

TESTIMONIALS TO SURGEONS.—At the anniversary meeting of St. Mark's Hospital, held a few days since, Mr. James Lane was presented by the patients with a bronze timepiece and vases, and Mr. E. H. Carter with a gold chronometer. The presents were accompanied by an address from Mr. Syrett.

HOMŒOPATHIC MEDICINE.—Two children have been brought up at the Wisbech Police-court charged with stealing several bottles of homœopathic medicine from the shop of Mr. Finnell. It was said in court that they had eaten the contents of more than twenty bottles without "being better or worse for it." The children were dismissed with a reprimand.

GUIDE TO THE QUACKS OF LONDON.

By Detector.

(*a*) Messrs. Bright and Co., until lately advertised in the newspapers as Surgeons, of 29 George street, Hanover square, but present residence, if any, not known. (See letter appended.)

Dr. Curtis, otherwise J. Lamert 15 Albemarle street, Piccadilly.

Dr. Walter De Roos, M.D., 25 Bedford place, Bloomsbury square.

Dr. Hammond, 11 Charlotte street, Bedford square.

Messrs. Harvey and Co., Weymouth street, Portland place.

(*b*) W. Hill, Esq., M.A., Berkeley House, South crescent, Russell square.

(*c*) H. James, Esq., Percy House, Bedford square.

Dr. Kahn, Kahn's Museum, 3 Tichborne street, Haymarket.

James Lowe, Strand Museum.

Dr Marston, 47 Berners street, Oxford street.

(*d*) Messrs. Perry and Co., Berners street, Oxford street.

Dr. Russell, 28 Clarence road, Kentish town.

Dr. Smith, *alias* Smith and Co., 8 Burton crescent, Euston road.

H. Scott, formerly Hamilton, addresses himself "to adies," Henrietta street, Cavendish square.

Dr. Thomas, 9 Markham square, King's road, Chelsea.

Dr. Thomson, 21 Harrington square, Hampstead road.

(*a*) 29 George street, Hanover square, London, W.
April 21, 1865.

Sir,—The above premises being in my exclusive possession and used by me only for the purpose of carrying on my own practice, I beg to state that if at any time *hereafter* you should in any way publish or connect the name of "Messrs. Bright and Co." therewith, I shall place the matter in the hands of my solicitor to take whatever proceedings he may be advised.

I am, Sir,
Yours obediently,
R. J. Jordan.

To the Editor of the Medical Circular.

*** *The name of Robert Jacob Jordan was ordered to be* erased *from the 'Medical Register' by order of the General Medical Council on the 26th May,* 1863; consequently R. J. Jordan is not a duly-registered Medical Practitioner.—Ed. Med. Cir.

(*b*) This person acts in conjunction with the so-called Dr. Watson.

(*c*) This individual hunts for victims in co-operation with the person styling himself Dr. Hammond. See "Detector's" letters.

(*d*) Bright and Co., Harvey and Co., and Perry and Co. are carried on by one gang. See "Detector's" letters.

THE MEDICAL CIRCULAR.

WEDNESDAY, MAY 10, 1865.

THE EPIDEMIC DISEASE IN THE NORTH OF GERMANY.

Although the public apprehensions as to the threatened invasion of a new epidemic into this country have been allayed, and the newspapers, owing to the fact that more exciting topics have sprung up, have dropped the subject, yet the peculiarities presented by the epidemic disease now prevailing in North Germany, and especially in the neighbourhood of Dantzic, are too important to be passed over, more especially as information of a trustworthy character, although not yet sufficiently ample, has already reached our shores. Dr. Sanderson, who was commissioned by the Privy Council to inquire into the particulars of the epidemic, has just returned from Dantzic, and has not only brought back many interesting observations formed after a practical study of the disease, but has exhibited, at the last meeting of the Pathological Society, two specimens taken from patients at post-mortem examinations. From the peculiar nature of the disease, and the time which had elapsed since the specimens were obtained, the pathological appearances were not very well marked on their exhibition on Tuesday week; but, according to Dr. Sanderson, the principal lesions discovered after death were inflammatory exudations on the surface of the brain, and in the ventricles, and on the spinal cord. The pons Varolii was covered with a layer of thick concrete exudation, consisting entirely of pus-corpuscles, extending forwards, backwards, and to each side of the inferior surface of the brain. A similar concrete exudation was found in the intergyral spaces under the arachnoid membrane, covering the convexities of both hemispheres; the ventricles were distended with purulent fluid, containing flakes of concrete pus; and the posterior aspect of the spinal cord was covered with a layer of a similar character, which extended from the cervical swelling to the cauda equina. With few exceptions, the other organs of the body were healthy.

The special pathological appearances, therefore, were those of meningitis affecting the brain and the spinal cord, and the symptoms appear to have been such as would characterise this kind of inflammation. It was stated, moreover, that the facts observed at Dantzic afforded no ground for supposing that the disease was contagious; that no eruptions resembling those of typhus or typhoid fever were observed; and that the epidemic resembled the former of these fevers only in the circumstance that it appeared to be dependent on a specific poison. But the great difference existing between the epidemic cerebro-spinal meningitis and typhus was shown by the fact, that whereas typhus prevails most in crowded places and in large towns, the cerebro-spinal meningitis, on the contrary, prevailed but little in the town of Dantzic itself, and was scattered about in a sporadic form in the neighbouring villages. It is also known that the district about Dantzic is a malarious one, and this circumstance may be one of the predisposing causes of the disease.

Such is a brief outline of the facts presented to our notice by Dr. Sanderson in reference to the German epidemic; and it is only fair to state that they corroborate almost entirely the opinions published about a month ago by Dr. Julius Althaus, and noticed in our Journal of the 12th ult. The information collected by Dr. Sanderson is hitherto of a rather scanty character; and although as many as 1,200 persons have perished of the disease in Dantzic and its vicinity, only eight post-mortem examinations appear as yet to have been made. It would be,

therefore, premature to generalise at present upon the features of the epidemic, or to determine how far it is related to other epidemics with which we are already acquainted.

Dr. Murchison, however, entertains a very strong opinion that the disease is only a form of typhus, the inflammation of the cerebral and spinal arachnoid being merely an accidental or occasional complication, and not a pathognomonic feature. It is well known that although, in typhus, the brain and the spinal cord are always seriously involved and are functionally deranged, yet the post-mortem appearances of meningeal inflammation are exceedingly rare. Still, it seems that such cases have been seen even in the London Fever Hospital, and an outbreak of the disease, namely, typhus with cerebro-spinal meningitis, occurred in an asylum for seamen at the east of London about thirty years ago, and was described by the late Dr. Roupell; and a similar disease has been described by many French and American writers, and has been very common in America during the present war.

But as far as Dr. Sanderson's description goes, it would appear that the disease he observed in Dantzic was not typhus, and had but few characters in common with that fever: thus it was not contagious, but sporadic; it was not accompanied by any distinctive rash such as that of typhus; and it presented the post-mortem traces of local inflammation.

If Dr. Murchison's views should be accepted (and we admit that some of his reasoning is strong, and all of it ingenious), it may then turn out that we are wrong in restricting our ideas of fever to one or two types, and in demanding that each type should be characterised by definite and distinctive marks. We shall hereafter perhaps be compelled to admit that the term fever is a wide designation, embracing many subordinate forms, and assuming very different characters at different periods and in different localities. In the memory of the present generation, the synocha, or inflammatory fever, has disappeared, and some of the younger order of practitioners doubt its existence altogether; while, on the other hand, many elder practitioners who did not observe the distinctive eruptions which characterise the modern typhus and typhoid, are still sceptical as to the distinction. Again, with regard to locality, it is pretty well known that while typhus is most prevalent in Edinburgh, typhoid has long been the prevailing fever in Paris; while in Dublin the distinction between these two fevers is not yet fully admitted. All these seeming discrepancies may be reconciled by assuming that fevers really present a great difference in their type at different periods and places, the pathological conditions being at one time of a purely nervous, at another time of a distinctly inflammatory character, the eruption on the skin being sometimes present, sometimes absent, and the inflammatory symptoms sometimes being referable to the brain and spinal cord, sometimes to the intestines. Cullen's synocha may not have been a mistake after all, and our fathers and grandfathers may not have followed a mere blind routine in bleeding for fever, but may have followed a true pathological indication, just as the physicians of Germany, if they can control the inflammation of the cerebral and spinal meninges, now said to be the essential feature of the Dantzic epidemic, will in all probability arrest the fatality of the disease.

SUMMARY OF THE WEEK.

THE ROAD MURDER.

The progress of this melancholy case tends more and more to confirm the remarks we made last week, namely, that the unhappy girl Constance Kent is really the murderess: and, indeed, nearly all the evidence that was wanting at the original investigation appears to be supplied. What may have been the state of the girl's mind when the deed was contemplated or perpetrated, or what it has been recently, when she made her confession, is a different matter of inquiry. No Medical Journal, as far as we know, has offered any opinion on the subject, and no Medical writer, anonymous or otherwise, has, strange to say, ventilated any theories in the ordinary newspapers. These Journals, however, are now copiously discussing the psychological aspects of the question; and as they draw their illustrations from the literature with which they are most familiar, we find one of them comparing the wretched girl with Lady Macbeth, while another regards the bloody deed as an instance of sleep-walking, and refers, as an authority, to Bellini's opera of the 'Sonnambula'! Nay, the very Journals which have been most vehement in denouncing the existence of homicidal mania, and in holding up to ridicule and contempt those Medical writers who regard it as a form of insanity, now explain the Road murder by reference to this identical morbid condition of the human mind. The contemptible inconsistency of these writers would be deserving of much stronger censure, did we not believe that their present object is the humane one of saving the scandal of executing a miserable girl for a crime now almost forgotten; and if their efforts should be fruitless, they will have only themselves to thank, inasmuch as they have done their best to indoctrinate the public mind with erroneous and superficial notions upon a most mysterious, but well-established form of mental aberration.

MEDICAL GOSSIP. By VIGILANS.

No. XIX.

SERIOUS SUBJECTS MADE COMIC, BY A PATHETIC EDITOR—ESTIMATE OF THE LATE SIR BENJAMIN BRODIE—CAN A PHYSICIAN BE BOTH HONEST AND SUCCESSFUL?—TRIUMPH OF MR. BARNARD HOLT—DR. JENNER AND PUFFS IN THE 'DAILY TELEGRAPH.'

We often see a serious subject so handled as to become highly comic and laughter-bursting; thus, a tragedy enacted by amateurs may become a screaming farce. I never roared so continuously in my life as I did at the tragedy of 'Macbeth,' done by self and friends, at the Amateurs' Theatre, in Catherine street, Strand. So, in writing a sort of obituary of a departed benefactor to humanity, we may be led into saying very funny things.

That cloudy philosopher, Dr. Druitt, who presides over that sombre Journal, the 'Medical Times,' sometimes enlivens its pages by a little titbit, which redeems it for the week; thus, in a brief memoir of the late Thomas Hancock, of India-rubber, not Medical celebrity, we meet with *morceaux*, of which the following are specimens:—

"Consciences are elastic enough already, and most stomachs need no vulcanization to enlarge their powers of distension; but many a Medical man wishes he could give a little India-rubber quality to the heart and lungs of the asthmatic, and certainly to the purse-strings of most patients after recovery.

"We therefore say a devout R. I. P. to the late Thomas Hancock, of Stoke Newington, the father of the India-rubber manufacturer, who has enabled so many a fellow creature *to die at ease on a soft India-rubber mattrass*."

How he came to be immortalized in the 'Medical Times' I don't know, unless it were for the Editor to display his wit.

"He was a great admirer of rose-trees, and in his grounds were several hundred, which he pruned, grafted, and cultivated, and in which he took especial delight. *May he now enjoy the gardens of Paradise!*"

To my thinking, John Churchill and the other proprietors of the 'Medical Times' would not suffer much loss if Thomas Hancock were joined in the gardens by his terrestrial panegyrist. Why could not he be content with the simple, but expressive word "Gone." He is gone—"gone from our gaze," if you please; but, like the author of 'Leisure Hours in Town,' I stand up for the unrivalled reach and pathos of the short word, *Gone*. There would be no dissentients to this; but there may be many to the fragrant idea of Thomas Hancock tending the rose-trees in the gardens of Paradise. Some may live who wish him to be in still warmer quarters. There is a somewhat similar panegyric of Sir Benjamin Brodie in the 'Lancet' of this week, in a review of his autobiography and works, pourtraying him in colours which he most certainly did not deserve, and in disproof of which the 'Lancet' itself may be quoted when the late baronet was plain Mr. Brodie. I say he was *not* "a man of singularly open and liberal mind." I say he was not "a perfectly honest," though he was "a very courteous and a very accomplished man." But courtesy is often another word for deceit, and his accomplishments may have embraced deceit, trickery—ay, and knavery. The pathetic Editor in the 'Medical Times' no doubt believes Sir Benjamin to be also enjoying the gardens of Paradise, but there are others who believe him to be *gone* to the ——. From a personal knowledge of the man, my obituary of him would be brief: "He was an accomplished surgeon, but of his personal character the less said of him the better." I have very grave doubts indeed whether great success in Medical practice is possible associated with genuine honesty. I candidly confess that many a guinea has gone into my own pocket with the idea in my mind whether it had any right to be there.

The most consolatory reflection on this point was supplied to me the other day by a friend who witnessed a little operation of an eminent specialist, which was required to be repeated at intervals of two or three days to afford the slightest chance of relief. On the patient leaving the room and depositing the fee, the doctor remarked that, with the little hope he had of success, he was not sure the guinea was honestly gained. "Nonsense," said my friend; "that patient consults you as the fountain head of your Profession. He has paid long accounts to others and he comes to you as a *dernier ressort*. To dismiss the case at once as hopeless and take a solitary guinea would not be fair to yourself or satisfying to the patient. No; give him the chance of the slight hope you have—take your five guineas and then you may dismiss him; for by that time you will have had your fair share of the fees." It is most ingenious reasoning; nevertheless, it is not honest. I wonder how it would answer to put the question to an incurable patient, "Do you wish for an honest opinion at once? If so, my fee is five guineas." I am afraid he would anticipate your opinion, turn upon his heel, and "call again." When I was a boy at the Grammar School of ——, the worthy old master used to give us the option, at the birchings, of six hard ones or twelve gentle ones. In my own person I tried both, and distinctly remember neither gave me satisfaction, though I preferred the latter. Like the man at the cart's tail, hit high or hit low, the executioner "could not please him anyhow." So with the incurable patient. Dismiss him at once, take your guinea, and he will go away dissatisfied, and probably seek another man, less honest, who will take as many fees as the victim will disburse. Really, in Medical practice, we are beset with temptations, and it is difficult to hold on in an honest course. A surgeon may, but I doubt if a physician can be honest. Probably, the most honest is he who has fewest patients.

If Mr. Barnard Holt does not present Mr. Henry Smith with a silver teapot, he has no liberality in his composition. A month ago, Mr. Smith thought he had sent a poor patient to his account by the aid of Holt's dilator, and made a bid for fame by acknowledging it in the 'Lancet,' but, upon investigation, it turned out to be a mistake in every point of view, and he had to eat humble-pie. It would have been bad surgery, or rather bad policy, in our friend Barnard Holt to lose the opportunity of turning such an attack on his really valuable operation to good account; and accordingly, in this week's 'Lancet,' we have a sort of statistical account of the results of his treatment in the hands of others; and it appears that not a single bad symptom beyond a rigor has been observed by several distinguished surgeons in their experience of the operation. Paget, Birkett, Campbell de Morgan, Hulke, Bird of York, Macnamara with considerably more than a hundred cases, Smyly and Macdonnell of Dublin, Moorhead of Netley Hospital, and many others, send their testimony to its safety; and Dr. Wiblin, of Southampton, with twenty-nine cases, adds, "I look upon your operation as one of the greatest surgical achievements of the last five-and-twenty years."

But it is not the safety or otherwise of the operation which ought to occupy our thoughts. Of that there can be no doubt; for we all know, or ought to know, what wonderful liberties we may take in the way of cutting and tearing and mangling *inside the body* and its passages with impunity. Dr. Blundell taught us this fact thirty years ago—No; the question is, whether the splitting up of a stricture be permanent in its effects; and of this, I believe, Mr. Holt has equally conclusive evidence. The strange perversity and contrariety of opinions on the most simple questions of Medical and surgical practice are astounding. It was well exemplified the other evening at the London Medical Society, in a discussion on the treatment of enlarged tonsils, where a wiseacre got up and said, that as they could so easily be got rid of by "pulverised water," there was no need of cutting or burning! There is so much ignorant twaddle enunciated at Medical societies, that I am astonished men of mature judgment and experience are ever seen at them.

Dear Vigilans,—As no respectable man will read the 'Daily Telegraph' so long as it inserts the filthy advertisements of the quacks, you may not have seen the following announcements in that paper of Tuesday, May 2, and Thursday, May 4. Your admirer,

Anti-Puff.

"Dr. Jenner.—There is no truth in the telegram furnished yesterday from Mr. Reuter's office, so far as respects Dr. Jenner's having again left London to be in attendance on the King of the Belgians. For the present the many calls upon the professional services of Dr. Jenner absolutely prevent his returning to Brussels."—From 'Daily Telegraph,' Tuesday, May 2.

"Erratum.—In the paragraph relating to Dr. Jenner in our impression of Tuesday, for 'There is no truth in the telegram furnished from Reuter's office, so far as Dr. Jenner having again left London,' read 'There is no truth in the telegram reporting the recall from London to Brussels of Dr. Jenner."—From 'Daily Telegraph," Thursday, May 4.

If these two paragraphic advertisements had appeared relative to Dr. Jenner when he was a humble general practitioner in Osnaburgh street, Regent's park, and had been sent by some orthodox neighbour, a hater of quackery, to the *quondam* Editor of the 'Lancet,' the probabilities are

that the said announcements would have been denounced by the said bold and fearless Editor of former days as a discreditable proceeding, unworthy of any respectable practitioner of Medicine. What's to be said of them now? Where did Dr. Jenner acquire the right of being so puffed, without liability to censure and condemnation? Has he the right? Does his Court appointment, so lucky, so unexpected, I will not say so unmerited, confer upon him immunities which attach not to his compeers? May he be puffed and singled out for newspaper notoriety with impunity? I think not; and I would therefore advise Dr. Jenner to intimate to the Editor of the 'Telegraph' that such announcements are looked upon with jealousy, and are universally condemned by his Medical brethren, with a request that, for the future, he may be left to take his chance for practice like his contemporaries, earning it by merit alone, and not through the newspaper puffing of injudicious friends.

When commencing these letters, I resolved that a fair field and no favour should be afforded to all who might differ with me in opinion. *Audi alteram partem* should be their motto, and whether they called forth approval or dissent, or even vituperation, the friend or the foe should alike be heard. The letter of "Cyclops" is appended with pleasure, more especially as I coincide in many of his strictures, and believe that such clever satire would benefit young men and open up trains of thought far more beneficial to them than many of the courses of lectures to which they are required to listen.

To Vigilans.

I have read all your papers in the Medical Circular, and think you have great and just cause for all your remarks. Your last paper, No. 18, has, however, astounded me. That there is abundant reason for some reform in the ways and doings of the legitimate and diplomated body, there cannot rest a doubt; but let me ask you, Do you think that abusing the Faculty themselves, and ridiculing their ways and doings, is the proper method to bring this about? I think not. You appear to be a practitioner of Medicine of some standing, never mind in what line or groove you move—that is not to the purpose—but are you without your prejudices? Are you not confirmed in modes of thought and practice that everybody acquires without exception in a very few years after he leaves his Alma Mater and has framed and glazed his diplomas, those patent licences to cure or kill *secundum artem*. The physicians at the hospitals under whom you thought you were learning how to do the former you have your own opinion of now, and sometimes think their practices, according to your full-grown experience, rather tended to the latter, and therefore you make, as everybody else does, your own practice of Medicine. Very different, by the way, from any you were taught; yet, how much of what you have elicited yourself leads to kill and not cure? These are facts put to yourself as an individual, but only for the sake of their being addressed to everybody in the same position. What makes you think, like many others, that you could treat a case better than your neighbour, and that such and such a person would have got over his disease had you attended him? What constitutes the difference of practice in every man? Is it a higher knowledge of the inward workings of the human system, or is it simply a matter of opinion of him who practises? Oh, Vigilans! you must admit it is the latter! When a nobleman asked the first Physician in Dublin what his opinion was of Dr. ——, as he was under his care, "Oh," he said, "a good fellow—a good fellow, and as good a guess as any of us." I think he hit the mark at once; for what is really the practice of Medicine, when you come to think of it, and see how it is practised, both at hospitals and in private? Why, it is this: a scheming fancy ranges supposition and conjecture into an imaginary truth, perfectly convincing, and suggests a hodgepodge from the Pharmacopœia, on a bit of paper, in true cabalistic formula, and, in all the magnanimity of thought, the writer reposes in his wisdom and his arm-chair. The retreating steps of the recipient have died away. Science has done its best,—science did I say?—but I didn't mean it. Art and mystery have done their best; and if the skilful empiric's thoughts could but be read, they would amount to this,—"Ah, there was evidently an engorged portal condition, no doubt of it: go, my faithful formula, to that man's liver; purge it, cleanse it, relieve the system of impure matter generally, correct the state of the secretions, restore vital elements, and let there be new life and vigour throughout." Thus the specialist will plead. The stomach receives the cabalistic compound. "Sent here for the liver, are you, by special orders? We'll see about that; nothing comes to me but what I do the same with, in every case; every part shall have a share, for share and share alike is my motto. I am no respecter of things or persons, for so unselfish am I, that I myself take my own share and benefit or suffer alike with all my neighbours and friends. Alas! I may add, like Æsop, I take the heaviest burdens on myself. I am the first to be nauseated and disgusted, but true to my purpose and my laws, I distribute it." "What on earth," roars out the primary secretions, "have you sent us?" The absorbents, astonished, as well they may be, cry out, "What will the blood say to this?" The blood soon exclaims, "I am poisoned! Whatever will the liver say when I go there robbed of my biliary elements?" "I can't," calls out the liver, "make bile from this stuff!" The stomach cries out, "You must." "What?" says the liver, "I who have but a simple duty to perform, and will and can do it with proper materials, am to be found fault with because I don't act? I do act; but who is finding fault with me? As well find fault with a loom for not turning out a silken fabric when a cotton staple was only put into it." The poor body goes back to the doctor: "Well, how are you?" "Not well; not even better; worse, if anything." "What, won't the liver act?" "No, sir; he says you have so changed the condition of the blood, that it has none of the constituents of bile." "What? He's a donkey! He's idle! I'll soon see the reason why he won't work! We'll double the doses!" "The blood, sir, says you have poisoned him." "Confound the blood; I've nothing to do with the blood." "The primary secretions said they were all upset, and told the absorbents to take away the rubbish you sent them as quickly as possible; but it altered them very much." "I don't care for them; they are nothing to me. But why didn't the stomach send my medicine to the liver?" "The stomach, sir, was the first to rebel, and said he was no respecter of things, and should send it about everywhere, to everyone, all over the body. It made my head ache!" "What the deuce has the head to do with it?" "It said it couldn't stand it." "Oh, stop, I'll attend to the head directly; he sha'n't complain for nothing. I'll send something there pretty quickly." Then comes more cabalistics, increased doses, every organ found fault with, and Nature herself condemned, because she will not act in accord with the doctor. Now, Vigilans, how can she when all the laws are violated by the grossest empiricisms and chicanery? This, you will see, illustrates the one great fact that now obtains, viz., the treatment of special disease, instead of the correction of the state of elements which produced it. This fact I have long since known, that a given state of elements will produce in different individuals, according to their idiosyncrasies, specific affections in different organs, and when our authorities on the treatment of these affections are consulted, we find as many opinions as men, and all seem to act as if, whatever was prescribed, was to go direct to the part affected; and so old false appreciations of disease become triumphant.

Now, your letter of this week was startling; "the Medical Dissenters'" prospectus also. I have for five-and-twenty years endeavoured to get in the thin end of the wedge of some reform in the practice of Medicine. Ask therefore yourself the question, if prejudice does not stop the way with everybody? Now, mark me, it is not to be done by abusing the Faculty or their practices. It is not to be done by any self-appointed set of Medical dissenters finding fault with the things that be. It is not to be done by one man condemning another man's practice. Abuse is

neither argument nor logic. It is sufficient for the day that the public are weary of us and our doings; that they are dissatisfied, and not without cause; that we do not in the middle of the nineteenth century come up to the standard expected of us; that a general mistrust and want of faith have crept into the minds of the laity: but let me say again, that no abuse or scolding and holding up to condemnation that which is now done daily will avail or produce a better state of things.

In my next, if you will receive it, I will point out a course that might bring about a greater change for the better.

I am, Sir, your obedient servant,

CYCLOPS.

London, May 8, 1865.

ANTI-QUACKERY ASSOCIATION,

20 KING WILLIAM STREET, W.C.

Plymouth.

GENTLEMEN,—I received a copy of the MEDICAL CIRCULAR, and am happy to find that the author of the work has taken such a determined step to expose those rascals named in the work. A fellow there mentioned, styling himself Dr. Watson, wrote to me and extorted 1*l.* 1s. for advice as he called it; then, he required the usual amount for the *first-class "curative appliance;"* but it happened I had no means to answer his demands, and luckily for me, so I contented myself with being swindled out of the 1*l.* 1s. I will ask that gentleman, the author, if he will be kind enough to inform me whether Dr. Lowe, of the Strand Museum, 157 Strand, is one of that sort. I have written to him relative to my case and he demands the amount shown in his answer to my letter. If the above gentleman is an *honest* man, I shall be thankful to know that I have a friend at last, after suffering from *excessive weakness* and nervousness for more than two years. By sending an answer to my note as quickly as possible will oblige

Your humble servant,

———.

157 Strand, London, May 4, 1865.

DEAR SIR,—In reply to yours, rest assured, if you will only persevere diligently with my treatment, our united efforts will be speedily crowned with success. Upon receipt of a P. O. O. for 2*l.* 2s. I will forward you a supply of medicines, well calculated to subdue your distressing symptoms quickly.

Waiting your prompt attention,

I am, yours, &c.,

To Mr. ———, J. LOWE.

Plymouth.

*** The names of the self-styled Doctors alluded to appear in "Detector's" Quack List, at page 304

THE LATE CZAREWITCH.—The following authentic particulars of the illness of the late Czarewitch possess a melancholy interest. Five years ago he had a fall from his horse. The injury he received attracted very little attention at the time, but he has never been in his usual health since. Three months ago he was confined to his bed from pain in the lower region of the spine, and was then attended by MM. Nélaton and Royer, who pronounced the disease to be lumbago, and that he would soon be restored to health. About a fortnight previous to his death the Czarewitch suffered from a series of symptoms which some of his Medical attendants considered to arise from intermittent fever, whilst others were of a different opinion. The treatment consisted mainly in the administration of quinine. He was also treated by electro-galvanism. He died of inflammation of the membranes of the brain and spinal cord. The after-death examination revealed caries of three of the lumbar vertebræ, and a psoas abscess of the size of a pigeon's egg. Tubercules were found in the lungs and brain, one in the substance of the latter being as large as a pea. Dr. Haartman had the immediate charge of the Prince for ten days previous to his death. A detailed account of his illness will, by consent of the Emperor, be shortly published.—'Lancet.'

GENERAL CORRESPONDENCE.

HOSPITAL ABUSES.—No. IV.

To the Editor of the Medical Circular.

SIR,—In the communications which you have done me the honour to insert in the MEDICAL CIRCULAR, I pointed out the great want that existed in this metropolis of hospitals for the reception of fever, and showed that, for want of a central supervision of our hospitals, these institutions were diverted from the main object (the relief of the sick poor of the metropolis) to the establishment of unnecessary Medical schools and the private interests of their Professors. In my present communication I shall prove, that notwithstanding the enormous increase of lecturers, the pretended extension of Medical studies, hygiene, &c., that fever has been more extended and quite as fatal as at any former times. This clearly arises from the modern erroneous doctrines. The four great pests of modern times—plague, cholera, yellow fever, and typhus—are clearly and deadly contagious, and to prevent their spreading, fever hospitals, in which those attacked can be isolated, or at least fever wards attached to general hospitals, are essential. People themselves will generally, when they know the nature of the disorders, keep out of the way of them; but the doctrines propounded and acted on of late years by those in authority are, that, instead of these diseases being carried from place to place by intercourse between the sick and the healthy, they are always *generated* on the spot they happen to be found in.

The horrors of the Crimean war, in which more lives were lost by disease than in the darkest part of the Middle Ages, were due to these doctrines. Future ages will scarcely credit the fact, that not only were all precautions neglected in this war, but the most foolish, and apparently wanton, devices, under pretence of superior Medical information, were adopted. It may not be amiss to recall the attention of your readers to some facts relating to the Medical part of that war. In the first place, beyond the possibility of a doubt, no body of men in a higher state of health and condition ever left the shores of Great Britain than the British army was in at the beginning of the Russian war, fewer men being required than offered for service. They were as thoroughly picked for good condition as the horses seen in Rotten row. At the end of this short war very few remained alive, while those slain or who died of their wounds were comparatively few; yet during the time the war lasted no separate hospitals or any means whatever were taken to separate those suffering from contagious diseases from the wounded. The French army, on the contrary, carried cholera with them from Paris, and the Imperial Guard left cholera in every village and town they stopped at between Paris and Marseilles; in the latter the ravages were extensive. The first appearance of cholera in the British army arose at Gallipoli, where British soldiers were sent to a French hospital—the British suffering from various complaints of trivial nature, gonorrhœa and syphilis. On the return of these men to their respective regiments, cholera appeared; but the most insane act of all was at Bulgaria. The crew of the 'Britannia,' stationed off Varna, was attacked most severely, losing about 100 or 120 men out of a crew of 800. It may fairly be presumed that nearly all the crew had been more or less infected by the disease, and would have remained unhurt by cholera for the future, at least for a long period; new cases would not be expected to arise except in new-comers. The army was then about embarking from Balguria to the Crimea, and the crew of the 'Britannia' were drafted in tens and twenties, and dispersed on board the steam and other transports that were about to convey the army to the opposite shore. The result was what ought to have been foreseen. If it had been the object of the chiefs to disseminate a destructive disease amongst their troops, a more efficacious method could not have been adopted. Not a week elapsed after their embarkation before the entire army was stricken down, and the whole history of the war was a constant supply of fresh men, the far greater part of whom were destroyed by cholera and its sequelæ, or pestilential fever. The disper-

sion of the crew of the 'Britannia' amongst the transports was seized upon by the Medical officers of the 'Britannia' as a very clever device on their part for the recovery of their men.

I believe that Aldershot, for a permanent camp, was selected for what are called sanitary purposes. A more repulsive, barren, disagreeable spot could not have been found in all England; but I believe that the Medical philosophers and small savans had a great deal to do with its selection. It was very healthy. Of course it was so, because nobody lived there; but the troops had not been there long, when I saw in the hospital of a very fine regiment many cases of *continued fever;* and it was as anyone must have foreseen. A regiment moves on with all its women, children, and impedimenta, some of whom had fever; the next regiment, perhaps perfectly healthy, takes the quarters vacated by the one who had some fever cases, and these get it. I have known *fever brought from* Aldershot, where, till there was a camp, no fever had existed.

About the time when Catholic Emancipation, Reform, &c., were agitated, and men's minds were looking out with avidity for new doctrines of all kinds, a Dr. Armstrong was elected Physician to the Fever Hospital, and became a very popular lecturer on Medicine in the *Borough. His* theory was *non-contagion* in an extreme *degree;* and amongst other views, one he taught was, that plague, yellow fever, and typhus were "one and the same disease," and managed to impress on most of his numerous hearers the truth of his assertions. Cholera had not then made its appearance in Europe. His doctrines took wonderfully with his numerous class. I believe most new things succeeded in those days, although I used to think myself that he did not himself believe in his own utterances. But, at a very recent date, Dr. Jenner, the *domestic* Physician to the Queen, has outdone Dr. Armstrong by an affected discovery that the diminutive of typhus—typhoid—is not a variety of typhus, but a distinct disease and of a different origin, being produced by bad drainage, while typhus is a product of contagion. A few years back a fever of a *typhoid type* arose in a populous district in the country. It was clearly imported by servants and continued for some time amongst people in good circumstances, in all or most being introduced by servants. Its being contagious was further shown by its being carried to villages by infected servants sent to their homes and infecting their families and friends; further, some cases of typhus gravior arose, produced clearly by the same cause. About the middle of October, the weather suddenly changed from heat to cold and frost, and cases which had previously suffered severely in their bowels had a metastasis to their lungs and became costive. The poorer class, who lived in the worst parts of the town, were not attacked till November, when many became ill. Its type appeared to change entirely. Those last attacked were apparently in a most severe degree, far more so than the fatal cases, yet no deaths occurred, and their recovery was rapid. The Russian physicians, in their official report, state the disease there prevailing to be "typhoid fever, and that many varieties were observed, such as relapsing, recurrent," &c., but they emphatically declare all its varieties to be *contagious.* It should be observed that the town I alluded to had been efficiently drained, under the direction of a celebrated metropolitan engineer, specially employed on that kind of work. It may therefore be fairly conceded that the sayings and doings and writings of Dr. Jenner will, be soon utterly unread and forgotten. Proofs enough have been adduced to show that the constitution of our metropolitan hospitals requires revision, and that a central board appointed by the Government with plenary powers is essential to their honest and effective management. In your leader you refer to what you term the horror felt by many to centralization. Long experience has convinced me that the dislike to centralization springs mostly from two causes—vanity and corruption. Let people well consider the immense amount of good effected by the Charity Commissioners, and even by the Poor-law Board; for since that charlatan, Edwin Chadwick, has been got rid of, it has *unostentatiously* effected a great amount of good, although it suffers from the effects of misdeeds of its former secretary. But, as is justly observed by yourself, the anomalies and absurdities of Medical schools and councils can never be corrected but by central authority.

I am, &c., MEDECIN MALGRE LUI.

[Would our correspondent be good enough to favour us with any reference to published facts in connexion with the fever mentioned in the latter part of his letter?—ED. MED. CIRCULAR.]

A LATE SUICIDE AT DAWLISH.

To the Editor of the Medical Circular.

SIR,—I send you the published reports of an inquest and its adjournment on the case of a woman, who has recently committed suicide in a very extraordinary manner at Dawlish, as you will see on perusal of the enclosed. She had three or four parcels of bat-poison in her reticule orabout the room, some of the parcels being empty, others in reserve. Two papers of "Simpson's Vermin-killer" had been disposed of, and one parcel of Battle's had apparently been used, "some blue stains being found in the mouth and at the angles of the jaw, whilst the pocket-handkerchief was marked with blue stains also." The rigidity and contortions of the dead body led Dr. Baker to infer strychnia as the cause of death. He sends the viscera to me, and I found arsenic in abundance in the mucus present in the stomach, which was very scanty, the fluid having escaped into the jar from an opening made in the walls of the stomach; the scalpel also contained abundance of the metal arsenic, but strychnia was not in either of these materials. I also found traces of arsenic in the liver. If strychnia were taken, it never got into the stomach at all.

It is probable, however, that the two first packets did not kill her as quickly as she expected, and she took the third packet, but the contents *never went further than the mouth,* some being ejected in consequence of the bitter taste, and an almond was taken to get rid of this, but enough remained to kill by absorption from the mucous membrane of the tongue. The coroner would not have *my evidence,* as he had given no order for a chemical analysis; but I made a voluntary statement, of which you now have the substance. I have sent to Exeter for Simpson's papers, and after having analysed them I will again communicate with you. Battle's, of course, contains strychnia; the other I presume to consist of arsenious acid. She was a great believer in alcohol, and that accounts for her nervousness and depression of spirits.

I am, &c., W. BIRD HERAPATH.

April 28th, 1865.

SUICIDE BY BATTLE'S VERMIN-KILLER.—One evening lately a middle-aged lady alighted at the Dawlish Station and proceeded to the hotel where she represented that she came from America. She retired to rest, and on the following day was found dead in her bed, apparently having poisoned herself with Battle's Vermin-killer, packet labels of which were found by her bedside. It has since transpired that the deceased was the wife of a stationer at Devonport. Her husband said she left home in good spirits. His eldest child told him of her leaving, but he did not think much about it. She had shown symptoms of mental derangement. She had a spinal complaint and suffered severely from pains in the head. At times she had paroxysms. Four years ago she attempted to drown herself in a tank. She underwent an operation at New York, when the operator told him she would probably put an end to her life. She often had dizziness in the head. The coroner said it was very desirable that an Act of Parliament should be passed making it more difficult than at present to get poisons. Several paper wrappers of Battle's and Simpson's vermin-killer found in the room were produced. Dr. Baker, of Dawlish, was called in to see the deceased when she had been dead two or three hours. She was lying

on her back, the head thrown backwards, the arms drawn up towards the head, and the fingers drawn forcibly towards the palms of the hands. There was apparently great pallor and extreme rigidity of the whole body. The face was thin and pallid, especially the gums and mouth. Between the teeth, which were partially closed, was an almond in two pieces. The eyes were closed but the pupils were extremely dilated. The spine of the body was completely curved. On two pocket-handkerchiefs of the deceased's were distinct traces of a blue powder. On his way home he purchased a packet of Battle's vermin powder and found it to contain about forty grains of a bluish powder which contained about four grains of strychnine, which was quite sufficient to cause death. The packet was properly labelled. The late Mrs. Vyse, of Ludgate hill, poisoned her children with the same kind of powder, which on being analysed was found to consist of starch, Prussian blue, and strychnine. As Dr. Baker could not state positively that poison was the cause of death, it was decided to adjourn the inquest. At the adjourned inquest Mr. Coroner Cuming stated that he had ordered a post-mortem examination. Dr. Baker had sent the contents of the stomach to Mr. Herapath, of Bristol, for analysis. The coroner had not given any instructions for this to be done, and now objected to the county being put to the expense. He said there could be no doubt that the case was one of suicide, therefore an analysis was unnecessary. Dr. Baker said that the coroner had left the case with him, and he was not prepared to state the cause of death unless the evidence of Mr. Herapath was taken. The coroner replied that he would not let Medical gentlemen act as Dr. Baker had done without the coroner's instructions. Dr. Baker then gave the result of his examination. He found no marks of violence nor anything except poison to account for death. Mr. Herapath said he would forego his usual fee. He then stated that death had been caused by arsenic. Mr. Herapath adds: That the deceased had three or four parcels of rat poison in her reticule or about the room, some of which were empty, others in reserve. Two papers of Simpson's vermin-killer had been disposed of, and one parcel of Battle's had apparently been used, "some blue stains being found in the mouth and at the angles of the jaw, whilst the pocket-handkerchief was marked with blue stains also." The rigidity and contortions of the dead body led Dr. Baker to infer that strychnia was the cause of death. Mr. Herapath found arsenic in abundance in the stomach, but no *strychnia*. He also found traces of arsenic in the liver. If strychnia were taken it never entered the stomach at all. He thinks it probable, however, that the first two packets did not kill her as quickly as she expected, and she took the third packet, but the contents never went further than the mouth, some being ejected in consequence of the bitter taste, and an almond being taken to get rid of this; but enough remained to kill by absorption from the mucous membrane of the tongue. The coroner would not have Mr. Herapath's evidence, as he had given no orders for a chemical analysis. Battle's papers of course contain strychnia; the others probably consist of arsenious acid.

MR. HENRY SMITH'S FATAL CASE OF STRICTURE OF THE URETHRA FOLLOWING THE USE OF HOLT'S DILATOR.

To the Editor of the Medical Circular.

SIR,—The following extracts are from letters I have already received since you did me the favour to publish my reply to Mr. Henry Smith:—

Mr. Paget: "I have no record of the number of cases, but they are six or more. I have seen no fatal or other untoward result. I operated on one to-day, and propose to do so on another on Wednesday. Mr. Thomas Smith tells me he has employed it twice with good results."

Mr. Birkett: "I know not the number of cases, but I can state that no fatal result has followed the employment of rapid dilatation."

Mr. Campbell de Morgan: "I cannot tell you the number of times I have used forced dilatation of the urethra, but I have done it very many times. I have never had a fatal case."

Mr. Hulke: "I treated several cases with it at King's College, and have continued to use it at the Middlesex, and have never seen extravasation or fatal result. My cases number more than thirty."

Mr. C. H. Moore: "I have used your dilator perhaps four times, and certainly with no fatal result."

"Mr. Holmes: "I have operated five or tix times with your instrument. None of my cases were followed by any unpleasant, still less alarming symptoms."

Dr. Wiblin, of Southampton: "I have adopted your immediate method in twenty-nine cases, and I obtained the most complete success in every instance. I look upon your operation as one of the greatest surgical achievements of the last five-and-twenty years. Mr. Henry Smith's case will not shake my confidence in any degree."

Mr. William Bird, of York: "I have used your dilator about twenty-five times, with the greatest satisfaction both to my patient and myself. In no case have I seen any ill effect follow the forcible dilatation."

Mr. Macnamara, of Dublin: "I have had considerably more than a hundred cases. I never saw a worse symptom than rigor, and that only in exceptional cases. I have operated on some with valvular disease of the heart; with fistula in perineo; on relapsed cases that have been previously treated by Syme's operation; by caustics; where incontinence of urine existed; in cases of such irritable urethra that the slightest attempt to introduce a gum catheter was attended with intense agony, rigors, and sweats; and yet I have never seen any results save that I have already mentioned (rigors), and that in not five per cent. of the cases."

Mr. Smyly, of Dublin: "I have employed it in sixteen cases, and have never seen even an unpleasant result."

Mr. Robert Macdonnell, Dublin: "I have employed it in six cases without seeing a single untoward symptom."

Mr. Moorhead, Staff-Surgeon at Netley Hospital: "I have performed your operation for stricture of the urethra on thirteen occasions without a fatal result."

Mr. James Lane: "I have only employed it once, and that was on Saturday last. The patient has had no pain greater than that caused by the passage of a bougie; no bleeding, no rigor, or other unpleasant symptom, although his urethra was exceedingly irritable, and rigors had frequently followed the passage of small bougies. I read the case recorded in the 'Lancet' of March 18th before operating on this gentleman. It produced no hesitation or misgiving in my mind, as I regarded it as entirely exceptional, and therefore of no practical value to influence one's proceedings. My uncle has operated eight times with your instrument. Five of the cases were at St. Mary's; three were private. The result has been eminently satisfactory in all. He, like myself, has used it exceptionally, and in cases where he would formerly have resorted to perineal section."

Mr. Newman, of Stamford, has employed it in four cases published in the 'British Medical Journal.'

My own cases number 317 during a period of more than ten years, and in this number I have had two cases where death has occurred, but certainly not in any manner dependent on my operation. One has been already alluded to. The second was in a patient who never suffered in any manner from the operation, but died from serious apoplexy a week after my seeing him, the physician in whose house he was staying being so satisfied of the nature of his illness that I knew nothing of the death until after it had occurred. Thus we have, without Mr. Birkett's or Mr. Campbell de Morgan's, 573 operations, I may say without any bad consequences that can be attributed to the operation. Faithfully yours,

Savile row, April, 1865. BARNARD HOLT, F.R.C.S.

TESTIMONIAL TO DR. JEPHSON.—A subscription has been entered into at Leamington, to testify the respect of the inhabitants to Dr. Jephson, who has laboured many years amongst them. It is to consist of a portrait of himself. Upwards of 200*l.* has been subscribed.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 27th ult. :—Bryan Holme Allen, London ; Robert Croft Beck, Louth, Lincolnshire ; Edward Francis Jenkins Cole, St. Helena ; Charles James Cullingworth, Leeds ; Edwin Charles Garnsey, Wells, Somerset ; Richard Samuel Purnell Griffiths, Cheltenham ; John Hackney, Myddelton square ; Frederick Knowlton Hampshire, Kensington ; William Griffith Jones, Llanelly, Carmarthen; Sydenham John Knott, Jamaica ; George Lamb, L.R.C.P., Hull ; Herbert Lucas, Hitchin, Herts ; Frederick Barham Nunneley, Burton-on-Trent ; Thomas Lloyd Place, Wickham Market ; George Rendle, Newington causeway ; Joseph Thompson, Nottingham ; Benjamin Bingay Thurgar, M.D., Torquay, Devon ; Thomas Harrison Tidswell, Spalding ; William Knight Treves, Dorchester ; John Holden Webb, Tunbridge Wells.

The following gentlemen were admitted members on the 28th ult. :—Robert Wooding Sutton Barraclough, Streatham hill ; John Batteson, Chesterfield ; Henry Hargreaves Birtwell, Blackburn ; Myrry Clarke, Jamaica ; Arthur Armistead Corte, Blackburn ; Harry Davenport Dod, Macclesfield ; John Arthur Ensor, Exeter ; Edward Liveing Fenn, Nayland, Suffolk ; Frederick Isaac Flower, Codford, Wilts ; Ralph Gooding, B.A., Ipswich ; Charles Edward Hocken, Chelsea ; Frederick William Humphreys, Trinity square, Tower hill ; Walter Lattey, Clapham ; George Warcup Malim, Grantham ; John Rogerson, Bow ; John Haigh Tarleton, B.A., Birmingham ; William Taynton, Commercial road ; William Jeremiah Wane, Lancaster ; Alfred Marchmont Watson, M.D., Peterborough.

It appears that out of the ninety-five gentlemen who offered themselves for examination, only twelve were remitted to their studies for six months.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 27th ult. :—Thomas Dick, Harrington, Cumberland ; James Fernie, Kimbolton, Huntingdonshire ; Nathaniel Thomas John Haydon, Bovey Tracey, Devon ; William Hoffmeister, Cowes, Isle of Wight ; Brownlow North Hyatt, Doughty street.

The following gentleman also on the same day passed his first examination :—Shirley Woolmer Arundell, General Hospital, Birmingham.

PRELIMINARY EXAMINATION IN ARTS.—The following gentlemen passed this examination on the 28th and 29th ult., and received certificates of proficiency in general education :—Frederick Ayres Taylor, certificate of honour. John Adams, Newcastle-under-Line ; F. G. Alleyne, Gloucester place ; H. F. Baker, Furnival's-inn ; John R. Bayley, Holt, near Winchfield, Hants ; George Robert Beswick, Brick lane, Spitalfields ; W. L. H. Blenkarne, College hill, Cannon street ; J. A. Calentarients, Camden road ; R. Caldecott, Holbrook G., Rugby ; J. G. Colborne, Tachbrook street ; Lee F. Cogan, Greenwich ; W. B. Davies, Chelmsford ; Samuel Evans, Llandovery ; W. A. D. Fasken, Norwood ; Wm. H. Gilkes, Hereford ; Clement F. Gray, Holmes Chapel ; G. Greenslade, Stoke-sub-Hamdon ; Thomas H. Hendley, Charlton ; R. C. Holman, East Hoathly ; Donald N. C. Hood, Croydon ; J. A. Jackson, South Ockendon ; Alfred A. Kidger, King's College ; Walter Kitching, York ; Samuel Lee, Savile row ; Aug. E. B. Love, Canterbury ; James M'Dougall, Shobdon ; Herbert Norton, Spring grove ; Edward Palk, Totnes ; William A. Patchett, Mottram ; F. J. Pearse, Regent street, Westminster ; Whitfield Perkins, Malmesbury ; G. H. Phillips, St. Peter's square ; Allen Sewell, Euston square ; C. W. Smith, Douglas road, Canonbury ; Herbert A. Smith, Hatton garden ; F. E. Taylor, Norwich ; H. A. Turner, Brighton ; Fred. H. Truter, Manchester street ; G. Herbert Wade, Little Hampton ; Arthur P. Penrose, Amwell street ; C. P. S. Wayman, Great Thurlow, Suffolk.

THE ZOOLOGICAL SOCIETY.—At a meeting of the Council of this Society, held on Wednesday last, Dr. James Murie, formerly of the Royal College of Surgeons, was elected from among twenty-nine other candidates as anatomical prosector to the Gardens. Dr. Murie has had much experience as a practical anatomist, and is devoted to natural history and zoology, both of which he has studied under the most favourable auspices at home and abroad. To the Society itself great credit is due for creating an office which must from its nature greatly contribute to the preservation of the animals, while it advances the best interests of science.

EAST RETFORD DISPENSARY.—A dispensary is about to be established at East Retford. A liberal subscription list has already been made.

THE ROYAL ALBERT INFIRMARY, which is now being built at Bishop's Waltham, will be completed in August next. The estimated cost is 3,800*l*.

DR. LANKESTER ON INFANTICIDE.—(From the Second Annual Report of the Coroner for the Central District of Middlesex.)—I have had placed at my disposal the records of the late Mr. Wakley's inquests from 1857, and I find the following to represent the number of inquests he held on newly-born children in the central district of Middlesex :—From 1857 to 1858, 42 ; from 1858 to 1859, 68 ; from 1859 to 1860, 87 ; from 1860 to 1861, 84. The year from 1861 to 1862, during Mr. Wakley's illness, is imperfect. In the year 1862-3, I held 68 inquests on newly-born children, and in 1863-4 there were 56 verdicts of wilful murder returned, and 8 open verdicts, with 5 of accidental deaths, giving, in all, 69 deaths of new-born infants. How much crime, in the eye of the law, is here committed it is impossible to say ; but in a certain number of cases the mothers of these new-born children found dead are detected, and sent to take their trial. In every instance with which I am acquainted they have been acquitted of the capital crime, and this against evidence of the most obvious and convincing kind. In one case, the woman drowned her child, and she was acquitted on the ground that no water had been seen in the room. Yet there were witnesses in court who had sworn before the coroner's jury that water was in a pail in the room, and taken away after the death of the child. In another case the child was found strangulated with a stocking tied tightly round the throat. This woman was acquitted, on the ground that the woman might have tied the stocking round the neck of the child, in order to assist in delivering herself of her child. The fact is, the prosecutor, judge, and jury are all anxious to avoid a verdict which consigns to death a woman who, in nine cases out of ten, has been more sinned against than sinning. This will probably be the case as long as the law inflicts or threatens death for infant murder. In many cases the accused woman is prosecuted under a second indictment for concealment of birth. As the coroner has not the power of committing for such a crime, and the magistrate commits for murder where the coroner has done so before him, it is not unfrequently the case that the most deliberate and wilful instances of child-murder are those in which the criminal entirely escapes. There is another point in which the guilt of child-murder is not brought home to the mother, and this arises from the fact that the law demands proof should be given of actual birth, that is, of entire separation from its mother, before a conviction can be made. As, in these cases, no one is present at the delivery of the child but its mother, it is a most difficult thing to prove to the satisfaction of a jury that this has taken place, although not so difficult as barristers and judges make it appear. The moral influence of this law may be fairly questioned, for, as the law now stands, a mother may with impunity destroy her child as long as it is not born, and if she confesses the birth and the deed, she cannot be prosecuted for the concealment of birth. At first sight it might be thought that this disregard of unborn infant life was inconsistent with the punishment to which persons are liable who procure or produce abortion. In this latter case, however, the law proceeds upon the fact that the mother's life is always endangered by abortion. There is, however, an instance where the law protects the life of the

unborn infant, and that is in the case of pregnant women condemned to die, whose lives are spared till they have been delivered of their child. Our legislation was at one time ferocious with regard to the destruction of infant life; a reaction took place, which has placed us in our present position, in which upwards of 150 dead children are annually found in the streets of London. It is not too much to suppose that where one child is found, another is successfully hidden for ever. In cases where the mothers have been discovered, their ages have averaged about twenty years; as it is not to be supposed the same woman commits this crime a second time, and as the expectancy of a woman's life at twenty is forty years, this would give the large number of 12,000 women living in London alone who have thus secretly destroyed their offspring. I am not prepared to discuss here the question of what measures might be adopted for the prevention of this crime, but it appears to me that it is sufficiently extensive and alarming to demand special inquiry. There is one fact to which, however, I think I ought to draw attention, and that is, in inquiries into the causes of the death of illegitimate children, that the putative father of the child very seldom contributes to its support. In an institution in London where the illegitimate offspring of poor girls are supported, it has been stated that of 75 children provided for, there were only two instances where the father had contributed anything to their support.

LIBERAL CHANGE IN BAVARIA.—The Government of Bavaria has always had the privilege, whenever a Medical man wished to settle within its territory, to fix for him his place of residence. This was usually so arranged that a beginner had to take up his abode in very humble neighbourhoods, with the prospect of obtaining, as time wore on, permission to repair to more favourable localities. It is plain that in many instances this law must have borne very hardly on many men. In a truly liberal spirit, the Bavarian Government have lately waived this privilege, and granted Medical men complete liberty of settlement.

THE ADULTERATION OF MEDICINE WITH METHYLATED SPIRIT.—An inquiry has been held by Mr. Richards, deputy-coroner, at the Crown Tavern, Charles street, Mile-end, respecting the death of a child named John R. Lawson, and in the course of the proceedings a very abominable sort of adulteration of medicines was made known. Mrs. Lawson, the wife of a beer-shop keeper, said that deceased was ailing with the whooping-cough, and she took him to a surgeon in Newington-causeway. The name "Tanner" was on a plate outside the door, and the house was a private one. Mr. Tanner said the child had chicken-pox, and was very dangerously ill. He gave a bottle of medicine, and some ointment, for which he charged 1s. 3d. She gave the medicine three times, and each time he was violently sick from it. The next morning she removed from Southwark to James street, Mile-end, and as the child seemed dying she called in Mr. Reilly. Mr. F. J. Reilly, M.R.C.S., said that the child died from acute bronchitis. He had made a slight chemical analysis of the medicine produced, and found it to contain poppies and iron prepared with methylated spirits of wine. Methylated spirits of wine was used by French polishers as a substitute for naphtha, which destroyed their eyes. The Government allowed spirits of wine to be sold free of duty if it was methylated or adulterated by some naphtha being passed through it to render it unfit for drinking purposes, and consequently it could be bought for 6s. 6d, a gallon, while spirits of wine unsophisticated cost 22s. a gallon. It was most improper to use methylated spirits for medicine—it would sicken any patient, but it had not caused the deceased's death. The jury said that even the smell of the medicine was disgusting; it was like bad naphtha. Mr. Reilly said that he could not find the name "Tanner" in the "Directory." The jury returned a verdict that the deceased died from bronchitis from natural causes, and the jury strongly deprecated the use of methylated spirits for medicine in the place of pure spirits of wine.

AUTOPSY OF THE LATE PRESIDENT LINCOLN.—Surgeon-General Barnes, Dr. Stone, the late President's family Physician, Drs. Crane, Curtis, Woodward, Toft, and other eminent Medical men performed an autopsy on the body of the President. The external appearance of the face was that of a deep black stain about both eyes. Otherwise the face was very natural. The wound was on the left side of the head behind, on a line with, and three inches from, the left ear. The course of the ball was obliquely forward, toward the right eye, crossing the brain obliquely a few inches behind the eye, where the ball lodged. In the track of the wound were found fragments of bone which had been driven forward by the ball. The ball was found embedded in the anterior lobe of the west hemisphere of the brain. The orbit plates of both eyes were the seat of comminuted fracture, and the orbits of the eyes were filled with extravasated blood. The serious injury to the orbit plates was due to the centre coup, the result of the intense shock of so large a projectile fired so closely to the head. The ball was evidently a derringer, hand cast, and from which the neck had been clipped. A shaving of lead had been removed from the ball in its passage through the bones of the skull, and was found in the orifice of the wound. The first fragment of bone was found two and a-half inches within the brain, the second and a larger fragment about four inches from the orifice. The ball lay still further in advance. The wound was half an inch in diameter.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MAY 10.—Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Dr. Odling, "On the Chemistry of Tissue-Metamorphosis;" Microscopical Society, 8 p.m.

THURSDAY, MAY 11.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 4 p.m.—Prof. Frankland, "On Organic Chemistry."

FRIDAY, MAY 12.—Operations at the Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Dr. Odling, "On the Chemistry of Tissue-Metamorphosis;" Royal Institution, 8 p.m.—Mr. Field, "On Magenta and other Dyes."

SATURDAY, MAY 13.—Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 4 p.m.—Prof. Bain, "On the Physical Accompaniments of Mind."

MONDAY, MAY 15.—Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAY 16.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Optical Defects of the Eye and their Consequences. By John Zachariah Laurence, F.R.C.S., &c. London: R. Hardwicke, 192 Piccadilly.

Convict Discipline in Ireland. By John T. Burt, B.A. London: Longman and Co., Paternoster row.

Du Bain Turc, modifié par l'Emploi du Calorique Rayonnant, et de son Introduction en Suisse. Par L. A. Gosse, Docteur en Médecine. Genève, 1865.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

To SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing cross Post office.

THE WESTMINSTER HOSPITAL MEDICAL SCHOOL.—The card has been received.

EXPECTANS.—Four years at least must be spent in Medical study. The preliminary examination should be passed before entering to a Medical school.

A SURGEON.—The Bill will probably be modified before it is again presented to the House of Commons.

J. L.—Hooker and Arnott's 'British Flora' is the best book for the purpose.

L.R.C.P. ED.—The diploma can be obtained only by examination. The particulars may be learned from the Secretary of the College.

IATROS.—Greek is not compulsory, but it may be passed at the option of the candidate.

A. Z.—The University degree gives a higher status in society than the F.R.C.S., and you may claim precedence on the occasion referred to.

The Medical Circular.

A LETTER TO THE MEMBERS OF THE BRITISH MEDICAL ASSOCIATION, ON THE SUBJECT OF THEIR FUTURE JOURNAL.

By ROBERT B. CARTER, F.R.C.S. (Exam.);
Fellow of the Royal Medical and Chirurgical Society.

GENTLEMEN,—It is well known to most of you that, at the forthcoming Annual General Meeting at Leamington, your attention will be called to the position and usefulness of our present weekly Journal.

Some months ago, having had much reason to think about this matter, it occurred to me that the Association would be able, at the cost of a small self-sacrifice on the part of some of its members, to commence the issue of a publication that might, if rightly conducted, be of very great advantage to the Profession. I have determined to lay my plan before you in detail, in order that it may be maturely considered prior to the time at which it is intended that your suffrages shall be asked concerning it.

It will probably be conceded that the Medical Profession, as a body, is deficient in corporate organization, in corporate funds, and in the means of influencing educated public opinion. We are in daily and hourly contact with the public at numerous points, and are liable to be judged by the public on numerous matters, about which we ourselves know much, and our judges very little. We are entirely without the means of of guiding or informing them, or of defending the members of our calling against the most unfounded attacks or the most unjust depreciation, in any other way than by our personal influence upon individuals. It has happened to me more than once to converse with some intelligent patient about some standard Medical grievance, such as the position and remuneration of parish doctors, and to be asked, at the close of the talk, "Why do not you gentlemen put this view of the case, or these facts and arguments, before the public? You would soon get a reform if the public only understood the question as I understand it now." Of course, the personal influence of Medical men, exerted in this way, might be enormous, if it were systematically used and properly directed; but, as a matter of fact, this cannot be done. We have, as a rule, neither time, nor inclination, nor opportunity for the *vivâ voce* enlightenment of our respective neighbours; and we therefore frequently submit to what we know and feel to be injustice; while those by whom the injustice is inflicted err, for the most part, through their absolute ignorance of the real state of the case.

At various times some great exceptional effort has been made to remedy this evil, and most of such efforts have failed conspicuously, simply because they were exceptional. Mr. Griffin has laboured zealously for many years in the cause of the union surgeons. He has gained the respect and gratitude of his brethren; but what has he effected for their relief? His pamphlets and publications have been sent to members of Parliament, who, in all probability, regard Mr. Griffin as a crotchety man with a grievance, and throw his writings into their waste-paper baskets. The public have never been reached at all. The gentlemen whom we meet at dinner, or on a railway journey, have never for one instant been made to think about the question. They neither know nor care whether the doctors for their respective parishes are paid three shillings a case, or three halfpence, or three farthings; and they are content to assume that the offices would not be accepted if they were not worth having. How different would be the present state of things if the facts and arguments of Mr. Griffin had been presented, with adequate literary skill, to the readers of some high-class journal,—say the 'Edinburgh Review,' or the 'Quarterly,' or the 'Cornhill,' or 'Macmillan's Magazine,'—with sufficient frequency to maintain and strengthen the first impression that was produced. The way in which Boards of Guardians cheat and rob their Medical officers, as part of the system on which they cheat and rob the poor, would have been long ago rendered impossible; and the reform that is so greatly needed would have been compelled, not by the efforts of the Profession, but by the righteous indignation of the public.

The subject of Medical relief under the Poor-law is only one of many which are regarded, by ourselves and our employers, from very different points of view. The observance of a proper code of Medical ethics is at least as important to patients as to practitioners; but patients do not, as a rule, understand that this is so. They usually consider "Medical etiquette" to be something wholly arbitrary and unreasonable, and they frequently tempt practitioners to violate its rules. If patients and their friends were better instructed,—if they had ever been made to look below the surface of the matter, we should obtain their assistance, instead of their hostility, in the practical enforcement of precepts based upon sound principles.

Looking a little farther abroad, we may discern a number of questions which affect our remuneration, and which therefore affect indirectly our social status, and which resolve themselves into a demand, on the part of the public, for an improper degree of cheapness. Our dissatisfaction with the governing bodies of some hospitals and dispensaries, with the naval and military authorities, and with the public service generally, with the directors of assurance offices, and with the managers of clubs for the poor, may all be referred to this one source of grievance,—that we are expected to be content with a payment that is insufficient, either in money or in consideration, or in both. And, on this point, we see some of those who should be our natural leaders ranged on the side of our adversaries. We see some of our examining bodies engaged in an unworthy and degrading struggle for fees, and refusing to require from their candidates such a preliminary and professional education as the present state of Medical science renders necessary. We see teachers of Medicine abusing their position as members of the Medical Council, and preventing the adoption of a higher standard of examination, avowedly lest it should for a time diminish the number of pupils at their respective schools, and thus diminish the amount of their receipts. To this sordid policy we are indebted for the admission into our ranks of the men who enable the Horse Guards or the Poor-law Board to set every principle of justice at defiance. Against such a combination of adverse influences, against pressure from without and traitors within, we are at present utterly powerless. We should be powerless no longer if we could instruct the public, if we could teach patients what is the precise value of a cheap doctor, and what is the nature of the process by which the article is manufactured for the market.

There are many subjects of universal interest, for example, hygiene, education, and, above all, the monstrous evil of quackery, on which we possess special knowledge of great importance, and on which the public are abandoned to the guidance of *ignes fatui*, such as "it stands to reason." On these subjects we are entirely without the means of disseminating sound and wholesome teaching.

We know, of course, that all the matters above referred to are frequently discussed, with much ability, in the leading articles and correspondence of the Medical journals. To what good end is this? We know, in a general way, nearly as much about them as the writers do. We have had no occasion to dress our knowledge in precise forms and epigrammatic sentences, but still we understand the gist of the matter. We do not usually feel that we have been instructed, but we say of the letter, or the leading article, "That is very true—very well put. I wish I could show that to the squire, or the rector, or (more important still) to the Lady Bountiful of the district." Unfortunately, the previous page displays some anatomical or pathological engraving, or the next letter refers to a subject unsuited for non-professional readers; and so, upon the whole, it is plain that the Medical journal had better be retained by its owner. Moreover, the weekly journals,

even if they reached the public, have not space enough to treat Medical matters with the fulness that the public require. Addressing instructed readers, they take for granted many things that for general readers would need demonstration; and hence they are not calculated to act upon the minds of any but Medical men. And the ultimate result is, that, on all the questions that may be said to be at issue between the public and the Profession, there is much concord among ourselves, and complete discordance between ourselves and our patients.

I infer, from all this, that we greatly need a recognised and legitimate channel through which to reach the public, and to guide and influence public opinion; and I assume that the public opinion most worth influencing is that of the educated classes, by whom, practically, the country is governed. It is found by experience that no journal can be really influential that requires to subsidised, or that fails to find support among those to whom it is addressed; and hence our object could only be attained by a publication that would be bought by educated readers on account of its own merits, as well as on account of its being the organ of the Medical Profession. Such a journal might, I conceive, be set on foot and maintained by the British Medical Association, and might present the following characteristics:—

1. It should be published quarterly, by some publisher of repute; and should have every advantage in the way of paper, printing, and general appearance.

2. Its title should be brief, distinctive, and, above all, not Medical. The aim of the journal should be, I think, to exhibit its connection with the Profession by the tone and character of its articles, rather than by its name, or by any declarations in the articles themselves. It would be very important, especially in the early numbers, not to deal so exclusively with Medical topics as to become wearisome to the general reader, and not to assume an outward appearance that might give, to a casual observer, an impression that the cover inclosed a Medical journal in the ordinary sense of the words. It might, perhaps, be possible to obtain the consent of the venerated founder of the Association to the use of his name; and, in that case, I can suggest no better title than "The Hastings Review: a Quarterly Journal of Literature, Science, and Politics," or "Literature, Science, and State Medicine." This would at once be a mark of respect in which we should all cordially join, and would leave the contributors at liberty to treat the current books and topics of the day from a Medical, or from a purely literary or scientific point of view.

It is manifest, however, that, in this matter of title, the projected Review should be steered warily between two opposite dangers. Its work at first would be, not simply to minister to, but absolutely to create, an interest in the public mind about subjects appertaining to the Medical Profession. For this reason, there should be nothing in its aspect to interfere with its success—or to make a non-Medical reader turn away from it with indifference. On the other hand, it would be necessary, both for the dignity of the Association, and also in order to give authority to the review, that a flag should be shown about which there could be no mistake. This might be done in various ways; among others, by mentioning upon the cover the proprietorship of the Association, and by carefully explaining the objects of the Review in a prospectus.

3. The contributions should, in every case, be anonymous. The object of the staff should be to gain weight and influence for the Review, not for individual writers.

4. The editor should not himself be a contributor. I mentioned this in the letter to the 'Lancet,' in which I first suggested such a journal, and drew down upon myself some amusing comments from persons unacquainted with the practice of first-class reviews and newspapers. In such the editor does not write. His function is to judge of and select from the writings of others; and experience teaches that this function cannot be properly discharged by one who competes with those among whose works he has to decide. Besides this, a writing editor is apt to give a wearisome mannerism and sameness to his journal, and to write a great deal more than anyone but himself will care to read.

It must not be thought, however, that this restraint of the editorial pen in any way diminishes the importance of the editorial office, or the difficulty of discharging its duties. The success or failure of such a Review as that which I suggest would depend, in a very great degree, upon the personal qualities of its editor. Whatever his capabilities, there would at first be no lack of willing contributors. But to harmonize and control the general tenor of their writings, to secure the cordial co-operation of an efficient staff, to provide the variety required by the reading public, and at the same time to repeat with sufficient frequency statements that required to be driven home, to recognise literary ability in unknown volunteers, and utterly to exclude inferior compositions, from whatever quarter offered,—all these things could only be done effectually by a combination of taste, firmness, and sound judgment, which, if the Association were so fortunate as to obtain, it would be difficult for the members to estimate too highly.

5. All contributions should be paid for at the highest current rate. In no other way would it be possible to obtain a sufficiently numerous and skilful staff, or to give the editor the independence necessary for successful management.

I turn now to the question of expense, and on this I speak with the authority of an experienced publisher. I believe the Association numbers about 2,400 members; but to facilitate calculation, I put the number at 2,500. For a quarterly journal, of the size and appearance of the 'Psychological,' each number containing twelve sheets, or 156 pages, the cost per year for 2,500 copies would be—

	£	s.	d.
Paper, printing, and office expenses (rough estimate)	720	0	0
Contributors, at 8*l.* 8s. per sheet. .	400	0	0
Editor, say	200	0	0
	£1,320	0	0

Or a total, not including delivery, that would scarcely exceed one-half of the subscriptions of the members. Delivery by post would cost 125*l.* annually; but, with the mechanism of the Association, it would be very easy to devise a less costly method, as far as all residents in large towns are concerned.

In order to effect a sale outside the Profession, my informant thinks that 100*l.* a year should be spent in advertisements, but calculates that advertisements, to at least the same amount, might be expected for insertion. He thinks the best arrangement would be for the Association to pay the editor and contributors, and to contract with a publisher for a supply of the Review to the members at per head, the publisher keeping the supply of the public in his own hands. Upon this part of the question I am at present hardly prepared to express an opinion. In some cases it might be necessary to pay 10*l.* 10s. a sheet for contributions; and, if this sum were paid invariably, it would increase the annual expense by 100*l.*

On the whole, without going into minutiæ, the estimate clearly shows that a quarterly journal of the highest class might be put into the hands of the members for little more than half of the annual guinea.

It therefore follows that, over and above the gain of a means of influencing the public, we should obtain considerable power of purse. It is quite beyond the scope of this letter to enlarge upon the ways in which such a power might be usefully employed; but it is manifest that the possession of an income of 1,000*l.* or 1,200*l.* a year would enable the Association to choose between several kinds of activity, legal, parliamentary, or scientific, from all of which it is at present precluded, by reason of its indulgence in the costly luxury of a weekly Medical journal. Among other suggestions for useful expenditure it has been said that 500*l.* a year might be devoted to the succour of brethren variously oppressed, and 500*l.* to the aid of the Provident Fund. I think it would be rash to dispose of

our surplus too hastily, and am content to point out that it would form a lever that might be used in various ways. If the Association were able to spend 1,000*l.* a year in the furtherance of its objects, whatever they might be, I can even imagine that its existence would be recognised in Parliament, and no longer ignored by the bulk of the newspaper press.

It is well known that we number among our ranks many writers of great skill and capacity; and I am sure that the editor of the projected Review would find it possible, without going beyond the Profession for contributions, to fill his journal with essays, articles, and reviews, of the very highest class of thought, scholarship, and general literary ability. I believe that a journal so maintained by the Profession could not fail to reflect great credit upon our body; and to be in itself, apart from the instruction conveyed in its special articles, a powerful means of elevating our social status.

I believe, moreover, that many of the questions which arise at the various points of friction between the Profession and the public have never been thought out, in all their bearings, by many amongst ourselves; and that we, as well as our patients, should gain largely by having them carefully considered and written upon by practitioners of learning and experience.

In the course of the last few months, I have discussed the projected Review with many members of the Association; and I have hitherto only heard one objection raised against it. In the opinion of the majority, I sincerely believe that this objection will be an actual recommendation; for it is that the issue of a quarterly review would imply the abandonment of the weekly journal.

To the weekly journal, there can be no doubt many of our members are still attached; and others, who themselves estimate it at its true value, nevertheless believe that it acts as a bond of union between us. It has even been reported that there is somewhere a practitioner who sees no other Medical periodical, and who belongs to the Association for the express purpose of seeing ours. I should conjecture that this report must be an exaggeration.

The ordinary contents of the 'British Medical Journal may be divided into original contributions, including correspondence and papers read at the various meetings; intelligence, including the reports of societies; editorial compositions of various kinds, and official announcements about the Association and its branches.

The original contributions on scientific subjects are usually highly interesting and instructive, and are sometimes of extraordinary merit. It is manifest, however, that only a few of them absolutely enlarge the boundaries of professional knowledge, and that the majority, however excellent as records of personal experience, do not at all enter upon the previously unknown. For the former class, and even for most of the latter, it is equally manifest that space would always be found in some of the Medical journals that are supported by private enterprise. Even if this were not so, I should much doubt the propriety of our supplying the needed channel of publicity. I think the Association is more calculated to foster and promote the social than the scientific progress of the Profession; and that the more its efforts are concentrated upon the former, the more certainly will they be crowned with success.

The correspondence that does not relate to scientific questions is very often upon personal disputes or disagreements, about which it is impossible for those who are not concerned to feel any but the most languid interest. This department of the Journal is maintained by a small minority of our body, and the cessation of their labours would certainly not constitute a professional calamity.

In point of intelligence, the 'British Medical Journal' is usually one week, and often more, in arrear of its contemporaries.

The editorial compositions would not, I venture to think, be missed by any living creature. They are chiefly remarkable for having attained that degree of extreme badness at which no amount of ingenuity could find any means of making them worse.

The official announcements are in many cases superfluous. Branch meetings are convened by circular, and the insertion of the circular in the Journal is unnecessary. There can be no doubt that the other weekly journals would afford space for any announcements that were really needed; or the difficulty might be met, in a way hereafter to be mentioned, by the occasional publication of "Proceedings."

Upon the whole, therefore, I believe that the suppression of the Journal would not inconvenience any of us, excepting the possibly fabulous personage who is said to limit himself to its perusal. From him, and perhaps also from those who find that an occasional letter to the editor affords a salutary outlet to feelings of personal irritation, I think the Association may fairly ask for an act of self-denial, and for the cheerful abandonment of a private luxury in aid of the general welfare of the Profession.

I hasten to say, before proceeding, that the past career of the Journal, under its various titles, has been of great and unquestionable utility. It has knit together the scattered members of the Association. It has served to form and consolidate our body; but, by absorbing nearly the whole of our income, its existence keeps us in a state of helplessness. I think its work is done, and that the Association is now sufficiently mature to be independent of its help, and to commence a new career of active vitality. By surrendering the Journal, and in no other way, we shall obtain the funds with which to make ourselves felt as a power in the state, and with which to commence a publication that will enable us to influence extra-professional opinion.

It would be improper, however, that the British Medical Association should be left without some record of its public acts; and I would suggest that this want might be met by the publication of quarterly or occasional "Proceedings," somewhat resembling the Proceedings of the Royal Medical and Chirurgical Society, and containing the minutes of the Council and Branch Meetings, with such other matter as the Council might from time to time determine.

I have said already that no really influential journal will require to be subsidised, and I have no doubt that the projected Review would be largely purchased by the reading public. If it were not, it would manifestly fail in its primary objects, and would have to be discontinued. Like any other new undertaking, it would require to be liberally fostered at the outset; but, in the course of two years, its position should be quite independent.

I should propose, therefore, that, after the lapse of two years, members of the Association should have the option of subscribing a guinea to receive the Review, or half a guinea without receiving it, but retaining all other privileges of membership. In this way the Review would cease to be a burden upon those who did not care for it, and who might still, at a diminished cost, give their support to the other undertakings of the Association.

It is purposed, at the Annual General Meeting at Leamington, to submit a motion embodying the project sketched in this letter, subject to such modifications as further consideration may suggest. Let me remind you that, if the proposed alteration be carried out, and be found detrimental to the interests of the Association, it will at any time be easy to return to the present state of things. The only question is, whether the Association be strong enough to lay aside leading-strings and to enter upon action; and I have not the slightest doubt that an experiment would determine this question in the affirmative.

In comparison with our actual numbers, the attendance at a general meeting is usually small; and active exertion might obtain a majority on either side of a question about which many of us had scarcely made up our minds. The issue about to be raised is so important that it ought to be decided by our whole body; and this can only be done by the use of proxies. The editor of the 'British Medical Journal,' who has been active in endeavouring to procure the privilege of voting by proxy for the Fellows of the College of Surgeons, will doubtless exert himself to procure the same privilege for us; and, even if he should perceive ome reason to refrain from affording his assistance, I am

informed that an opportunity is likely to be given for the expression of our individual opinions upon the point.

In order to accomplish any reform, on account of the prevailing distrustfulness of change, it is usually necessary to organise, to agitate, and to wait. I believe I may say that those who are interested in the project I have sketched will not accept an adverse vote as final, until the influence of time and further argument has been fairly tested. I shall be glad to receive communications from all who approve of the scheme, and will support it, or who see a way to modify it with advantage; and I shall be especially glad to hear from those who will be willing to speak in its behalf at Leamington. There are, I know, many practitioners who are kept out of the Association by the present Journal; and to these I would say, Join, and assist in our endeavour to bring about a better state of things. If we fail in 1865 we may succeed in 1866; and there are those who will not be deterred by one failure, or by two, or by three, from agitating the question until they are satisfied that it has received its final solution.

I am, Gentlemen,

Your very faithful servant,

Stroud, Gloucestershire, April, 1865. Robert B. Carter.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, April 25, 1865.

Dr. Alderson, F.R.S., President.

Dr. Thomas Laycock read a paper

ON THE INFLUENCE OF CERTAIN NERVE-CENTRES UPON THE PRODUCTION AND PREVENTION OF DROPSIES AND DROPSICAL EFFUSIONS.

After noticing generally the deficiencies in the theories of dropsies, and especially the absence of any consideration of the part which the nervous system plays in causation, the author arranges nervous dropsies as they are centric, or reflex, or due to local nervous disorder; or as they affect the trunk, or limbs, or viscera. He then details a case of cardiac dropsy in which the anasarca was unilateral, being limited to the left arm, left side of the thorax, and left half of the scrotum and penis, with hyperæsthesia of the right thorax. This he gives as an example of a "centric" nervous dropsy. The author then points out that the gravitating theory of dropsical effusions wholly fails to explain the caprices in the distribution of the effused serum observed in this and other cases of anasarca"; and refers to numerous observations made on the order of development of the dropsy in various parts of the body, and also to an experiment made upon a corpse. He further shows by diagrams that the anatomical distribution of the capillaries, as well as the connections of the areolar tissue, influences the seat and the distribution of the effused fluid. As an example of this he explains the origin of "precordial œdema." The author next considers how far the obstructive theory of the anasarca in cardiac dropsy can explain the distribution of the fluid, and details a case of unilateral or hemiplegic anasarca, with hyperæsthesia of the same side, but without either cardiac or renal disease; thus proving that neither the obstructive nor humoral theory was applicable to an explanation of the distribution of the fluid. On the supposition that the nervous system had a special influence in this respect, the author proceeds to examine how far this is supported by known data, and shows that, in accordance with the conclusions to be drawn from vivisection, the influence of the nervous system in these cases is opposite on the two sides; and that while on the œdematous side the effusion is thus promoted, on the non-œdematous side it is inhibited. As a proof of this doctrine, the author relates a history of a case of cardiac dropsy, in which, when the anasarca was very extensive, embolism of the middle cerebral artery of the right side took place. As a consequence, there was palsy and finally anæsthesia of the left side, with increase of the œdema on that side, but as to the left side entire disappearance of the œdema from the leg. This illustrates the true nature of the so-called "serous metastasis," in which, with disappearance of the œdema, head-symptoms arise or effusion takes place elsewhere. Following up the clue thus obtained, the author shows how, in cases like 1 and 2, a previously unilateral morbid condition of the nervous system would render an anasarca unilateral or hemiplegic which would otherwise have been general. In proof of this he details a fourth history, in which there were symptoms of cerebellar lesion, the right testicle wasted, a stricture of the urethra of long standing, and purulent urine; and in which, after a hemiplegic attack affecting the left arm and the left side of the face and tongue, œdema appeared in the leg and arm on that side, but not on the other. He also refers to a case of the same kind related by P. Frank. Having thus established the general principles of production and inhibition of dropsical effusion under the influence of the nervous system, the author proceeds to inquire what portions of the cerebro-spinal axis are involved in dropsies, and comes to the conclusion that in Case 2, in which the hyperæsthesia was on the same side as the œdema, the lesion was spinal; but that in Case 1, in which it was on the side opposite to the œdema, the lesion was encephalic, and in the medulla oblongata. In Cases 3 and 4 the seat was more complex and higher up. The author next considers paraplegic dropsy, and details a case of facial and paraplegic anasarca with long-standing Bright's disease, in which hæmaturia and coma came on, and therewith a disappearance of the œdema from the legs, constituting another example of the so-called serous metastasis. After death, however, no serous effusion in the brain was found, but the frontal bone was perforated with holes from syphilitic disease, and the cranium generally much thickened, except the occipital bone, which was unusually thin. The theory of uræmic poisoning might explain this case, but as the theory itself is very doubtful, it is as easy to class the production and the removal of the dropsy with the hemiplegic cases, which the author attributes to a probable defect in the function of the cerebellum as the great central regulator of nutrition. Under the head of "reflex dropsies," the author examines the origin and development of renal anasarca, and shows that in this, as in reflex paraplegias, the urinary and genital systems have a direct influence on the cerebro-spinal centres, and that when we know with what particular organs and tissues they have physiological sympathies, we can predicate where the effusion will be specially produced or inhibited. Hence he concludes that albuminuria without tube-casts is usually a symptom and not a cause of the nervous disorders attributed to it, such as puerperal convulsions and the like. Hence, also, in renal anasarca, the œdema of the external genitals and of the loins; and finally, of the legs, as paraplegic œdema. The œdema of the eyelids in anasarca has two sources of reflex action. The upper eyelid is more in relation with the emotional centres, the lower eyelid with the genito-urinary. For this reason the lower eyelid is chiefly affected with local dropsy in women with uterine disease, but in men with disease or irritation of the bladder, prostate, and vesiculæ seminales. In women with Bright's disease effusion into the cellular tissue of the neck and thorax is sometimes so copious during menstruation as to endanger life by suffocation. The author is of opinion, however, that in many of these cases the reflex influence is not exercised directly through the spinal cord, but indirectly through the cerebellum and other centres of the nutrient nervous system. The law of production and inhibition of dropsical effusions by changes in the nerve-centres renders intelligible caprices in the distribution of the fluid otherwise incomprehensible; as when, for

example, in lateral decubitus, the arm of the same side is free from anasarca when it is general elsewhere; and in particular it explains the close connexion between cardiac diseases and œdema of the thorax and upper extremities through the cilio-spinal region, and the reason why a differential œdema of the two sides occurs. He further shows how the same law applies to dropsical effusions into the pleura and lungs, and explains why in these cases there is sometimes a corresponding œdema of the thorax, and why in others there is a neuralgia of hyperæsthesia of the same or the opposite side. The relation of crossed œdema to certain kinds of wasting palsy and to spasmus alternans transversus of Remak is also shown. The author finally discusses general anasarca from the points of view thus developed; but while insisting that the state of the nervous system is one great factor in the causation, the condition of the blood is equally important. The concurrence of the two great morbid states is therefore necessary. He also maintains that a particular portion of the nervous system is affected, the morbid changes of which are not necessarily manifested by disorders of voluntary motion or of consciousness, but by changes in the blood and capillaries, and by modifications of the nutrient processes. These are out of the sphere of consciousness, and belong to the processes of vegetative life, which the system in question regulates and binds into a homogeneous whole. Amongst the morbid phenomena to be classed with anasarca as to the part of the nervous system which regulates their production, the author specifies purpura hæmorrhagica, both acute and chronic; diathetic and metastatic inflammations and irritations, known chiefly as the rheumatic and gouty; nervous fluxes of serous fluid from free surfaces; effusive inflammations, like herpes zoster; congestions and congestive inflammations of a symmetrical kind, associated with nervous symptoms; certain plastic and fibrinous inflammations, as the syphilitic and gouty; and finally, reflex variations in the temperature of parts. As to the treatment of dropsies, the author thinks a cure almost impossible when the treatment is so directed as to depress the nervous system, as by confinement to bed, especially in the wards of a crowded hospital; but he reserves the discussion of special remedies.

Dr. WEBSTER said the object of the author was, he gathered, to show that disease of the nervous system was a great source of dropsy. He could not controvert the author's experience, but in his own experience dropsical symptoms had been rarely found in patients who had died of disease of the brain; for instance, in patients who, during life, had been insane. Among 298 autopsies of insane patients published in the Society's 'Transactions' or elsewhere, only four were examples of simple anasarca; twelve had effused serum in the abdomen, eight of whom showed also serous effusions in the chest or pericardium; whilst in twenty-three other cases serum was found effused more or less copiously in the thoracic cavity, but without any indications of anasarca externally.

Dr. GULL, whilst acknowledging the interest and importance of the paper, remarked that several difficulties had occurred to him during the reading of it. The two cases which Professor Laycock had quoted as examples of hemiplegic anasarca were of the left side. This fact diminished their value as illustrations of the theory brought forward, since the venous relations of the left side of the body to the general circulation might alone have explained the limitation of the effusion in these cases. Professor Laycock had quoted a case of anasarca limited to both upper extremities, and to the head and face, from the pressure of a tumour on the superior vena cava, and objected that, according to the common principles of gravitation, and the admitted universal permeability of the areolar tissue by fluids thrown into it, such a state of things should not have existed unless there were some hitherto unrecognised influence in operation in the dropsical textures. On this, Dr. Gull remarked that such an assumption did not seem to him necessary. The limitation of the anasarca in these well-known cases seemed to him explicable by the most obvious fact in their history; for whilst, on the one hand, the obstructed veins could not remove the fluid from the parts from which they arose, on the other hand, the fluid gravitating into the areolar tissue of neighbouring parts, whose veins were free, would be quickly absorbed, thus accounting for the limitation of the anasarca without assuming nervous interference in the phenomena. Dr. Gull remarked also that Professor Laycock had drawn most of his illustrations of partial and limited dropsies from cases of chronic albuminuria. Now, it was notorious that in the albuminous cachexia tissue-changes of an inflammatory and allied character were most common, whether from local exposure to cold or the like. He was therefore disposed to view with doubt the bearing of these cases on the theory of nervous interference now propounded by the learned Professor. It was, Dr. Gull also argued, further to be made out in such cases as those recorded by Dr. Laycock, whether the peculiar distribution and limitation of the anasarca was not due to more local obstructions of the veins or absorbents than seemed to be generally recognised. It was remarkable that, in a learned Medical society like this, the difficulties connected with dropsies should, at the present day, be discussed without an allusion to the absorbent system—a system which, on its discovery, was no doubt over-estimated in reference to its pathological bearings in dropsies, but which, probably, was now too much forgotten.

Dr. LAYCOCK, in reply, remarked that he concurred generally with the observation made by Dr. Webster as to the comparative immunity from dropsical disorders manifested by the insane. It was only one, however, of a class of immunities of the kind, and which gave a peculiar character to the pathology of the insane. It had attracted his attention in connection with the conclusions he had submitted to the Society, and admitted of explanation on the principle which Dr. Webster had omitted to notice—namely, that morbid states of the nervous system inhibit or prevent dropsical diseases and other affections of the class. In reply to the objections of Dr. Gull, Dr. Laycock did not desire it to be understood that he set aside other causes of dropsy, such as exposure to cold, obstruction and distension of the veins and absorbents, and the like. All these might be causes, just as they are causes of inflammation. Hence bandaging of dropsical limbs was an important aid to cure. Further, the anatomical distribution of the vessels had an influence upon the distribution of the fluid; and in proof Dr. Laycock directed attention to two diagrams, one of which indicated the line of effusion in a case of embolism of the inferior vena cava, which corresponded over the back to the line of the seventh or eighth rib; and the other showed the line of precordial vascularity which bounded the œdema in a case of pressure on the superior vena cava. These facts showed that the circulation of the skin over the thorax and abdomen was distinct. Vivisection had also recently been made, which tended to prove that the venous capillary circulation was under the influence of the nervous system as well as the arterial. As to other objections brought forward by Dr. Gull, he would only remark that the facts remained the same, however they might be explained. When these were verified by other observers, they might come to a different conclusion than that which he had submitted to the Society; but carefully conducted observations with exact measurements were necessary as to the order of development and particular seat of the dropsical effusion, in order to reach correct conclusions. Hitherto the facts of the kind he had laid before the Society had been looked upon as inexplicable caprices; so far as he was aware, they could only be explained on the theory he had laid down, that states of the nervous system both caused and prevented dropsical effusions. In reference to remarks of Dr. Webster, he would observe that the portion of the nervous system involved was not that which subserved to external relations and ministered to volition and consciousness, but that which regulated internal relations and the processes of vegetative life. He had only made use of the changes in motion and sensation—the palsy spasm and the hyperæsthesia—which accompanied certain dropsies to determine the centric seat of lesion. But there might be nervous dropsy without any of them.

OBSTETRICAL SOCIETY OF LONDON.

MARCH 8TH, 1865.

Dr. BARNES, President.

Dr. TYLER SMITH exhibited a portion of a Dermoid Cyst, with teeth attached, passed per rectum from a lady who had for a year and half previously evacuated by the same canal a quantity of hair.

A paper from Mr. ROUSE, of New Zealand, was read, describing peculiar Marks on the Neck of an Infant born before his arrival, and which had not been touched. There was much difficulty in getting the child to respire; and the marks were so similar to those made for the purpose of infanticide that, had not the mother been very anxious for a live child, and it was certain it had not been touched, and had not the thick coating of vernix caseosa been perfect, he should have put these marks down to attempts at strangling.

Mr. HARRIS exhibited a Deciduous Bag, with a small opening at one end, expelled some days before delivery at full term. There was nothing in or after the labour to explain its nature. As there was considerable difference of opinion as to its origin, Dr. Meadows and Dr. Graily Hewitt were asked to examine it and report.

Mr. ROPER read a short paper on

LABOUR IN PRIMIPAROUS WOMEN LATE IN LIFE,

in which he questioned the commonly received opinion that labour after forty-five years of age was necessarily or commonly difficult; and quoted Dr. R. Lee's cases in support. He believed that the soft parts which oppose the head were rather lax and wasted after the age mentioned, besides which the uterus acted with more vigour than in multiparæ at that age.

The PRESIDENT said he had recently read a paper by Dr Matthews Duncan, in which it was shown that the weight of the child diminished in women who had passed the age of thirty. This circumstance would help to account for the comparative facility of primiparous labour at a late period of life.

The PRESIDENT showed a number of Outlines of Children's Heads, illustrating the changes of form imparted by various modes of delivery. They were made by running a pencil around the head laid on a sheet of paper; and in some instances, correction was made by measurements of the diameters of the head by means of the callipers. In this way the forms the head assumed in difficult labour, terminated by forceps, craniotomy, and by turning in contracted pelvis, were strikingly manifested.

Dr. J. BRAXTON HICKS read a paper on

TWO CASES OF FACE-PRESENTATION IN THE MENTO-POSTERIOR POSITION; WITH REMARKS.

The author began by pointing out that *à priori* there was no anatomical reason which rendered it absolutely impossible that spontaneous delivery should be effected with the chin posterior in face-presentation, even within the range of normal pelvis and head, as represented by some authors. Quotations from the works of nearly all the English authors were given to show the variety of opinions upon the subject. Smellie's case delivered by the forceps was recited, with his opinions and advice upon the treatment of such cases. Two cases given by Prof. Braun were quoted, in one of which the fœtus was delivered by the natural powers, and in the other by the forceps, the chin coming over the perineum first. The author supplied another case in which, after ineffectual efforts to alter the position, he delivered the child alive by the forceps, without any detriment to the mother. The chin appeared first, coming over the perineum. The child was large and the pelvis normal. He also gave another case, where the face descended partly exterior to the vulva so readily that, although the chin made the anterior rotation at the last moment, it seemed highly probable that it could have been born by natural powers, had rotation been difficult. The state of our knowledge of face-presentation was then summed up as follows: That although in the majority of cases the chin rotates forward during the descent in face-presentation, whatever was the position it occupied originally, yet in some rare cases the chin passes through the outlet obliquely; while in others the rotation cannot be accomplished at all, either by nature or art. Under these circumstances, in some very rare instances delivery takes places spontaneously, though the greater number of this rare class require the use of the forceps; by means of which either the chin over the perineum, or the vertex beneath the arch of the pubis, might appear first. The author thought, from a consideration of the foregoing cases of Smellie, Braun, and his own, in all of which the children were born alive, that provided the chin could not be brought anteriorly, then the head should be brought down in the most practicable mode, chin or occiput first, and not necessarily with the occiput first, as recommended by Smellie.

The PRESIDENT signalised the value of this memoir as tending to give precision to, and extend our knowledge of, labour with face-presentation. His own experience had proved to him that such labours were not so uniformly favourable as was commonly taught. Difficulty might occur at two stages: 1st, at the brim; in this case he deprecated the forceps and craniotomy, and recommended turning as giving the child the best chance. 2ndly, in the pelvis; difficulty might arise here in the way indicated in the paper—viz., from the head retaining the position in which it entered the cavity. The proper rotation depended upon a due relation between the head of *a live child*, or one recently dead, and the pelvis. In Dr. Hicks's case the child was alive; it was therefore, probable that the pelvis was large in proportion. In such a case he should not despair of turning if art or nature failed to rotate the chin. In cases of due relation of pelvis and child, birth with the chin posteriorly was almost impossible; for in proportion as the face descended, there was a rapidly widening base of a wedge, formed by the occiput bent back upon the child's trunk, which could not pass the pelvis.

Dr. MEADOWS exhibited a specimen of Imperforate Bowel, in which the colon ended at about an inch from the anal orifice, to which it was connected by means of an impervious cord, the anus being itself perfect. Attempts were unsuccessfully made during life to reach the bowel by the anal orifice, and the child died on the twenty-second day after birth.

Dr. BATHURST WOODMAN read a description of a fœtus, delivered by Dr. Gayton, in which the anterior parietes of the abdomen were absent, the viscera being covered only by peritoneum; the anus and rectum were absent; the imperfect penis was divided. The bladder had no outlet except the urachus, which was still pervious. The rest of the organs were as usual, except that the foramen ovale was closed by a membranous septum. The fœtus lived a few seconds after birth.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. G. M. HUMPHRY, of Cambridge, contributes a Clinical Lecture, delivered in Addenbrooke's Hospital. In the first place, Dr. Humphry replies to the statement advanced by a recent non-Medical writer, that familiarity with the sight of pain induces at last enjoyment in its contemplation. This proposition is emphatically denied, and it is shown that the pleasure derived by a surgeon in an operation does not result from the infliction of pain, but on the satisfaction of having done an action by which human suffering is relieved. The rest of the lecture is devoted to the subject of ulcers, and the reason why simple ulcers are usually confined to the legs is explained by the circumstance that the leg is a weak part of the body, and therefore less able than other parts to resist morbid influences. The distinction drawn between simple ulcers and those which are syphilitic or cachectic is adverted to; but Dr.

Humphry doubts whether the diagnosis is so easy as is often asserted, for even the effects of remedies sometimes throw no light upon the difference between syphilitic and cachectic sores. When a sore persists upon any part of the body except the leg, it may be assumed that it is not a simple sore, but depends upon some constitutional cause.——Dr. A. H. HASSALL continues his paper "On the Estimation of Uric Acid, and on the Amount contained in Human Urine." He now relates a series of observations made with a view to ascertain the effects of different quantities of hydrochloric acid on the precipitation of the uric acid.——Dr. T. SPENCER COBBOLD publishes some notes "On Entozoa contained in Museums," the results of a short tour of inspection which he has lately made in the anatomical and pathological museums of the metropolis. He gives a tabular account of the total number of entozoa contained in each museum, and also the estimated number of human cases represented, as well as the estimated number of human cases referable to hydatids. The paper is merely introductory to others which Dr. Cobbold is preparing on the subject.——Dr. A. T. H. WATERS, of Liverpool, offers some "Contributions to the Pathology and Treatment of Certain Diseases of the Heart and Lungs," his present subject being the "Treatment of Acute Pericarditis." The chief question proposed in reference to the treatment is the efficacy of mercury, which is given for the purpose of preventing adhesions, although it is doubtful whether it has that power. Dr. Waters' belief is that it is rarely, if ever, desirable to give mercury in acute pericarditis, except as a purgative, but that great benefit is derived from the regular administration of opium in grain doses, repeated every three, four, six, or eight hours, and that in most cases a moderate quantity of stimulants should be given from an early period of the disease. Bicarbonate of potash is also used by Dr. Waters, and he thinks that the tendency to heart complications in rheumatic fever is diminished by its use. The application of warm linseed-meal poultices to the chest is also considered by him as an important adjunct to the treatment.

The 'MEDICAL TIMES AND GAZETTE.'

Dr. LYON PLAYFAIR continues his lecture "On the Food of Man in Relation to his Useful Work." The results of all his chemical and physiological investigations tend to show that Liebig was fully justified in viewing the non-nitrogenous portions of food as mere heat-givers, and incapable of acting vicariously for albuminous bodies as tissue-formers. But tissues may and do evolve heat by transformation when required to do so, and heat-givers operate indirectly on the waste of tissues, facilitating transformation by keeping up animal heat and by promoting circulation. ——Dr. LAYCOCK continues his paper "On a Simple Method of Treating Certain Kinds of Epilepsy, Dementia, and other Chronic Head Affections." The method consists of the use of sternutatories; and in the present communication Dr. Laycock relates a case of apathy and somnolency consecutive to a blow, treated successfully by a sternutatory, although the patient died subsequently of spurious aneurism of the aorta.——Dr. H. BENCE JONES publishes a note written by him to the Secretary of the Royal Society, "On the Rapidity of the Passage of Crystalloid Substances into the Vascular and Non-Vascular Textures of the Body." The method adopted for tracing the passage of substances from the blood into the textures of the body was that of spectrum-analysis. Guinea-pigs were chiefly used for the experiments, and chloride of lithium was the salt employed. Chloride of rubidium was not satisfactorily detected anywhere, although given in a three-grain dose; but when twenty grains were given, the blood, liver, and kidney showed this substance. In the human subject, lithia has been found after death, in the bodies of persons who had taken it while alive; and in a case of Mr. Bowman's, lithia was found in a cataract extracted from the eye of a person who had taken some carbonate of lithia seven hours before the operation.—— Mr. W. ALLINGHAM contributes a paper "On Some of the more Frequent Complications of Internal Hæmorrhoids."

GREAT NORTHERN HOSPITAL.—The annual festival of this charity was held on Tuesday week at the Albion Tavern, Aldersgate street. The Right Hon. the Lord Mayor presided. In the course of the evening a legacy of 2,000*l.* from the late Cuthbert Collins, Esq., and donations and subscriptions to the amount of 1,040*l.*, including a donation of 180*l.* from the Society for the Relief of Insolvent Debtors, through the treasurer, B. Bond Cabbell, Esq., were announced.

WESTMINSTER HOSPITAL.—The distribution of prizes to the Students of the Westminster Hospital took place on Wednesday, the 10th of May, Lord Charles Russell in the chair. Mr. Henry Power, the Dean of the School, read a report upon the condition of the Medical School, in which he spoke in the highest terms of the diligence and attention displayed by the students in the various classes, and alluded to the great success with which they had passed the several examinations before the Examining Boards, a success which he believed would satisfactorily contrast with that obtained by the pupils of any other Medical School. Lord Charles Russell then presented the several prizes of books, instruments, and certificates of honour, to the following gentlemen:—SUMMER SESSION, 1864.—*Prizemen:* Practical Chemistry—Mr. W. C. Watson, prize—Macaulay's 'History of England;' Mr. Joseph Oakman, certificate; Mr. John C. F. McDonald, certificate. Materia Medica—Mr. Robert Chas. Brookes, prize—Shakespeare's Works, Milton's Works; Mr. Arthur Hill, certificate. Botany—Mr. W. C. Watson, prize—Shakespeare's Works; Mr. Walter Moore, prize—Clark's Shakespeare; Mr. Thomas Joseph Quicke, certificate. Forensic Medicine—Mr. G. P. Bate, surgical instruments; Mr. Arthur Hill, certificate; Mr. Richard Bugden, certificate. Midwifery—Mr. Richard Bugden, prize—surgical instruments. WINTER SESSION, 1864-1865.—Anatomy—Mr. J. C. F. McDonald, *æq.*, prize—Macaulay's 'History of England;' Moore's Poems; Mr. W. C. Watson, *æq.*, prize—Milton's Works; Mr. Walter Moore, Mr. Robert Charles Brooks, *æq.*, certificates. Prosector's Prizes—Mr. G. P. Bate, Mr. Robert Charles Brookes. Chemistry—Mr. Winckworth, prize—Tennyson's Poems, Scott's Poems; Mr. Charles Henry Furnival, certificate. Physiology—Mr. J. C. F. McDonald, prize—Campbell's Poems, Longfellow's Poems; Mr. Walter Moore, certificate. Medicine—Mr. G. P. Bate, prize—surgical instruments; Mr. Richard Bugden, certificate. Surgery—Mr. G. P. Bate, prize—surgical instruments; Mr. Arthur Hill, certificate. Clinical Medicine—Mr. G. P. Bate, prize—surgical instruments. Clinical Surgery—Mr. G. P. Bate, prize—surgical instruments. Dental Surgery—Mr. Joseph Oakman, prize—dental instruments; Mr. Robert Charles Brookes, certificate. Chadwick Prize—Mr. G. P. Bate, prize—microscope; Mr. Arthur Hill, prize—case of midwifery instruments, surgeon's pocket-case. After the distribution, Lord Charles Russell remarked that it was very gratifying to him to have presided on the occasion, and personally he was glad to have heard such a high report of the conduct of the students, since he could confirm it by his own observation when visiting the hospital as a governor. He thought that competition had its advantages, and, though all could not win a prize, yet that the efforts made by unsuccessful competitors was of the greatest service to them. He expressed his great regard for the Medical School of the Hospital, which he considered as an essential part of a public charity. As regards the prize books (which are selected by the students), Lord Charles Russell congratulated them on their choice of works, since he noticed that they were the standard English authors. Alluding to the first lines of the 'Paradise Lost,' he reminded the students that all the sufferings of Man originated in the sin of our first parents, and that he would urge upon them, while endeavouring to heal the sicknesses of the body, not to ignore those affections of the mind and spirit of a patient which were too often overlooked.

GUIDE TO THE QUACKS OF LONDON.

By DETECTOR.

(*a*) Messrs. BRIGHT and Co., until lately advertised in the newspapers as Surgeons, of 29 George street, Hanover square, but present residence, if any, not known. (See letter appended.)

Dr. CURTIS, otherwise J. LAMERT 15 Albemarle street, Piccadilly.

Dr. WALTER DE ROOS, M.D., 25 Bedford place, Bloomsbury square.

Dr. HAMMOND, 11 Charlotte street, Bedford square.

Messrs. HARVEY and Co., Weymouth street, Portland place.

(*b*) W. HILL, Esq., M.A., Berkeley House, South crescent, Russell square.

(*c*) H. JAMES, Esq., Percy House, Bedford square.

Dr. KAHN, Kahn's Museum, 3 Tichborne street, Haymarket.

JAMES LOWE, Strand Museum.

Dr MARSTON, 47 Berners street, Oxford street.

(*d*) Messrs. PERRY and Co., Berners street, Oxford street.

Dr. RUSSELL, 28 Clarence road, Kentish town.

Dr. SMITH, *alias* SMITH and Co., 8 Burton crescent, Euston road.

H. SCOTT, formerly HAMILTON, addresses himself "to adies," Henrietta street, Cavendish square.

Dr. THOMAS, 9 Markham square, King's road, Chelsea.

Dr. THOMSON, 21 Harrington square, Hampstead road.

(*a*) 29 George street, Hanover square, London, W.
April 21, 1865.

SIR,—The above premises being in my exclusive possession and used by me only for the purpose of carrying on my own practice, I beg to state that if at any time *hereafter* you should in any way publish or connect the name of "Messrs. BRIGHT and Co." therewith, I shall place the matter in the hands of my solicitor to take whatever proceedings he may be advised.

I am, Sir,
Yours obediently,
R. J. JORDAN.

To the Editor of the MEDICAL CIRCULAR.

*** *The name of Robert Jacob Jordan was ordered to be* ERASED *from the 'Medical Register' by order of the General Medical Council on the 26th May*, 1863; consequently R. J. Jordan is not a duly-registered Medical Practitioner.—ED. MED. CIR.

(*b*) This person acts in conjunction with the so-called Dr. Watson.

(*c*) This individual hunts for victims in co-operation with the person styling himself Dr. Hammond. See "Detector's" letters.

(*d*) Bright and Co., Harvey and Co., and Perry and Co. are carried on by one gang. See "Detector's" letters.

THE MEDICAL CIRCULAR.

WEDNESDAY, MAY 17, 1865.

MEDICAL EDUCATION AT OXFORD AND CAMBRIDGE.

Members of our Profession and others who have sons likely either to distinguish themselves as scientific men or to succeed them in their practice are now beginning to think whether a commencement of their college career should be made by competition for the numerous exhibitions or scholarships offered by the Universities of Oxford and Cambridge to those whose ability deserves encouragement, and which exhibitions are now, week by week, sought for in open examinations at the various colleges of these Universities.

There can hardly remain any doubt on the minds of professional men that the best mental culture requisite to develope and refine the youthful intellect is judicious training in classics or mathematics, or both. Mental philosophy, logic, metaphysics, and all the subjects of mental science may complete the course, or upon a classical and mathematical groundwork may be built a firm foundation of the elements of physical and natural sciences, by which the seeds of a sound professional education may be sown, or upon which a young man may commence a successful and useful career as a votary of science.

But, before our youths are sent to either of these Universities to compete for these open scholarships, it is incumbent upon fathers and others to inquire into the real value of the scholarships and emoluments offered, and to what they lead; to inquire whether the prizes are as great as they appear in the various notices and advertisements issued by the colleges in the daily and weekly press, and in the form of private circulars; whether the prospective emoluments, as fellowships, &c., are really so desirable as they appear to be; and, above all, whether those in authority, viz., the societies of the various colleges, will hereafter carry out the promises they make, and by which they induce and encourage fathers and guardians to send pupils to enter at the Universities. It is also of paramount importance to consider what opportunities the Universities themselves afford for providing for the training which enables men to become useful workers in the scientific or the professional world. To Medical men more particularly these inquiries are of importance, in regard to their bearing on our own Profession, though in a more or less degree they relate to the education of lawyers, statesmen, and clergymen, and are of some importance in every position which a man may hold after he has finished his three years in the University.

There is no doubt that many men may obtain very good emoluments at the various colleges from the scholarships; but in almost all cases these emoluments are given for proficiency in either classics or mathematics. It is true that in many colleges these scholarships are given conscientiously to the deserving and to those whose attainments entitle them to remuneration, and further, at the end of the first, second, or third year, the emolument is increased according to the progress the undergraduate may have made at the annual college examination; but strangely contrasting with these are instances in which we are informed that undergraduates, sons of members of our Profession, who have taken second and third places in the annual examinations, have not even had the encouragement of a prize in books. If we read over the statutes of the various colleges, we find them all most ambiguously worded; and though the letter of these statutes is encouraging enough, yet the governing societies of colleges always succeed by a system of incomprehensible logic to translate their meaning

into whatever best suits their own views, even if it be the direct opposite of the letter.

So much for generalities. For particular instances it is interesting to watch the struggle by which tutors bid the highest price for that valuable commodity, a probable senior or high classic, or a senior or high wrangler. A man with any reputation as a classic or a mathematician can get the promise of 100*l.* per annum to enter at a certain college, but afterwards, by some means or other, when the candidate is firmly rooted in the college, the promised 100*l.* will sometimes dwindle into an actual 50*l.* or 30*l.*, and the poor aspirant will, perhaps, be informed that he has not passed so good an examination as was expected of him when he had the promise made him, or that he has not passed his previous examination, or has not passed the honour part of the same. At any rate, some other equally frivolous excuse will, we are told, sometimes be made.

But this is not all. The several colleges of the Universities have fellowships attached to them which give those who have taken high degrees an income ranging upwards from 150*l.* for a longer or shorter period. These fellowships are necessarily objects of general ambition, and with the inducement of a prospect of one of these fellowships, if he takes a certain place in the University examination, an undergraduate makes a choice of a college. Alas! for the fish that rises at a feather and finds a hook attached to it; in nine cases out of ten the specious prospect will have vanished before the three years have passed. The probable solution of this enigma may be found in the fact that the ruling body of the University is composed of men essentially schoolmasters, and the authorities of the colleges generally are more ready to advance and assist those who are likely to become dons like themselves, and thereby remain in the University, than those who will follow one of the liberal professions.

Some one or two colleges in the University of Cambridge offer special encouragement for men making Natural Science or Law their particular study; and several Medical and other students have been induced to enter one of these colleges upon the direct promise of such encouragement, and an additional chance of the solid emolument of a fellowship, provided their degrees in the Natural Science, Moral Science, or Law Tripos are sufficiently good. But it is often found that these men have not had the encouragement which was held out, or they have been told that the promises cannot *now* be fulfilled, the excuses urged being frequently of a frivolous nature; and the Fellows now repudiate the idea of giving any of their fellowships to any Natural Science or Law High Honour man, even should any one be senior of his respective tripos examinations. The senior of the last Natural Science Tripos, although he had previously taken a very good degree in the Mathematical Tripos, has not been, and probably never will be, made a Fellow of his college, although the years of successful labour he has passed through, and the distinctions previously gained, pre-eminently render him worthy of the recompense, to obtain which he left one college and entered another. Similar inducements, we are told, have been held out to other candidates for the same tripos, and we hope they will not in the end meet with the same disappointment.

We believe that the founder of the college in question desired that it should have some speciality attached to it, as he appeared to consider, and with good reason, that there were enough small colleges in the University: he decided that the speciality should consist of encouragement to the studies of Law and Medicine. The governing body have accordingly given notice that in the examinations for a scholarship papers will be set in Natural Science and Moral Science connected with Jurisprudence, and that some weight will be given to proficiency in modern languages.

A few words may perhaps be said of the subjects previously set. All branches of Natural Science do not necessarily conduce to the training of a Medical man, and mineralogy can hardly be regarded as a part of such training, though perhaps the most apparent reason for the selection of it as a subject of examination lies in the fact that it is a pet subject with some of the examiners. With regard to the other special subjects, a paper is set in moral philosophy, jurisprudence, and international law, consisting of eight questions. Now, although it is very useful that a man about to embark on the study of law should master the science of law, still the University distinguishes between law and moral science, as she has established a separate tripos for each subject. The weight given to modern languages is *nil*, for it has been stated that no men of merit have presented themselves, though a mark of distinction for French or German has been appended to the names of several. By a run of luck, the college may get a few more high tripos men, but when the fellowships are filled up this good fortune is not likely to continue, and the foundation will then have to pay more attention to the wishes of the founder, or retire into obscurity.

The facilities for the study of the Natural Sciences and Medicine in the University of Cambridge are but small, and there are few means by which these can be improved, for the University is poor in itself, and, indeed, it has not any sum of money at its disposal to give substantial salaries to scientific professors. The new museum, a plain, substantial building, is inelegant in its style of architecture, and consists of a number of rooms and galleries ill-suited to the purpose for which they were built; they are, above all things, deficient in the essential element, light, without which the finest collection of specimens in existence might be kept in iron-chests hermetically sealed, and be of as much advantage to observers. These new rooms are also unfurnished, and the cases required for specimens would cost a sum of money far beyond what the University can afford, or if it could, far beyond what the Senate would be disposed to expend.

The old wooden cases that are supposed to contain botanical specimens have been moved from the old store-

closet to the new rooms, their contents equally inaccessible for purposes of study, and their existence almost entirely unknown, except, perhaps, to the Professor.

The Comparative Anatomy Museum is in the same condition, at least that part of it which has been removed from the old building. On the floor of one of the rooms may be found a heterogeneous mass of half-stuffed birds, an irregular collection, without order or arrangement, and perhaps of no value, and would have been better kept in the old boxes, which themselves never saw the light for years, as there seems to be no possibility of them ever being properly stuffed, set up, put into glass-cases, or made accessible for the zoological student. What will be done with the remainder of the comparative anatomy specimens (some of which are of value), when they are removed to this new depository, it is hard to conjecture; to move the glass-cases in which the specimens are at present huddled from the old building will be more absurd than to leave them in their present unserviceable position. The other parts of the new museum are in an equally unsatisfactory state; and whatever instruments, &c., are there are kept in rooms with "private" written on the doors, and the key kept in the Professor's pocket.

In fact, the whole museum arrangements of Cambridge appear to consist of a series of sanctums sacred to the various professors, and any crossing of those thresholds by others would be almost a sacrilege. The old building is to be used as a museum of human anatomy and pathology. The room that was formerly used as the receptacle of the botanical specimens is to be used as a dissecting-room, though the past winter's experience has given very good proof that without considerable alteration it is peculiarly ill-adapted for such a purpose.

A chemical laboratory is being built which promises to be a little better, because every student will have to pay for the materials he uses in it.

With such a condition of things, coupled with a very feeble interest on the part of the professors generally, and still less enthusiastic love of science on the part of the undergraduates, who look upon natural science as a subject to be coached in for a degree examination and then forgotten, it will be seen that practical science still languishes at Cambridge. Still, much may be done by bringing public opinion to bear upon the authorities of the University. Several of the Medical Professors are most anxious to improve the present condition of things, and when they are backed by the voice of the Medical Profession, they will eventually succeed in overcoming the *vis inertiæ* of the non-Medical part of the governing body.

The University of Oxford offers, on the whole, more advantages. She has money to spend and sufficient enthusiasm to spend it. She has substantial stipends for professors, and therefore possesses able and eminent scientific workers, added to which she has a museum which is a credit to any community in the world; while some of her colleges have both good scholarships and fellowships with which to encourage the study and advancement of science; and the University offers encouragement alike to the student of law and medicine, although in the mode of proceeding to degrees in Oxford there are very many disadvantages. Large bodies move slowly, it is true; but let the smaller bodies—the colleges—commence the reform which is essential to their own welfare as well as to those professions for which they undertake to prepare men, and then, no doubt, interest having sprung up in the smaller bodies, impetus will be given to the larger ones, and the Universities themselves will move onward and maintain the reputation which the smaller universities of the United Kingdom and the Continent, though much despised, are daily gaining at the expense of those venerable and time-reverenced institutions.

SUMMARY OF THE WEEK.

INDECENT ADVERTISEMENTS.

We have received by post a number of provincial newspapers, marked in such a manner as to point out to us that many of these journals still contaminate their columns by admitting the announcements of the indecent advertising quacks, and we are daily receiving letters from persons asking us for information as to the true professional status of the harpies who are still, we regret to state, preying upon the ignorant and foolish part of the community. After the full exposure of these parties in our columns, the questions put to us are in many instances quite superfluous, and often very foolish, because we have inserted the names and published addresses of nearly all those persons whose advertisements still pollute a certain portion of our literature. It is really shameful that the laws of the country, which punish (and very properly) persons who sell ordinary indecent prints and publications, allow the gigantic offenders to escape, who, by the circulation of books no less indecent, though under the guise of pseudo-Medical titles, are sapping the foundations of public morality, and introducing vice into respectable households. Equally monstrous is the tacit permission given by the law to the exhibition of indecent representations in so-called museums of anatomy, which, under the pretence of science, offer to the common gaze incentives to the morbid indulgence of the lowest passions of humanity.

THE ROAD MURDER.

The circumstances connected with the Road murder and the confession of Miss Constance Kent still continue to form exciting topics of conversation in private circles, and of articles and letters in the general press; and questions, in reference to some part of the recent transactions, have even been asked in the two Houses of Parliament. The plea of insanity is put forward openly by a few of the newspapers as explaining the conduct of Miss Kent, some arguing that the confession itself is a proof of disordered intellect, and others that the deed was done (if she really did it) while in an unsound state of mind. Theological discussions and the acerbity of sectarian controversy have also been introduced into the arena of public opinion. The Medical Press has, very properly, offered no opinions whatever, as, in the present phase of the matter, there are no sufficient grounds for forming any definite conclusions. The part of the evidence which has not yet been supplied is, we believe, that which relates to the instrument said to be employed in dividing the child's throat; on the former investigation no razor was missed from its usual place, although it is

new stated that with such a weapon the wound was inflicted. Amateur lawyers and clergymen have already ventilated their opinions in the form of letters to some of the papers, but as yet, we are happy to say, no Medical man has put himself forward in this manner. A Mr. J. R. Ware, who published a pamphlet on the Road murder in 1862, and then designated it "a persistent mystery," had republished it, and he now argues that the Road Hill affair was "no murder whatever, in the full legal sense of that term."

THE SUPPLY OF EXPENSIVE MEDICINES TO THE POOR.

The Poor-law Board have issued to Boards of Guardians the following circular letter on the above subject :—

"Poor-law Board, Whitehall, S.W., April 12, 1865.

"SIR,—I am directed by the Poor-law Board to state that they are desirous of drawing the attention of the Guardians to the question of the supply of medicines for the sick poor.

"The Board transmitted to the Guardians a copy of the Report of the Committee of the House of Commons on Poor Relief shortly after it was printed, with the view of informing them of the opinions and recommendations of the Committee on the several points to which their inquiries had been directed.

"The Board think it right, however, now to bring more particularly under the notice of the Guardians the following resolution of the Committee relating to Medical Relief, viz. :—

"'That there are no sufficient grounds for materially interfering with the present system of Medical relief, which was made the subject of special and lengthened inquiries by select committees of this House in the years 1844 and 1854.'

"That the recommendations of those committees were for the most part carried out by the orders of the Poor-law Board, and the system of Medical relief appears to be administered with general advantage. Your Committee, however, recommend that in future cod-liver oil, quinine, and other expensive medicines, shall be provided at the expense of the Guardians, subject to the orders and regulations of the Poor-law Board.

"The Board have repeatedly considered the recommendation of the Committee relative to the supply of cod-liver oil, quinine, and other expensive medicines, with the view of determining what measures should be taken by them to carry it into effect.

"It does not appear to the Board that they can, with advantage, issue any general and positive regulation on the subject ; and they are of opinion that much difficulty and embarrassment might arise from a compulsory interference with the arrangements for Medical relief which are in force under the existing contracts. They request the Guardians, however, to be good enough to consider whether an alteration in those arrangements as regards the supply of the medicines referred to cannot be made whenever a new appointment of a Medical officer may become necessary ; or, with the consent of the present Medical officers, during the continuance of their existing contracts.

"With regard to the mode in which the proposed object can most conveniently be effected, the Board are of opinion,—

"1. That it may be advisable to provide a store of cod-liver oil at the workhouse, or at some other convenient places of deposit in the union, and to supply it to the sick poor on the prescription of the Medical officers, through the relieving officers, in the same way as wine, or other extras recommended by the Medical officers in the way of nourishment, are now supplied.

"2. That quinine and other expensive medicines may be supplied,—

"Either by an order of the Medical officer on a chemist, the cost of the medicines so ordered being paid for by the Guardians to such chemist as goods or provisions supplied in relief ;

"Or, by the Medical officers themselves, who may send in an account quarterly, to the Guardians of the cost of the medicines in question which they may have supplied to their pauper patients.

"The former plan may probably be convenient in the town unions ; the latter in the country unions.

"Cod-liver oil and any other medicines intended to be so supplied should be specified and excepted from the provisions of the Medical contract, which require generally that Medical officers should themselves provide the requisite medicines and Medical appliances for their pauper patients.

"I am, Sir, your obedient servant,
"ENFIELD, Secretary."

MEDICAL GOSSIP. By VIGILANS.

No. XX.

PROS AND CONS RESPECTING THE STRICTURES OF "VIGILANS"—THE EDITOR'S PROTEST—BRODIE AND JENNER AGAIN—BLACK SHEEP IN EVERY PROFESSION—THEOPHILUS, AS A MUSICIAN—"CYCLOPS" AND HIS THEORY OF DISEASE.

Going as I do among Medical men, being one of the craft, I hear all sorts of opinions about "Vigilans" and his onslaughts on Medical sayings and doings. Some applaud him for his fearless exposure of intra-professional misdeeds —and these are in the vast majority ; others contend that he is a traitor to his order, by exposing our weaknesses and failures ; but everyone admits that truthfulness is conspicuous and reigns supreme over all his utterances. Moreover, it is highly gratifying to find that, good or bad, wise or unwise, they are everywhere read. Letters from correspondents from town and country assure me of this, and thus I am repaid. But a great interruption and disappointment have reached me from a quarter where I had most hoped to give satisfaction. The Editor of this Journal—a lover of peace and concord, one who is always desirous to smooth the troubled waters—has intimated to me his wish that I should emphatically exonerate him from all that has been said in the course of these letters, or rather of the last of them. This I cannot more effectually do than by quoting from his note, addressed to the proprietor of the Journal and handed to me, in which he, the Editor, says :—"I lose no time in expressing to you my opinion that many passages in a letter signed 'Vigilans,' published in the present number of the MEDICAL CIRCULAR, are in the highest degree objectionable, those referring to the late Sir Benjamin Brodie being particularly so ; and I beg, as a personal favour to myself, that you will let it be known as widely as possible that certain passages referring to Dr. Druitt, Dr. Jenner, and to the late Sir Benjamin Brodie were inserted in the Journal, not only without my sanction, but in opposition to my express and positive directions to the contrary. Hereafter I desire that I may be held responsible only for what I write myself."

It is quite true the letter was inserted as written with the consent of the proprietor alone, who, I suppose, holds the same opinion as a quondam Duke of Newcastle, namely, that he had a right to do as he liked with his own. However, my readers will remember that the editor is not responsible for any sense or nonsense I may in future commit to paper. But I never knew before that editors were held accountable for anything which appears from correspondents. If so, uneasy lie the heads of the editors of Medical Journals.

But why does not the editor who has these pages at his command refute the statements in my last letter unfavourable to the gentlemen named, and thus become their champion ? Will he say that Sir Benjamin Brodie was, strictly speaking, "an honest man"? The 'Times,' in three columns of a review of his autobiography, does not say one word of his personal qualities, which the reviewer certainly would, had he deserved it. The 'Lancet,' with laudable

fairness, admits a letter in the current number strongly confirmatory of my estimate of the man, and subversive of what had been said of him in their previous number. And what is so offensive in my criticism of Dr. Druitt?

Then, again, Dr. Jenner—in my desire to erase blots from the Profession's escutcheon, did I travel out of the record in calling his attention to paragraphic advertisements inserted by injudicious friends in the 'Daily Telegraph'? If ignorant of them he ought to be much obliged to me. As for myself, I feel that I have only said that which will be generally approved; and as to the cloudy philosopher and the Court physician, I should be glad to see them both to dinner to-morrow, and will promise them good wine, good cheer, and a hearty welcome.

It is to be regretted that one cannot express an adverse opinion, or call attention to a grievance which affects the general body, without being regarded by many as a malignant traducer. How much happier the world would be if life were treated more as a jest—"jolly companions every one"—in the words of (I think) Gay:

> "Life's a jest, and all things show it,
> I thought so once, and now I know it."

If this were the prevailing doctrine, we might then sing with Moore:

> "They may rail at this life; from the hour I began it,
> I have found it a world full of kindness and bliss,
> And until we can find some happier planet,
> They may croak as they will,—I'll content me with this."

One more point in my last letter the editor may object to, viz., my doubts as to the honest practice of the Profession being compatible with great success. I repeat, there are many who hold their heads very high in the Medical world who are not straightforward, honest men, and Sir Benjamin Brodie was one of these. He achieved many successes by underhand manœuvring; as the 'Times' said of him, he was a man of great tact and shrewdness, and he was an accomplished surgeon. *C'est tout.* Of all arts, sciences, or avocations, Medicine is that which ought, for its own sake and the sake of humanity, most dearly to cherish honesty. It is a science which contains the purest ore combined with the most worthless dross. From its nature and constitution, it is exceedingly difficult of depuration. A thousand centuries will not constitute it a pure science. It is incapable of becoming one. It must always have a vast alloy of *conjecture;* and wherever there is conjecture, or, as "Cyclops" would call it, guess-work, there will be charlatanism and knavery. It may be thought treasonable to say all this; nevertheless, it is true. In my last I related an anecdote showing that by different men different views are taken of the question of fees. Another occurs to me. I am intimately acquainted with two obstetric physicians of high character. One of them said to me, "Your friend ——— is far too candid with his patients. He might quadruple his practice. He dismissed a lady the other other day as incurable. She came to me, and has already paid me more than one hundred guineas." Both these gentlemen have a high character for honesty, and if it were left to the Profession generally to say which was the most so, the vote would unquestionably be in favour of the spokesman.

But black sheep exist in every profession: in the Law they flourish as well as in Physic. With one of them I have lately been in correspondence, and the anxiety he professes to keep me and his client out of law, whilst he heartily wishes to bring us into its meshes, is most amusing. No matter to such men whether their client or his opponent pay the costs. Happily, the newspapers make us wide-awake to the characters of these quack lawyers, and thus we escape the traps that are laid for us.

Theophilus, who is "a bit of a musician," joined me last evening in the duet of "Tell me where is Fancy bred." We never sang it together so well, nor with more pleasure; and why? We had been reading the proof-sheet of my clever correspondent "Cyclops'" second letter now appended. What a pretty fancy—where did he get it —and how rational is the theory of disease he advances! It looks uncommonly like truth, and yet I would say, "Don't at once adopt it. Challenge, sift, and turn it over and over before you act upon it, and reflect how great a stake has poor suffering humanity in the conclusions you come to as to its practical worth." Further, I might put the question to him as he did to me last week: Are you sure you are right, &c.? Nevertheless, reader, take a lesson in physiology from my friend; right or wrong, he will lead you to think: and then, if, like myself, you are sceptical of almost everything he or any other physiologist says, join with me in ringing Fancy's knell—

> "Tell me where is Fancy bred,
> Or in the heart, or in the head?
> How begot, how nourished?
> Reply, reply!
>
> "It is engendered in the eye
> With gazing fed; and Fancy dies
> In the cradle where it lies.
> Let us all ring Fancy's knell;
> I'll begin it,—Ding, dong, dell!
> Ding, dong, dell!"

VIGILANS.

No. 2.

To VIGILANS.

In my last letter I alluded to the supposition and guess-work in the practice of Medicine, not only in endeavouring to cheat ourselves into the belief that such or such a disease obtains, but to the entirely supposititious way in which such disease is to be treated. Now, Sir, to treat disease is to treat an *ignis fatuus.* If we could say that it did not really exist, we should, to be severely logical, be perfectly right. What is that which we call disease? Give it whatever name you like, or it will bring itself a name and into notice simply from the organ that is attacked. But, as I have previously said, a certain state and condition of the secretions of the body will produce disease of a given character in different organs and parts of the body of different persons. What, then, are we called upon to treat? That which is an effect, or the cause of that effect? Common sense would naturally say the latter, with a proviso—"If we knew what it was." Now, there's the point. To illustrate this, let us take a sickly girl, without actually any disease at all in the system or of any given organ, yet there is not an organ but what is functionally disturbed. Given, a pain in the side. All the world, and the whole Faculty into the bargain, says she has a sluggish liver. Well, but she has very cold feet—always cold; legs too. It is hours before she gets warm in bed, and nobody can sleep with cold feet, so she lays awake till the little hours of the morning, when she ought to have had her first sleep; but only when a gradually diffused warmth passes all over the body, and there is a regular distribution of caloric, does she doze off into a heavy leaden slumber, and when it is time to get up she wants to lay longer. How can it be otherwise? Why is the poor liver laid in blame because, peradventure, she looks sallow and her alvine secretions are scanty and light-coloured? Suppose the residual blood from all her abdominal viscera contains no elements of bile, are we to lay the blame to the liver as being sluggish for not making it? Did it never occur to all that vast multitude who lay everything to the derelict liver, that probably it was not this poor fellow's fault after all? Her headaches are often insupportable; all because the liver does not act. Constipation is in great force, all for the same reason. Palpitations of the heart, irregular catamenial functions as a matter of course, and a thousand other ailments, are present, and are we still to admit this great bugbear of liver only as the great cause? I fear, Sir, we are sadly wanting in a great and expansive idea of physiology generally when we contract our minds into so small a compass? If we read authors on the source of caloric in the system, we find them confining their thoughts to great centres. Did it never strike them that there is not a square inch of the body that is not a source of caloric? Did it never strike them that there can be no caloric in the body without electricity, and

that every square inch of the body is an electric battery? When they give to the nerves the sources of ten thousand actions, did they never reflect that these actions must be first given to the nerves themselves?

In their laboratories they act differently. They produce electric and galvanic currents from certain materials, and convey them through substances of their own making—essences of vast force and power, both positive and negative—but they never, as far as I can see or know, have ever attributed to these substances or wires the electric or galvanic aura. Why, then, do they do it with the nerves? Nerves are substances acted on by certain powers, and, like the galvanist's wires, are only agents, not principals.

Here, then, there seems one grand mistake. A simple theory expounds it. Pick a rose and prick your finger with its thorn. Round the small puncture made, a blush soon arises; this is increased caloric. Does it come from the grand centres and seats of caloric, or from the disturbed square eighth of an inch or less that received the wound? Admit this latter and the thing can be further explained. What produced it, and how does the individual know it, and why does the pain continue—all so small as was the cause? It is simple. Destruction has taken place of an infinitesimal amount of matter which has to be restored to its equilibrium, and this tiny amount of injury has excited the battery to greater electric action—so small and yet so positive that the smallest nerve-fibre has communicated the current to the larger ones, has passed it through ganglions or nerve-substances where the force is kept up, and, like a lightning's flash, it is communicated to the sensorium and there appreciated. What is the result? If this was all the nerve had to do, there would be an end of the matter, and no more pain would be felt in the part punctured. This, however, Nature does not allow: it cannot admit of it. Why, then, does the part still feel pain? The cause is just as simple. I have ever seen that no positive current ever takes place in traumatic or any other nerve action but that a negative current is immediately returned, and it is through the negative current that the pain is appreciated in the part. As long as pain is felt there, and until the perfect healing of this little wound takes place, the destroyed structure, seeking restoration to integrity, keeps up a constant positive action on the sensorium, and the sensorium its negative action on the destroyed part. This of itself is of great assistance to give vigour to all the elements engaged in restoration, while caloric is always a condition of the parts under restoration, and cannot, in fact, cease; for whether a part be destroyed or regenerated, the necessary inflammation or caloric is set up in that part as a matter of course, and frequently by sympathy in other and distant parts. Wherever action is going on, whether in the usual healthy condition of parts, where waste and repair are always taking place, so it has its own forces in that part. When it goes on noiselessly, if I may use the phrase, as in a healthy condition it always does, harmony and inappreciability of the fact obtain. Nevertheless, this cannot take place without the same electric actions continuing; for every act, as I have said, is communicated to the sensorium and sympathised with by the negative current, though unfelt. It is only in the disturbance illustrated by the simple puncture of a rose-thorn or prick of a needle that these wonderful and mighty facts become known to us or are appreciated. When I hear how many gastric diseases, how many fevers, how many great affections of the body are set down to diseases of the great nervous centres—this, to a pyramidal body, that, to the medulla oblongata, and so on, I wonder to myself if ever the practice of Medicine will emancipate itself from such suppositious principles. Depend upon this, Sir; no nerve ever yet was the cause of disease until it had first been made the seat of effect, and then being so greatly affected itself, the disease that it is said to produce cannot be cured till the first exciting cause—come from whatever quarter it may—has been itself restored. The result is, that the nerve itself recovers simply as an agent, and as an agent restored to its equilibrium, no longer becomes a negatively exciting power. Wonderful, indeed, if the galvanic battery, or the hands and dials that showed the messages being out of order, the wires were to be the subject of blame and doctoring. Such is, then, the same with the nerves. Here, Sir, is one great point for Medical reformers to think upon.

I have more to say on this subject in my next.

I am, &c.,

CYCLOPS.

ROYAL MEDICAL BENEVOLENT COLLEGE.

The thirteenth anniversary festival of this College was held on Saturday at the Freemasons' Tavern, the Right Hon. the Earl Granville in the chair. There are at present in the College twenty-four pensioners, each of whom is provided with three comfortably furnished rooms, an annual allowance of three and a half tons of coals, and a pension of 21*l.* a year. There are also 200 boys, the sons of Medical men, forty of whom are educated, boarded, clothed, and maintained entirely at the expense of the institution, the remainder being charged 40*l.* a year for an education of the highest value, board, washing, and all other usual charges. The accounts of the past year show total receipts of 11,892*l.*, of which a sum of 310*l.* remains as a balance in hand.

The noble Chairman gave the toasts of "The Queen" and "The rest of the Royal Family," which were duly honoured.

Dr. Babington proposed "The Army, Navy, and Volunteers," which was acknowledged by

Admiral Burney, who expressed his apprehension that the country had already gone too far in the matter of armour-plating for ships, and believed that the time was not far distant when we should again return to the old wooden ships, such as those with which Nelson had won the glorious victories of the Nile and Trafalgar.

Mr. G. L. Propert acknowledged the toast on behalf of the army and volunteers, and briefly referred to the steps which had been taken for organising the Medical branch of the Profession in connection with the volunteers, and stated that at the recent volunteer review at Brighton Mr. Wakley had organised three hospital tents, with Medical officers attached, and every convenience for the reception and treatment of patients. A volunteer Medical staff was also about to be formed, at the head of which it was intended to place Mr. Wakley (hear, hear).

Mr. Scourfield, M.P., proposed "The Church," which was duly acknowledged by the Rev. Dr. Probert.

The noble Chairman, in proposing the toast of "Prosperity to the Institution," said that being himself an iron-master he could not be expected to give a very ready concurrence in the opinion expressed by the gallant admiral, who had represented the navy, as to the superiority of wooden over iron ships (a laugh). He would, however, very cheerfully act upon the spirit of the orders usually given by our old commanders, and close at once with his subject, and make very short work of his speech. His lordship briefly traced the origin and progress of the institution and drew attention to the circumstance that the great success which has been obtained had been through the labours of men who were engaged in very arduous and responsible duties by day and by night, and who had undertaken a work in many respects foreign to their daily occupation. He regarded the success of the institution, therefore, as a great triumph of strong will and power of concentration on the part of the friends and supporters of this most excellent charity. He was glad to be in a position to state that the trustees of the late Dr. Gilbert had decided upon devoting a considerable portion of that noble legacy to the benefit of the schools of the Medical College. Sir John Bowring and two other of the trustees had informed him that they had decided upon founding three scholarships of 50*l.* each in connection with the College schools. It was most flattering to an institution so young in years thus to find that competent men were disposed to place confidence in the institution. This decision would give a stimulus to the men who were teaching in the schools to persevere in their endeavours to improve the education as much as possible, and it would also act as a stimulus to the Committee of Council on Education, who were anxious to see these schools models of

what such establishments should be. It was an important fact in connection with these schools that the children, who formed the raw material upon which the teachers were to operate, were the sons of intellectual parents, and as such were, as a general rule, much better adapted to receive the education which was provided for them, and to become distinguished and eminent in after life. The foundation and success of this College and its schools were most creditable to the good feelings and energy of the members of the Medical Profession. There were some people who liked doctors only when they were ill; and a distinguished diplomatist, a cynical friend of his, a short time since sent down a message to the Medical man who called upon him, to say that he was very sorry he could not see him as he did not feel quite well that morning (laughter). There was no class of men that were better deserving of the confidence and sympathy of the public than the members of the Medical Profession, and there were no men who understood human nature in all its forms better, or whose conversation was more instructive and amusing. The noble lord concluded by an earnest appeal to the company present to give increased support to an institution which he considered as fully deserving of their aid and sympathy.

The health of the Chairman was proposed in graceful terms by Sir Charles Locock, and Earl Granville, in acknowledging the compliment, expressed the gratification which he felt at holding the position of President of an institution calculated to confer such inestimable blessings on the community.

Among the other toasts were those of "The Treasurer," responded to by Mr. Propert; "The Head Master," proposed by Dr. Carr, spoken to by the Rev. Dr. Thornton; "The Hon. Local Secretaries," acknowledged by Mr. Westall.

The subscriptions announced in the course of the evening amounted to about 1,000*l*.

About 150 gentlemen sat down to dinner, among whom were Mr. Scourfield, M.P., Sir Chas. Locock, Bart., Admiral Burney, Dr. Babington, Mr. Fergusson, and many other leading members of the Medical Profession.

PARISIAN MEDICAL NEWS.

Diseases of the Testis.

Professor Gosselin, in his translation of Mr. Curling's treatise 'On Diseases of the Testis' devotes the greater part of the first chapter to the imperfect descent of the organ. The author remarks that the gland may remain permanently in the abdomen, or be stopped in the inguinal canal. The former condition gives rise to no troublesome symptoms. But when the testis is retained within the inguinal passage, it is liable to injury from muscular contraction, or from contact with external bodies. The gland suffers from the manipulation of the surgeon and the more dangerous proceedings of the bandage-maker, because it may in this situation be mistaken for hernia, and even give rise to symptoms of strangulation. The error is in some degree intelligible when a hernia is really present and the testicle has not fully come down.

These remarks are suggested by a case recently observed in M. Velpeau's wards, and we reproduce a brief abstract of the Professor's observations on the subject.

The following are the particulars of the patient's history:—

A vigorous young man, aged twenty-seven, an upholsterer by trade, was admitted into hospital on the 31st of January. He was then suffering from symptoms closely resembling those of strangulated hernia, viz., a violent pain in the right groin, which had lasted two hours, obstinate vomiting, together with the presence, in the inguinal duct, of a tumour, which, on inspection, could easily have been mistaken for a hernia. A warm bath, of three-quarters of an hour's duration, was prescribed without benefit. The tumour, of the size of an orange, was firm, movable, very tender on pressure, and the scrotum was distended by the presence of a fluid. Local applications of ice and a dose of calomel and jalap were resorted to, and in the course of ten hours all the symptoms had nearly disappeared.

On the following day the diagnosis was obvious. The tumour within the inguinal duct and the swelling of the scrotum were still present, but the former had become soft and indolent; it was now somewhat larger than a walnut, and formed by a liquid; the scrotum, on the contrary, had become hard, and it was easy to discern the right testis a little below the external abdominal ring, and surrounded by a small quantity of fluid. Hydrocele had followed strangulation of the testis within the passage.

It was ascertained on inquiry that the patient had previously been affected in a similar manner, and that two years ago, at Hospital St. Antoine, the operation for strangulated hernia was on the point of being performed. He remarked that since his birth he had always been able to return the right testis into the abdomen, and that the organ seldom descended much below the external ring. On the 31st of January, while polishing a piece of furniture, he suddenly experienced a sharp pain in the right groin, and a tumour immediately formed which promptly extended to the scrotum. The case was obviously not one of orchitis, for in the course of twenty-four hours the gland had recovered its natural size and was not tender on pressure.

The testicle, which had descended very slowly through the inguinal canal, and located itself at last close to its outer orifice, was, doubtless under the influence of some unknown cause, suddenly drawn back into the duct, and there suffered a painful amount of pressure, which caused a certain quantity of serous fluid to be thrown out. A portion of the liquid oozed into the scrotum, but, on account of the narrowness of the obstructed passage, escaped with difficulty, and accumulating around the testis increased the pain, and finally induced emesis and other symptoms closely akin to those of strangulated hernia.

The prognosis of this singular affection, although favourable in general, must, under certain circumstances, be guarded. It is serious if the patient is incautious, because the symptoms may recur, and an operation both dangerous and useless may be instituted, as very nearly happened in the case we have recorded, or inflammation and suppuration may supervene and place the patient's life in danger. He must, therefore, be instructed to wear a well-made truss in order to keep the testicle down. It must also be remembered that in such cases the cord is very short, and that the contraction of the cremaster muscle, the fibres of which are singularly powerful in some subjects, may forcibly draw the organ up to the external ring, and occasion much pain. This contingency, however, is rare, and cannot well be guarded against beforehand. The subject we have related was supplied with a well-made truss, and will be enabled to resume his usual occupations at once, and without danger of a relapse.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 9th ult.:—Edwin Atherstone, Grahamstown, Cape of Good Hope; Frederick Barton, Bedford; George Paddock Bate, Stone, Staffordshire; Charles Berrell, Camberwell; William Frederick Pen Davis, Ardwick, Manchester; Edward Charles Evans, L.S.A., Cardiff; John Gittins, Shrewsbury; Charles Victor Helsdon, North Walsham; Henry Charles Hilliard, Shefford, Bedfordshire; Thomas Howells, Kennington; Thomas Soars Johnson, Wolverhampton; Josiah Leale, Jersey; James Grosvenor Mackinlay, Isleworth; William Nuttall, Bury, Lancashire; Richard Young Vance Packman, Ebury street, Pimlico; Frederick Martyn Rickard, Plymouth; James David Rowlands, Carmarthen; William Andrew Patrick Stuart, Barbados; William Greenwood Sutcliff, Ashton-under-Lyne; Thomas Nathaniel Twigge, Parwick, Derbyshire; Abraham Robert Verity, Bridgend, Glamorganshire; James Atkin White,

Cheetham-hill, Manchester; Thomas Henry Willan, Aubourn, Lincolnshire.

At the same meeting of the Court, Mr. Joseph Collings Grigg, of Greenwich Hospital, passed his examination for Naval Surgeon. This gentleman had previously been admitted a Member of the College, his diploma bearing date April 12th, 1858.

The following gentlemen were admitted Members on the 10th ult.:—Howard Barrett, Richmond; John Bradley, Liverpool; John Henry Bryant, Sussex square; Anthony Charles Colbourne, Pimlico; William Le Gros Denziloe, Bridport; Nelson Albert Hilder, Camberwell; Frank Holmes, West Gorton, near Manchester; William Powell Keall, Bristol; John King, Stratton, Cornwall; Thomas Leah, Penzance; Thomas Drake Leigh, Liverpool; William Joseph Marsh, New Kent-road; George Brown Millett, Penzance; Richard Frederick Nell, Cardiff; George Frederick Pritchard, Highbury; John Neesam Stone, Dublin; Clarence Visick, Exeter; Joseph Wall, London; John Burges Welch, Taunton; John Canning Wilkins, Pinner, Middlesex; James Henry Worsley, Bluepits, near Manchester.

The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 19th ult., and when eligible will be admitted to the pass examination:—Arthur Humphry; P. D. Hopgood; John Tremearne; R. H. Coombs; Frank Ewbank; J. M. Dixon, S. J. Truman; W. G. Palmer; T. A. Buck; F. A. Thomas; Douglas Wills; G. H. R. Dabbs; Denis Daly; R. L. Willcox; W. H. Mills; G. H. Snape; S. S. White; J. A. Hayden; George Airey; W. P. Pinder; R. M. Bryce; Thomas Horder; R. F. Hay; F. B. Farley; J. E. Schön; T. J. Quicke; M. W. Chambers; John Ockenden; William Makinson; Moses Taylor; and Edward Malins.

The following gentlemen passed on the 20th ult.:—Arthur Goodwin; G. F. Trotter; W. F. Thurston; W. H. Rawlings; C. M. Heim; Herbert Tibbits; W. J. Garret; Edmund Exell; E. C. Ring; P. H. Mules; Robert Anderson; G. M. Lowe; Robert Thorburn; Alexander Steven; Joseph Ludlam; J. W. Langmore; W. W. Smith; J. W. Booth; J. W. Allin; T. E. Bowkett; J. L. Cooke; H. M. Fothergill; R. A. Mowell; Alexander Paterson; and A. J. Farr.

The following gentlemen passed on the 2nd inst.:—J. C. McDonald; John Jenkins; W. G. Maddox; Arthur Waller; William Spratt; Frederick Stocks; J. C. Chester; Walter Greene; S. Morrison; Richard Tudge; Charles Nutt; Christopher Jordison; G. H. Maasdorf; Thomas Baron; W. B. Giles; C. H. Dowson; W. C. Toulmin; Henry Warlow; John Williams; Richard Kinneir; C. A. Robinson; Arthur Jackson; C. H. Orfeur; W. A. Richards; L. M. Le Grand; and L. E. Evans.

The following gentlemen passed on the 3rd inst.:—William Davies; G. E. Poore; S. W. Arundell; William Naughtin; T. J. Fawcitt; James Howard; F. W. Young; E. H. Addenbrooke; Nicholas Marshall; C. W. Eccles; H. F. Marshall; Charles Hedley; George Bishopp; W. E. Williams; Ellery Turner; G. P. Hadley; Thomas Sansome; G. C. Parr; Isaac Taylor; Charles Gurdon; J. J. Ilott; and Mowbray Jackson.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 4th inst.:—Charles Glen Bott, Brentford; Nicholas Watson Fairles, South Shields; William Griffith Jones, Llanelly, Carmarthen; Rees Llewellyn, Maesgwyn, Breconshire; William Heath Strange, Streatley, near Reading; William Knight Treves, Dorchester; Albert Waymouth, Middlesex Hospital; Charles Humphrey Weld, Rolvenden, Kent.

The following gentleman also on the same day passed his first examination:—George Richard Cooke, Charing-cross Hospital.

UNIVERSITY OF GLASGOW.—The following is a list of medical degrees conferred by the University since May 1st, 1864.

Doctors of Medicine.—Alexander M. Anderson, Scotland; Robert Blair, Scotland; John A. Campbell, Scotland; Neil M. Campbell, Scotland; James Chalmers, Scotland; Andrew Cochran, Scotland; Walter F. Crosskey, England; John Currie, Scotland; Alexander Davidson, Scotland; Frederick Dinwoodie, England; George A. Dougherty, Ireland; James Dowie, Scotland; Andrew Freeland, Scotland; Frederick Gahne, British Honduras; John B. Gibson, Scotland; William M. Gilmour, Scotland; Samuel Gourley, Ireland; Thomas Wimpenny Green, England; John Hay, Scotland; Henry Carden Herbert, Ireland; John Howison, Scotland; Robert Jameson, Scotland; Arthur A. Jamison, Guernsey; Ninian F. MacLeod, Scotland; James Mason, England; John M'Gregor, Scotland; John F. M'Lay, Scotland; Patrick M'Leod, Scotland; John Orr, Scotland; William Parsons, Ireland; James Provan, Scotland; Henry S. Purdon, Ireland; Cuthbert H. Robinson, England; George C. Slimon, Scotland; James Stewart, Scotland; James Taylor, Ireland; Archibald B. Telford, Scotland; James Thomas, Scotland; Robert Trimble, Ireland; MungoB. Turnbull, Scotland; William Walker, Scotland; Robert Watson, Scotland; William Weir, Scotland; Allan Wilson, Scotland; John Young, Scotland.

Bachelors of Medicine.—James W. Horsfield, England; James Macalister, Ireland; Peter Macarthur, United States; Joseph H. Menzies, Scotland; Andrew G. Russell, Scotland; James R. Wylie, Scotland.

Masters in Surgery.—Neil M. Campbell, Scotland; Thomas Cappage, Ireland; Walter F. Crosskey, England; Alexander Davidson, Scotland; Frederick Dinwoodie, England; Andrew Freeland, Scotland; John Hay, Scotland; Arthur A. Jamison, Guernsey; James Macalister, Ireland; Peter Macarthur, United States; James Maclachlan, M.D., Scotland; Ninian F. MacLeod, Scotland; Andrew Marshall, Scotland; John Mitchell, Scotland; William Murray, Scotland; Andrew G. Russell, Scotland; James F. Taplin, England; James Thomas, Scotland; William Walker, Scotland; James R. Wylie, Scotland.

THE ROYAL SOUTH HANTS INFIRMARY, a fine building in the Italian style of architecture, erected in 1843, is about to be enlarged by the addition of a new wing, the first stone of which has just been laid with some ceremony. The cost (2,000*l.*) will be defrayed by Mrs. Eyre Crabbe, in memory of her late husband, Colonel Eyre Crabbe, H.M.'s 78th Highlanders.

EPIDEMIC IN SAVOY.—The following is taken from a letter from Paris, in the 'Chemical News':—"I have no wish to be an alarmist, but it is my duty to inform you that the Academy of Sciences has received intelligence of the outbreak of a new epidemic. Coming as the news does before the Russian plague or fever, or whatever it is, has been disposed of, the information is not cheering; but there is this comfort, that, so far as I know at present, the epidemic I am about to mention is not migratory. It has broken out in Savoy, where happily it remains. There, it seems, it attacks preferentially the inhabitants of the mountains—the poorest people; but it does not altogether spare the richer folk in reputedly healthy districts. Those who lead sedentary and indoor lives are first attacked; outdoor work seems to save people. It is not contagious. I should have said that the disease is not altogether new. There has been an outbreak every winter—since when, do you think? Since the introduction of iron stoves into Savoy! Where these are not in use the disease remains unknown, and just as they are few or many in the neighbourhood, the number of attacks rises and falls. Out of 2,600 patients seized, not one has been discovered who had not been recently within the influence of an iron stove. I am sorry to say that we have not at present any account of the symptoms of the malady, of which we shall no doubt hear more. Some people are disposed to attribute it to the formation of carbonic oxide, which MM. Regnault and Chevreul will not believe is formed under the circumstances. The former gentleman ascribes the disease to the neglect of ventilation, explaining that animal exhalations and miasmata become incompletely decomposed in contact with the hot sides of a stove, and give rise to volatile or gaseous products, which remain in the room, and exercise a pernicious influence on the health of the inhabitants. M. Faye recommends an immediate investigation

of the matter by the Commission on Unhealthy Trades; so the doubts about the origin of the disease will be cleared up soon."

MEDICAL CERTIFICATES IN FRANCE.—It is not generally known that such certificates must be written on stamped paper; this has been made evident, very lately, by several prosecutions. Of course the writer of the certificate may require the person making use of it to pay for the stamp; but, with the poor, he is often obliged to do so himself.

THE SEWAGE COMMISSION of which Lord Essex is chairman has established the following principles:—First, that wherever rivers are polluted by a discharge of town sewage into them, the towns may reasonably be required to desist from causing that public nuisance. Second, that where town populations are injured or endangered in health by a retention of cesspool matter among them, the towns may reasonably be required to provide a system of sewers for its removal. And should the law, as it stands, be found insufficient to enable towns to take lands for sewage application, it would, in our opinion, be expedient that the Legislature should give them powers for that purpose.

A BENEVOLENT PROPOSAL.—The following letter appeared in the 'Times' of Thursday, May 11:—"*To the Editor of the Times.*—Sir,—A proposal has been made to me by Captain Erskine, Her Britannic Majesty's Consul at Funchal, in the island of Madeira, of so liberal and charitable a nature, that I venture to hope you will help in its realization by giving it the publicity of your columns. He offers, with the co-operation of several residents and visitors, to guarantee the maintenance and Medical treatment of twenty consumptive patients during the coming winter, if the authorities of the Brompton Hospital will undertake to provide transport to and from the place. This, with the assistance of the governors and public, the committee hope to accomplish. If the experiment prove successful, measures can subsequently be taken for its permanent continuance. It is suggested that the first party sent out should consist entirely of men, from the greater ease with which they can be conveyed and provided for on their arrival. I sincerely hope no impediment will prevent the success of this excellent scheme. During my recent visit to the island I became convinced that the climate, though not perhaps beneficial to all cases of phthisis indiscriminately, still exerts a most singular and salutary influence on them if properly selected. The proposed sanatorium would thus not only be a work of the highest charity, but would tend materially to advance Medical knowledge by enabling the effects of climate as a therapeutic agent in pulmonary disease to be studied under circumstances the most favourable.—I remain your obedient servant, WILLIAM H STONE, F.R.C.P., Assistant-Physician to the Hospital.—Hospital for Consumption and Diseases of the Chest, Brompton, London, S.W., May 10."

CONVICTION UNDER THE MEDICAL ACT.—A Justice of Peace Court at Aberdeen, on Monday afternoon, had before them a case in which Frederick Adair, who addressed himself to a certain class of cases, was accused of advertising himself as M.D., F.R.C.S., without a title to do so. A witness said he had given the accused directions as to getting a diploma from Glasgow. One was produced bearing to be from the Metropolitan College, New York, conferring the degre of M.D. on Frederick Adair. After other evidence, Adair was fined 5*l.*, with costs, 2*l.* 2s., for using the letters F.R.C.S. without warrant.

THE HUNTERIAN SOCIETY.—ADJOURNED DISCUSSION ON SYPHILIS.—The next meeting of this Society is to be devoted to the discussion of a paper read by Mr. Hutchinson, at a former one, on the "Medical Aspects of Syphilis." One adjourned meeting has already taken place, but the debate not being concluded, it has been decided to resume it next Wednesday, May 17. The President invites the attendance of all interested in the subject. No paper will be read, but the following propositions will be submitted to criticism:—1. That syphilis ought to rank as an exanthematic fever, having its stages of incubation, efflorescence, decline, and sequelæ. 2. That the secondary rash (together with iritis, retinitis, condylomata, mucous patches, and superficial inflammations of the mucous membranes) is the exanthem stage. 3. That both primary and secondary stages will, after a certain duration, disappear spontaneously. 4. That the evolution of the exanthem cannot be prevented by internal treatment during the period of incubation. 5. That the symptoms which constitute the tertiary class are rather sequelæ (more or less accidental) than a true stage. They are irregular as to their time of outbreak, have no tendency to spontaneous cure, and they relapse over and over again after remedial treatment. 6. That a very important distinction between the secondary and tertiary symptoms is found in the fact that secondary phenomena are, *as a rule*, symmetrical and tertiary, *as a rule*, not so. 7. From the symmetry of secondary symptoms we infer that they depend on a poison circulating in the blood; and from the non-symmetry of the tertiary, that they depend upon defective organisation of the solids rather than upon any free virus still existing in the blood. 8. This statement as to the non-symmetry of tertiary lesions applies only to acquired syphilis. In inherited syphilis some very remarkable differences are noticed. The distinction between the stages are much less marked, and most of the symptoms are symmetrical. 9. Of the symptoms which should be classed as tertiary, the following are the chief:—Deep or serpiginous ulcerations of the skin and mucous membranes: syphilitic orchitis; nodes, whether of bone, periosteum, cellular tissue, tendon, bursa, or ligament; deposits in the internal viscera, and diseases of the nervous system. 10. That the investigations of recent observers have proved that very numerous and important organic diseases are remotely, but directly, consequent upon syphilis, and are to be cured only by proceeding on that supposition.

A DANGEROUS PATIENT.—An attempt has been made to assassinate M. Lediberder, a practitioner of L'Orient, in Brittany, by one Nahenec, aged sixty-eight, a retired tanner, suffering from hypochondriasis. Having called to pay the bill which his doctor had sent him, he had entered into conversation, when suddenly he discharged a double-barrelled pistol, the balls entering M. Lediberder's chest and abdomen. "You wretch!" exclaimed the doctor, "you have murdered me." "Well," replied the assassin, "you promised to cure me," at the same time firing another pistol at his own head, which, however, was only grazed by the ball. M. Lediberder's condition is not regarded as quite hopeless, and aid has been summoned from Paris.

THE DEATH OF THE CZAREWITCH.—Professor Oppolzer has returned from Nice. On his arrival there, he found the imperial patient in a dying state. He remained an hour with him, and, after examination, pronounced his disease miliary tubercular meningitis, the result of chronic disease of the spine. He visited the patient with Karrel, Pirogoff, and Zdekauer. On the following day, and before the post-mortem examination was made, the diagnosis was written down, and, at Pirogoff's request, witnessed by Princes Schuwaloff and Dolgorucki, and by General Adlerburg. This was done on account of a different diagnosis having been made, and because some of the Court were of a different opinion as to the nature of the disease. Pirogoff performed the post-mortem examination; Oppolzer dictated; and Karrel wrote down the statement of appearances. On the dura mater, between the first and second lumbar vertebræ, was found a vascular fibrous tumour; and towards the cauda equina, several small tubercular granules. The second and third lumbar vertebræ were carious. A small abscess was found in the right psoas muscle; at the base of the brain miliary tubercular inflammation and softening of the brain-substance; a large quantity of serum in the ventricles; and two obsolete cavities and several granules were found in the right lung. The left lung was sound. On the following day, after reading their report, the Emperor sent for Oppolzer, Pirogoff, and Zdekauer; and, in the presence of his whole family and of the Court, asked them whether, if they had been called in earlier, they could have saved his son; or whether the organic disease was incurable. To which they replied that the case was hopeless. Thereupon the Emperor turned to his family and said: "We must bow

with humility and peace to the will of God." The Emperor then thanked Oppolzer, and bid him remain another day in Nice, in order to examine the other imperial children; which he did, and declared them all to be free from tubercular disease, and in perfect health.—'Wien. Med. Woch.'

DORSET COUNTY HOSPITAL.—The Right Hon. William Thomas Horner Fox Strangways, Earl of Ilchester, of Melburgh House, Dorset, has just bequeathed 100*l.* to the above hospital at Dorchester, 100*l.* to the Dorset Eye Infirmary situated at Weymouth, and liberal bequests to other institutions not strictly Medical.

STRANGE, IF TRUE.—The following intelligence, on the faith of a Paris paper, is inserted in the 'Gazette Médicale de Lyon':—The London Provident Life Human (?) Society offer low rates of premium to those who are attended by homœopathic doctors, as, on investigation, it has been found that mortality is very low among such persons. The editor of the 'Gazette Médicale de Lyon' remarks, very justly, on this, that the same company, to be consistent, should recommend homœopathy to the customers to whom they have granted life annuities.

NEW APPOINTMENTS.—Dr. Patrick Fraser has been elected Physician, and Dr. Billing, F.R.S., Consulting-Physician, to the Free Dispensary for Diseases of the Throat.

PROFESSOR FERGUSSON, F.R.S.—This gentleman will commence his course of six lectures on the Progress of Surgery during the Present Century on Monday, the 5th proximo. The lectures will be delivered in the theatre of the College of Surgeons on Mondays, Wednesdays, and Fridays, at four o'clock.

THE BANFFSHIRE LUNATIC ASYLUM has just been opened at Lady Bridge, about four miles from Banff. Including the site and furniture, the cost has been above 15,000*l.*

LIVERPOOL INFIRMARY FOR CHILDREN.—In consequence of the inadequacy of the present building, the committee have resolved either to purchase more commodious premises, or to buy a site and build a new infirmary. The required amount is about 4,000*l.*, of which the greater part is already subscribed.

PAUPER NURSES IN WORKHOUSES.—The Poor-law Board has just issued a circular to the guardians and directors of the poor, calling attention to the responsible nature of nursing in sick and lying-in wards, and urging the discontinuance of the practice of employing pauper nurses. The circular says a nurse should be a person of experience in the treatment of the sick, of great respectability of character, and of diligent and decorous habits. Such a person cannot discharge the duties of the office singly, but must have assistants of others of both sexes, and there is scarcely less need of the same qualities in the persons who are to be assistants than of those required for the chief nurse. Hence it is necessary that nurses should be adequately remunerated and that they should be appointed after a strict investigation of their qualifications for the office. The Board consider it of the highest importance that the assistants to the nurses should also be paid persons. By appointing paid persons, guardians will have an opportunity of selecting persons whose qualifications for the office can be properly ascertained, and they will also be able to hold such persons responsible for negligence or misconduct, as in the case of superior officers of workhouses. Where pauper inmates are directed to act as assistant nurses, there is no stimulus, no test of capacity, and no responsibility for negligence.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, MAY 17.—Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Physicians, 5 p.m.—Dr. Hyde Salter, "On the Diagnostic Value of the Various Forms of Dyspnœa;" Hunterian Society, 8 p.m.—Resumed Discussion on Mr. Hutchinson's paper, "The Medical Aspects of Syphilis."

THURSDAY, MAY 18.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 4 p.m.—Prof. Frankland, "On Organic Chemistry;" Harveian Society of London, 8 p.m.

FRIDAY, MAY 19.—Operations at the Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Physicians, 5 p.m.—Dr. Hyde Salter, "On the Diagnostic Value of the Various Forms of Dyspnœa;" Royal Institution, 8 p.m.—Mr. William Huggins, "On Stellar Physics and Chemistry."

SATURDAY, MAY 20.—Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 4 p.m.—Mr. Alex. S. Herschel, "On Meteorology;" Metropolitan Association of Medical Officers of Health, 7½ p.m.

MONDAY, MAY 22.—Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, MAY 23.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Bernay's Notes for Students in Chemistry. London: John Churchill and Sons, New Burlington street.

Sixth Annual Report of the Sussex County Lunatic Asylum.

Suggestions on Town Sewage and its Application to Land by Gravitation. By Lucius H. Spooner. London: R. Hardwicke, 192 Piccadilly.

A Letter to the Members of the British Medical Association on the Subject of their Future Journal. By Robert B. Carter, F.R.C.S., &c. London: Butler and Co., 42 Paternoster row.

Remarks on the Antecedents and Treatment of Consumption. By Charles Drysdale, M.D., M.R.C.P., &c.

Social Science Review, May, 1865.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

THE ROYAL INSTITUTION.—The notice has been received.

THE HUNTERIAN SOCIETY.—The notice and abstract have been received.

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—The following subscription has been further received on behalf of the above fund:—

	£	s.	d.
J. G. Leete, Esq., Thrapstone	0	10	0
Amount previously announced	123	11	3
Received at the 'Lancet' Office	9	9	0

Yours, &c.,
ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
May 10, 1865.

THE communications from the Anti-Quackery Association and "Medici Malgre lui," with other correspondence, are unavoidably postponed.

Royal College of Physicians of LONDON. — FIRST PART OF THE PROFESSIONAL EXAMINATION FOR THE LICENCE. The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School will commence on Tuesday, June 6th.

SECOND PART OF THE PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, June 13th.

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The Anti-Quackery Association deem it their duty to the public, as well as to the Medical Profession, to *caution* persons against the multifarious modes of quackery pursued by unprincipled pretenders to a knowledge of the Medical Art, and to expose the means they take to accomplish their nefarious ends:—1, by pretended specifics; 2, by spurious lectures and "Museums;" 3, by promises of self-cure; 4, by exciting the fears of the timid; 5, by the invention of cured cases and testimonials.

Before replying to suspicious advertisements, persons will do well to address the Secretary of the Anti-Quackery Association, who will be able, in most cases, to furnish the past histories of the quacks and pretenders from whom they emanate.

N.B. The letters of "Detector." entitled "Revelations of Quacks and Quackery," are now reprinted, and may be had at the Medical Circular Office, price 1*s.* 6*d.*; or, by post, twenty stamps.

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AND CONTAINS—

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The Medical Circular.

PARISIAN MEDICAL NEWS.

REMARKS ON MYOPY.

Dr. Follin, Fellow of the Faculty of Medicine, recently delivered, in the theatre of the Administration of Hospitals, a series of lectures, of which M. Bassereau kindly communicates an abstract. We will not attempt a full reproduction of M. Follin's remarks, the Professor being at present engaged in a consideration of the changes induced by disease in the phenomena of ocular refraction; the subject would require an amount of dry theoretical dissertation which we cannot venture to inflict on our readers, and we shall, therefore, confine ourselves to the exposition of a few of the practical inferences derivable from these demonstrations.

We will, in the first place, advert to near-sightedness in its connection with the phenomena of refraction within the eye, and apart from the modifications traceable to the power of accommodation.

It is a well-known fact in dioptrics that in the healthy eye the focus of rays of light, emitted from a great distance —the infinite, for instance—is situated on the surface of the retina. A myopic eye is one in which the parallel rays of light are brought into a focus before they reach that membrane. This condition may be referable to various circumstances; thus it may be due to the unwonted length of the axis of the eye, or to the too great refractive power of the humours; or, again, it may be the result of the exaggerated contractility of the ciliary muscle, which increases the convexity of the crystalline lens, and proportionately adds to its power of refraction. The term *myopy* more especially applies to the excessive length of the axis of the eye. The natural axis of the eye does not exceed 22 millim. (11 lines), whereas a myopic eye may measure as much as 33 mill. (16½ lines). We may hence infer rules which must be complied with in order to bring the focus to the surface of the retina. This will be accomplished if the rays of light are made slightly to diverge before their penetration into the organ, by causing them to traverse a bi-concave glass of appropriate power. The selection of the glass is a matter of some delicacy; if it be too strong it will place the focus beyond the retina, and if too weak it will only correct in some degree the defect of the eye, and bring the focus nearer to, but not on the surface of that membrane. In the latter case, the subject will at once perceive that the glass is not sufficiently powerful, but in the former he may, to his own detriment, continue for a time the use of a glass which is too strong. Not being able at first to see well with this appliance, he contracts Brücke's muscle with energy, and thus succeeds in adjusting the focus to the retina, but the effort considerably tries the eye, and many near-sighted persons thus injure their sight by omitting to consult an experienced oculist before resorting to the spectacle-maker for the purchase of glasses.

Amblyopy and myopy are not convertible terms: in both, it is true, objects placed at a distance are indistinctly seen; but in myopy vision is less clouded, and concave glasses are required, whereas convex glasses are necessary in amblyopy. If both infirmities are combined, the diagnosis is extremely difficult.

In general, the peculiar attitude assumed by short-sighted persons when they read betrays the nature of their infirmity. The book is held close to the eyes, and at a distance varying from six to ten inches the characters are indistinct. One of the best means of ascertaining whether myopy is real or assumed, is to require the subject to read very fine print with extremely concave glasses. If he finds it impossible to read at twelve inches' distance, with No. 3 glasses, or if, with No. 5½, he cannot see distinctly distant objects, he is not short-sighted. In the contrary case, he may be pronounced to be affected with genuine myopy.

Such are the usual methods adopted to discriminate this condition. A more strictly scientific diagnosis may, however, be attained by estimating the power of vision by Jäger's or Giraud-Teulon's typographic tests. If myopy be present, the type will be easily read, but at a shorter distance than in the natural state of the organs. In addition, if the subject distinctly sees an object of four lines diameter at a distance of five inches, for instance, he will not be able to see clearly an object of eight lines diameter at a distance of ten inches, because the size and distance do not harmonize. It then becomes necessary to ascertain the shortest and the longest distance of distinct vision. To discover the former, No. 1 of Jägers's scale should be presented to the eye, and the distance noted at which it is distinct. The number of inches at which it is clearly discernible supplies, by approximation, the proper length which should be given to the focus of the glass. Thus, if it can be read at six inches, the glass should have a radius of six inches—a somewhat exaggerated dimension, which can be readily corrected if the power of vision is normal. As a test, No. 20 of the scale should be presented at a distance of twenty feet to the eye, through the glass; and if it cannot be read, the distance to be subtracted must be placed to the account of amblyopy. Both eyes, according to M. Follin, should be thus tested, in order to obtain perfectly reliable results.

Near-sightedness is sometimes hereditary—a fact which M. Follin has had several opportunities of noticing in very ancient French families. It then acquires a higher degree of gravity, and may even end in total blindness. Various circumstances appear to promote its development; it is, for instance, unfrequent in the illiterate. Among the more highly-educated classes, on the contrary, study, reading, the workmanship bestowed on minute objects, readily induce myopy. Vision being habitually exercised at very short distances, the optic axes converge more than in the natural performance of the function; the pressure within the eye increases, and the fibrous shell of the organ becomes softer, congestion follows, and if the eyes are inspected with the ophthalmoscope, atrophy of the choroid around the disc is detected—a pathognomonic symptom of myopy.

M. Follin expatiated at considerable length on a complication which we shall briefly advert to—viz., the insufficient action of the internal recti muscles. Myopic subjects in whom this condition exists present the following phenomena:—While reading, they experience a sensation of distress over the brows, and the images are not reproduced on corresponding points of the two retinas; diplopia is the consequence; but as the two images are in close approximation to each other, the separation of the double impression is not distinctly observed. Straining of the eyes induces increased vascularity and confusion of ideas, the symptoms disappearing under the influence of rest. If the muscular insufficiency increases, marked squinting is the result, and genuine diplopia follows, unless the strabismus, being excessive, the second image becomes too distant to be perceived, and vision then becomes monocular, and gradually fails.

In order to detect this imperfection, the patient should be required to fix his sight on any one object—the finger, for instance; and the convergence of the pupils should be increased by gradually bringing the finger closer and closer to the eyes. At a given moment one of the organs is suddenly deflected outwards, but returns almost immediately to its pristine position, from which it again swerves, and to which it is again restored, producing very noticeable oscillations.

Myopy is not susceptible of a spontaneous cure; experience also shows that artificial remedies cannot entirely remove it; but its increase may be checked, its complications averted, and the defective vision corrected by the use of appropriate glasses. We shall not reproduce M. Follin's enumeration of the various systems based on the theoretical view that the condition was the result of excessive convexity of the cornea, a defect for the removal

way as in the two preceding places. By the time the inoculations are here brought to an end, from three to three and a half or four months have probably elapsed, the symptoms which manifested themselves from the commencement have disappeared, or if some slight symptom has remained this disappears spontaneously. It often happens that during the treatment a fresh outbreak takes place, and he who is not acquainted with the method believes that some other plan must now be adopted; another infers that syphilisation is of no avail. But let them not be deterred by any symptom, not even by the most severe iritis, which never requires anything but the instillation of a little atropia. But, happen what may, let them shut their eyes to it and continue the inoculations. The patient who, during the whole treatment can attend to his business, feels, after it is completed, perfectly well, and may immediately expose himself to any hardships. He can endure wet, cold—in a word, everything which, after mercurial treatment, would render him liable to life-long illness. It is probable that I may now be asked as to the result at a later period for these individuals, and I shall speak first of the relapses. On the whole I have treated 429 individuals, and of these 46 per cent. have come back, making about 10½ per cent.; but as we may calculate that some of those treated during the last year will return, I will assume that the relapses will amount to 12 or 13 per cent. But, let us now examine more closely what is called a relapse after syphilisation. In many instances a single mucous tubercle, a small white spot on the tongue or in the throat—symptoms for which nothing more than external means is employed, and for which the patients are treated only for a few days in Hospital. So far as I at this moment remember, thirteen were taken again under treatment with syphilisation, and two with iodide of potassium.

You will next ask whether tertiary symptoms have been developed in any of them. This has been the case, I believe, with three; but at the same time these individuals have been perfectly well—their general health has not, as so often happens after mercurial treatment, been broken down, and in those who have had relapses it has been good, as it is evident that in those who have had no relapse it has been particularly good.

We come now to the children of those who have been syphilised. Here we are not much better off than after the mercurial treatment; we see the same rule to prevail as after this last method, namely—that when the mother has been syphilitic, the first child or children is or are syphilitc; that they are healthy is the exception. If the father has been syphilitic, the children are, in general, healthy; that they are syphilitic is the exception.

You will next propose to me the question how I treat syphilitic children. I treat them precisely as I do adults; and it is interesting to see that the sores in these little ones bear in size a proportion to that of the child, and that the patients suffer less, and not more, than adults. The results of syphilisation in children with hereditary syphilis have not been brilliant; of forty-two children, twenty-two died, but I have taken under treatment every case that I have met with, and everyone knows that in such children there are very often affections of the internal organs which lie beyond our power to cure. I cannot at this moment say how many little children with acquired syphilis I have syphilised, but they are not few, and of these only one died the cause of death in that instance being croup after I had performed tracheotomy. Of adults, two died,—an old woman of dysentery, and a young woman of puerperal fever. This last case I forgot to include in the *résumé* I have given in the 'British Medical Journal.'

Now, in order to give you a definite idea of the confidence I have in this method after having practised it daily for thirteen years, I shall say only that if I myself, or any of mine, were so unfortunate as to get syphilis, I should employ no other means than syphilisation.

Still, a few words in conclusion, gentlemen, Vaccination has for many years stood alone; syphilisation now comes to join it. Shall we stop here? I believe not. Vaccine and the syphilitic matter are both animal viruses; we see them contained under a similar law. May not also the other animal poisons be referred to a similar law? We see that Nature is simple in her diversity: should this not also here be the case?—should not glandera, hydrophobia, &c., some time be curable? Let us all seek to clear up this dark point in our science, and let us not, as hitherto, with respect to syphilisation, seek only to extinguish the rising gleam.—'Medical Times and Gazette.'

PROFESSOR OWEN AT ST. MARY'S.—ON THE CLAIMS OF MEDICINE TO RANK AS A SCIENCE.

It is sometimes asked, Is Medicine a science? This question, like many others, is hardly reasonable or fair, the two terms being so unequal in degrees of complexity. So far as Medicine knows the cause and condition of a curable disease, and the one infallible cure, to that extent it is science. If Medicine has mastered the nature of a specific malady, if there be a specific malady, and has discovered the specific remedy, if there be such a thing as a specific, it may claim to be a science. I leave to the experienced practitioner to determine what may be the proportion of the field of observation and practice commonly called 'Medical science' which is in the above defined condition; and what the proportion of that field in which the cultivators differ in their views as to the cause, the nature, and the remedy of disease.

Your excellent professor of chemistry will tell you that, having a special aim in view, he adds a certain reagent to a given solution or mixture, knowing that it will produce such desired result—viz., a certain infallible decomposition and recomposition. The prevision and its fulfilment prove that he possesses a science. But, were other chemists to affirm that a different reagent would produce the same result, or that the solution, if left to itself, would produce it by spontaneous decomposition or recomposition; and if there were really grounds for such affirmations or diverse views of the case, you would then conclude that chemistry had not reached the scientific stage, and would hardly expect it to enjoy public confidence. In fact, we see at the present day that the public confide not so much in medicine as a science as in the particular practitioner. It is characteristic also of the present phase in the growth of medicine, that the public are liable to be deluded and led astray by its shams; and not until medicine becomes a science can such simulacra be expected to vanish, and quacks and quackery become extinct. Time was when disasters were deemed, in the literal sense of the term, to be the effect of malign influence of stars. Two or three centuries ago, the horoscope was cast, and believed to indicate the future destinies of the heir, by the same classes as now accept, in like faith, the infinitesimal globule. The astrologer then had leave to move in the same social scale, and to sit at the same tables, as now the homœpathist. Astronomy had not risen to its full developement as a science. It is interesting, indeed, to consider how a public ignorant of, and careless about, the grounds and proofs of an established science, does in time come to believe in and trust it, to the exclusion of its simulacra, and the utter deposition and extinction of the quack professors of the same. I believe the public gain this faith by what the true science effects and what it predicts.

By means of the data of astronomy, the seas are navigated, and remote parts of the earth reached with marvellous exactitude. Astronomy foretells phenomena to the day, hour, minute, even second of time: the interval—it may be years—after the prediction passes, and at the very hour, and fractional part of the hour, the event foretold comes off.

The palæontologist, from a fossil fragment, infers that such a form of animal, strange, it may be, or gigantic, has existed in such an island; and commits himself a prophetic sketch of the same. Other parts are afterwards found; at length, perhaps, the entire skeleton. The public knows nothing of the laws of correlation by which the prevision of a form of life long passed away, and never seen by human eye, was gained; but it is struck by the fulfilment, and accepts or believes in the science.

Medicine is occasionally called upon to prophesy in public; the rank of the patient requires a bulletin. Reference to some of these series of predictions and the actual results may partly account for the degree in which medicine still halts, as a science, in public estimation. And so it comes to pass that the question continues to be asked, "Is Medicine a science?"

The great question for you, however is, Can Medicine become a science? From every analogy of the progress of human intellectual endeavours to raise, by observation and experiment, a body of facts and phenomena to the status of true science, the reply to the latter question would be emphatically, Yes!

Anatomy, physiology, pathology, or a knowledge of deterioration of structures, to the minutest degree in which the microscope can show such changes for the worse, in the fluids and elementary tissues of organs; chemistry, especially organic; the nature and powers of medicines—in short, all three bodies of doctrine worthy of the name of sciences must be cultivated—if possible mastered—as the indispensable basis on which a lasting superstructure of a true science of medicine can be raised. Medicine can only become science by and through the subservient bodies of doctrine that have become science—the unknown must be reached by the known.

In every age, the individual who has effected most to raise medicine and surgery to the rank of sciences has been the practitioner who was most distinguished for his knowledge of science. John Hunter, besides being the greatest surgeon of his time, was the best physiologist, the greatest comparative anatomist, and, what was then little if at all known to his compatriots, he held the most advanced views of zoological classification, and was the most experienced palæontologist.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Professor Fergusson commences the number with the first of "A Course of Lectures on the Progress of Surgery during the Present Century," delivered in the present month at the College of Surgeons. The present lecture is on Minor Surgery, and, like all Mr. Ferguson's lectures, is thoroughly practical in its character. One great principle inculcated is to trust to Nature, and to assist her operations, and to rely comparatively little upon the resources of art, which often interrupt or retard, instead of promoting, the processes of repair in injured parts. The following is on dressing a wound:—

"The simplicity of dressing a wound, of dealing with an open surface or sore—which I alluded to in my last course as being characteristic of modern surgery,—may be viewed in various lights and aspects. The simplicity of the application, and the simplicity of manipulation both deserve notice, particularly as each in perfect surgery is regulated by a due appreciation of Nature's powers and of the influence of time. Never, I believe, in the history of surgery, was there less faith in applications to wounds and sores than at present. Our trust now is chiefly in nature; and unless there be a regulating power from within, we know that we can do but little either to restrain or excite. The efficacy of our simplest applications may often be questionable; and those which stimulate, I feel certain, often do more harm than good. Nothing, I fancy, can be simpler than lint and water. What can be less irritating than lard or simple cerate? Even these are set aside by some of our ablest practitioners, such as Dr. Humphry, of Cambridge; and literally nothing is applied to some of the largest wounds we have to deal with. To be sure, in accordance with custom in this country, the surfaces are held together by stitches until Nature effects the permanent union; but in such an instance these are only mechanical aids; they are like the splints with which we keep steady the fragments of a broken bone. The contrast between heaps of dressings on a stump of the thigh and nothing at all is certainly remarkable. All that some aim at is merely to keep surfaces in contact, and from molestation—even from the weight of bedclothes. In as far as actual union is concerned, this is perhaps the best and most philosophic view to take. Yet evil may actually arise from such excess of simplicity. It is hardly possible to guard against external influences, either from around, or from the incautious or irregular movements of the patient. Hence, in many instances, such a style of dressing, with straps or bandages, or both combined, as shall give most security against such evil influences, must be allowed to be the wisest course. Yet again I say that these are only mechanical appliances; but where they are accurately adapted their utility is beyond doubt. If an ointment is used in such a case, it cannot possibly be of any service except to facilitate the removal of outside coverings. I here refer to ointment as being one of the simplest applications; and whatever virtue may be claimed for any special compound of the kind, its influence cannot extend far. Water must have a more extended sphere of action, for if prevented from evaporating, and regularly applied, all around must be kept more or less moist. The temperature of a considerable substance of tissues may be materially modified by water. Wet clothes, if applied only at a first or single dressing, I count as nothing in what I am now referring to; but if cold water be frequently renewed without special covering, or if evaporation be prevented by oiled silk, the temperature may be kept considerably below the natural standard, or possibly somewhat above; although on these points I do not think that we have much precise knowledge. Notwithstanding some assertions to the contrary, I believe that most of us have the impression that whilst adhesion at a wound is being effected there is present what Hunter called 'the adhesive inflammation;' but I am not aware that it has ever been demonstrated that a slight fall or rise in temperature has much, if any, influence on that process.

"I refer to this subject at present chiefly to question the supposed beneficial influence of even so mild an application as water, or of simple ointment, in regard to the process of adhesion. If only this process be aimed at, I believe them to be utterly useless. They have no healing influence whatever!"

But, on the other hand, there are many instances in which non-intervention equally displays the ignorance of good surgery, as when a foreign body is left in a wound instead of being extracted, or when a piece of dead bone lies in the body, within the reach of the surgeon, and he neglects its removal. On this point Mr. Fergusson remarks:—

"The engineers's or miner's work of sinking a shaft or a counter-shaft is not more scientific than an exploration in pursuit of fluid and extraneous material; and in my opinion there are few things in practical surgery more striking than the sight of the surgeon extracting dead bone through a track where matter only had flowed before; and still more so when he cuts, at a considerable distance from the apparent seat of disease, through seemingly healthy tissues, and removes a portion of a dead bone, a bullet, or other inanimate material, which may have been the cause of suffering for months or years. The counter-opening of the surgeon is generally a scientific proceeding, and one which often displays consummate skill. Now I believe there is often needless delay in extracting dead bone. After separation is complete, it should be forthwith removed. No good can possibly result from delay, but much harm may; for, besides prolonging a source of exhaustion, there will in certain instances be such a formation of new bone that the mechanical powers of the surgeon may fail to make way through it. Notwithstanding the palpable nature of many such cases, I have often been astonished at the seeming want of judgement and skill on the part of the surgeon. Internal remedies and external appliances have been

fruitlessly used—improperly used, I may say, for all that was required was a simple application of the surgeon's hand, with suitable instrument wherewith to remove or extract the offending part. Not long ago I saw an instance of necrosis of the clavicle about midway between its extremities, resulting rom erysipelas and abscess. The patient had been brought from a distant country for assistance. The original inflammation had long since ceased, and there was only a small opening or sore over the dead piece of clavicle. Now in this case the practitioner in charge had latterly trusted entirely to the supposed efficacy of a plaster of a waxy and resinous composition. So thickly was it laid on (spread upon leather, and made to cover the clavicle, part of the arm, and scapula) that some considerable time was required, with a free use of turpentine, to clear all away so that the parts could be properly examined. It was then readily perceived that the only mischief remaining was a small bit of dead bone, which was almost as easily removed as lifting it from a table. The villainous plaster was discarded, water dressing was applied, and in a fortnight only a scar remained. This was a sad illustration of misplaced faith, whether in plaster, nature, or both. My impression on seeing the dressing was that most reliance had been put in the plaster, otherwise one more than a foot square in extent would not have been used to a disease whose propable surface might have been covered by the point of a finger."

Mr. Fergusson concludes his lecture by referring to several cases illustrating respectively the effects of good and bad surgery.——Mr. J. LOCKHART CLARKE and Dr. J. HUGHLINGS JACKSON, jointly relate a "Case of Disease of the Posterior Column of the Cord—Locomotor Ataxy." (?) There were but few particulars of the case while alive, but the patient was blind, and could not walk. The chief interest of the paper is in the post-mortem examination, by the microscope, of the corpora quadrigemina, spinal cord, &c., by Mr. Lockhart Clarke, and the peculiar alterations in the nerve-substance are figured and explained by that gentleman.——Dr. HORACE DOBELL, in a paper "On the Assimilation of Fat in Consumption," gives a "Second Report on Cases Treated with Pancreatic Emulsion" at the Royal Infirmary for Diseases of the Chest. This emulsion was used instead of cod-liver oil, which disagreed with some of the patients, and the change was attended with success.—— Dr. S. NEWINGTON contributes a paper "On a New Remedial Agent in the Treatment of Insanity and other Diseases." The agent in question consists in wrapping the body in clothes steeped in mustard-and-water, and applied to the whole of the legs and to the lower part of the abdomen. The writer states that he tried the remedy first on himself, and afterwards on some patients, with good effects. He considers that the mustard acts as a derivative, and its practical effect is to produce sleep, and thus tranquillise the system. In some cases the mustard was added to a warm-bath.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. LIONEL BEALE opens the number with "An Inquiry into the Nature of the Phenomena which Constitute Inflammation," being part of a lecture delivered lately at the College of Physicians. The lecture is controversial, and maintains the doctrine that inflammation is a *vital* process, not a chemical one, and that there is no analogy, as some writers suppose, between inflammation and combustion. ——Mr. GEORGE LAWSON relates six cases of "Rupture o the Eye through the Sclerotic," and describes the prognosis and treatment of this accident. In the milder cases a few leeches should be applied and soothing lotions resorted to, but the result usually is that the globe of the eye shrinks and an artificial eye is inserted in its place. In the more severe cases, where suppuration occurs and the other eye is threatened, the removal of the diseased eye is the safest proceeding.——Professor BOECK, of Christiania, contributes a paper "Upon the History, Theory, and Practice of Syphilisation," but we have presented this paper entire in another place, in consequence of the novelty and importance of the subject.——Dr. T. S. CLOUSTON, Medical Superintendant of the Cumberland and Westmoreland Lunatic Asylum, contributes a paper "On Sewage Exhalations as the Cause of Dysentery," his remarks being founded upon an epidemic of that disease which occurred in the Asylum, and was caused, it appeared, by the effluvia from a field irrigated by sewage.

OBITUARY.

THOMAS WILLIAMS, M.D., F.R.S.

ON the 23rd of May died, at Swansea, Thomas Williams, M.D., F.R.S., at the age of forty-six. By sheer force of industry and native talent—it may almost be said of genius —Dr. Williams had, at the comparatively early close of his life, attained a position as a man of science and as a Medical practitioner unrivalled in the principality, and widely recognised throughout the world. He was one of many children of a Welsh clergyman of very limited means. Very little had he to help him on in his career beyond good example and good advice. The rest that was necessary came from himself. Innate power was cultivated and trained to admirable working effectiveness by resolute application to study, by a well-balanced combination of observation, imagination, and reflection. He began as an apprentice of Mr. Terry, and then entered at Guy's Hospital. Many of his fellow-students who listened to his glowing, discursive orations at the Physical Society—anything but dry matter-of-fact or physical as they were, and especially disdaining to be tied down to the subject-matter of debate—thought that imagination held sway over all his other faculties. Perhaps it did. Certainly this seductive, often deluding, faculty did then, and in after time, give colour if not substance to his utterances: but it also opened to him vistas of original inquiry not hinted at by his teachers. It led him on, too precipitately perhaps sometimes, to forsee conclusions and laws of Nature long before they could be reached by the slow, plodding, methodical groping of induction. And herein it is that we see a striking instance of the admirable mind-regulating virtue of Medicine as a study. But for Medicine and other branches of natural history to serve as a counterpoise, and to supply an inexhaustible pasture for his greed of knowledge, imagination would surely have soared away with Dr. Williams into unfathomable metaphysical space. He might have been a Swedenborg. Like his countryman, Glendower, he might have abandoned Actuality to "call spirits from the vasty deep;" or have floundered beyond redemption into some other dreary abyss of unreality. But Medicine had shown him how Nature boundless, in material for observation, and therefore boundless in suggestiveness, could employ, without satiating, imagination brilliant and impetuous as his own.

Dr. Williams steadily applied himself to the study of anatomy, and that with such success as to be invited to take part in teaching it at the Webb street School. He also filled the office of demonstrator on histology and tutor at Guy's. So early as 1843, when he was scarcely twenty-four years old, he had reined in imagination so firmly that he was able to win the triennial prize of the Royal College of Surgeons by his investigations into the "Structure and Functions of the Lungs." The organs subservient to respiration in the animal kingdom received an astonishing amount of illustration from his subsequent labours. It seems to have been a favourite subject; and it is not unworthy of note that on the very last occasion on which he

appeared before his Professional brethren—namely, on his passage through London in February last, after his marriage, at a meeting of the Medical and Chirurgical Society—he cited opinions, formed upon precise experiments, which he had arrived at on the rate at which air travels through the lungs. He wrote a valuable memoir, founded on large observation, "On the Mechanism of Aquatic Respiration, and the Structure of the Organs of Breathing in Invertebrated Animals," in 1857. In the same year he contributed the Article on the "Structure of the Lungs of Man and the Vertebrated Animals" to Todd's Cyclopædia. One of his earlier essays was a memoir on the "Co-relation of the Three Kingdoms of Nature," a subject large enough to tempt him to give the flowing reins to his ever ardent imagination; but still he kept her well in hand—well weighted with facts laboriously gathered. In 1852 the British Association enlisted his services; it enriched its Transactions by a "Report on the British Annelida," conspicuous for copiousness of facts and ingenious deductions.

Attainments, capacity, richness of language, the opinion of his contemporaries, all marked Dr. Williams as a man whose proper sphere was the metropolis, whose proper function was teaching. But his health was not strong. A threatening, or more than a threatening of renal disorder compelled him to turn his back upon great prospects in London, and to seek a more modest fortune in his native air, at a less cost of mental and physical wear and tear. He settled in Swansea. The beautiful bays of the neighbouring shores at first supplied him almost exclusively with occupation. Dredges were kept going, every adventurous biped sea-urchin was stirred by the hope of small reward, to find fresh pabulum for the insatiable Naturalist. Probably no coast has been more thoroughly explored. At last there came another tide—the tide of professional practice, which never turned. It was suspected that that sagacity and concentration of energy which could unravel the complicated structure and discern the functions of the lowest of creatures, might be usefully directed to the repair of the structure and functions of the highest. Once started, Dr. Williams advanced rapidly to the foremost place. He brought remarkable qualities to the work. He was never satisfied unless he maintained his professional knowledge at the highest level. He not only made it a point of duty to read every new book of reputation, but he indulged in the luxury of new editions—so earnest ever to learn the last word of science. He took in all the Medical journals. A Medical friend from London visiting his study might, at any time, find upon his table all the sources of information which the best libraries in town afford. New instruments, too, always excited his interest. Anything that could in any way be turned to practical account in the alleviation of sickness was seized upon. He was armed at all points with resources. His perception was marvellous in its rapidity and accuracy. His judgment perfectly free from prejudice, always open to—indeed craving—new light, was bold and decisive. His treatment of disease was vigorous, steadily and vigilantly pursued; and when the case was difficult and obstinate he was enterprising, hopeful, and inspiring hope. These qualities earned that highest testimony, the confidence of his Medical brethren: he was largely consulted throughout the counties most accessible to Swansea.

Dr. Williams's talents and energies were not, however, so entirely devoted to professional work but that he could find time to take an active part in matters of local interest. He was an excellent speaker, always fluent without resorting to hack commonplaces, never failing to arrest the attention of his hearers, and often eloquent. He was an enthusiastic Welshman, skilled in the antiquities and literature of Wales. He had studied language with as much ardour as he had devoted to zoology and medicine. Dr. Williams's fatal illness seems to have been accelerated, if not caused, by exposure to the weather. During the fifteen days and nights which preceded his death, he was assiduously watched by a body of Medical friends—Dr. George Padley, Dr. A. Davies, Mr. Hall, Mr. Mowatt, and Mr. Thomas. Dr. Williams took the degree of Bachelor of Medicine of the University of London, in 1840, being thus one of the earliest graduates. He graduated as Doctor in 1845, and always took pride in his connection with that body. He presided at one of the general meetings of the graduates when associated in their struggle for a new charter. He was also an Extra-Licentiate of the College of Physicians, and held the office of Physician to the Swansea Infirmary. He was a Fellow of the Royal and Linnæan Societies.

DEATH OF SIR JOHN RICHARDSON, F.R.S.

This distinguished naturalist died somewhat suddenly at Grasmere on Monday last. He was born at Dumfries in in 1787, and was educated at the grammar school of his native town. On leaving school, at fourteen years of age, he entered the University of Edinburgh, and devoted himself to the study of medicine. After passing through the University, he entered the navy as assistant-surgeon, and served at the siege of Copenhagen in 1807. In consequence of the zeal and ability he displayed on that memorable occasion, and "for having served in the boats during a night attack upon a French brig in the Tagus," he was promoted in 1818 to be acting-surgeon of the Hercule, a 74-gun ship. During the war with the United States in Canada and Georgia he served as surgeon to the 1st Battalion of Marines, and in 1819 accompanied Sir John Franklin's Arctic expedition as surgeon and naturalist. He also accompanied Sir John Franklin's second expedition in 1825, when he commanded two boats, in which he discovered the passage between the mouths of the Mackenzie and Coppermine rivers. In 1838 he was appointed by Lord Minto, then First Lord of the Admiralty, to be Physician to the Fleet, and in 1840 he was made Inspector of Hospitals. The deceased was the author of the 'Fauna Borealis Americana,' the 'Zoological Appendix to Sir Edward Parry's Second Voyage,' the 'Icthyology of the Voyage of the Erebus, the Terror, and the Sulphur,' and many reports and scientific papers. He received the honour of knighthood in 1846.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

April 5th, 1865.

Dr. Barnes, President.

Dr. J. Braxton Hicks exhibited an improvement on the mode of fastening the rope in his écraseur, which will allow any length of rope to be used, thus doing away with the awkward and cumbersome addition of the endless drum of Weiss. Instead of using one hook or button on which to fasten the moving end, two hooks are now employed back to back, whereby two figure-of-eight hitches can be made, sufficient to keep the rope from slipping. Should, during an operation, the hooks come down to the end of the screw without having brought all the noose through the eye or severed the growth, the hitch can be undone, the hooks run up to the top of the screw, the ropes refastened, and brought down again as at the commencement. The hooks should be made as neatly as possible, but deep enough to hold two turns of rope.

Dr. Marion Sims exhibited a new form of Curette for the removal of uterine fungoid granulations.

Dr. Greenhalgh showed a new form of Uterine Tent made from the stem of the laminaria spiralis; the peculiarity being that it is a hollow tube instead of the solid stick heretofore used. He also showed a new Pelvimeter, in which the index-finger is made available for the purpose of measurement, the size of the pelvic brim being determined by a little contrivance fixed upon the examining hand.

The President exhibited an instrument which he had used for some time past for the purpose of dividing the cervix uteri in certain cases of dysmenorrhœa, metrorrhagia, and sterility. It resembled the scissors used for the same purpose by Dr. Marion Sims.

Mr. R. King Pierce showed a Fœtus, born at full time

and exhibiting at birth two lacerations; one extending through the integuments transversely across the abdomen, about the level of the scrobiculus cordis; a second one across the throat, exposing all the vessels and muscles of the neck. The two lacerations had all the appearance of incised wounds; but the evidence was clear that they had not been produced by any act of violence other than that of rapid delivery.

Dr. TANNER exhibited a Fœtus the subject of Hernia Cerebri and Hernia Umbilicalis. A portion of the membranes were also adherent to the cranium. He also exhibited a photograph of an Anencephalous Fœtus.

Dr. ADOLPH RASCH read a paper

ON A CASE OF ŒDEMA AFTER A FALL ON THE GRAVID UTERUS; PREMATURE LABOUR; RECOVERY.

The woman, at the end of the seventh month of her second pregnancy, fell down a steep flight of steps on her abdomen, and soon afterwards found herself swollen all over the lower half of the body. The œdema increased to such an extent that her Medical attendant considered her case hopeless. Dr. Rasch saw her eight days after the accident. She had enormous œdema of the belly from the navel downwards; the labia were distended into huge water bladders; both legs swollen; right hypogastric region painful on pressure; a good deal of albumen in the urine, but no casts; pulse quiet; tongue clean. She never had the slightest œdema before the accident. After a few days Dr. Rasch induced premature labour, and the albumen and œdema then perfectly disappeared. Dr. Rasch considered the case interesting in point of diagnosis; and held that the œdema was induced by the pressure of the uterus on the vena cava inferior, which would also account for the albuminuria. The author then specially directed the attention of the Fellows to Breslau's mode of inducing premature labour, by simply introducing and keeping in the uterus an elastic catheter.

Dr. TYLER SMITH remarked that this operation was much practised by Professor Simpson, in Edinburgh.

In reply to Dr. Graily Hewitt, Dr. RASCH remarked that a distended bladder could not have been the cause of the œdema, as there were no symptoms of retention. He also differed from Dr. Hewitt as to the possibility of coagula in the vena cava having caused the œdema, as they could not have disappeared so rapidly without symptoms of embolism. He (Dr. Rasch) could not explain the case otherwise than by pressure of the uterus on the vena cava, which was very favourably situated for that condition where it passes over the right side of the sacral promontory.

Dr. MEADOWS read the particulars of a Case of Monstrosity and made some

REMARKS ON THE INFLUENCE OF MENTAL IMPRESSIONS AS A CAUSE OF BODILY DEFORMITY.

Having first expressed his conviction in favour of the proposition that the mind can and does act in this way, he reviewed and combated the various objections urged against it; the principal one being the absence of any direct connexion between the nervous system of the mother and that of the fœtus through the umbilical cord. He, however, endeavoured to prove—or rather suggested the possibility, as it was not a matter admitting of any distinct proof—that mind, or the mental force, was not and could not be thus bound down, as it were, by the anatomical limits of the nervous structures; that it must have a power of action, if it has any action at all, throughout the entire organism, and in every part of it, whether it possessed nerves or not: in other words, that its sphere of action was only limited by the configuration of the body. Hence, it was inferred that in those tissues where the existence of nervous elements could not be demonstrated, the mental or nerve force might, as it were, pass across the intervening matter between any two parts where nerves did exist, just as electricity traversed space between any two conductors. The author then applied this reasoning to the case of the fœtus in utero, and offered an explanation of the mode by which mind thus acts upon matter by supposing a kind of correlation between mental and nerve force analogous to the correlation of other physico-vital forces; the nerve force being here the active agent in those nutritive processes upon the changes of which deformities depend.

Dr. RASCH said he had listened with great pleasure to Dr. Meadow's paper, which boldly took up what was generally left to women, but which certainly deserved scientific investigation. The belief in the influence of mental emotion on the formation of the fœtus was as old as it was general amongst women. The great difficulty was to establish facts, as the mothers always recollected something from their pregnancy *after* they found something abnormal in their children. Dr. Rasch had seen two cases which had somewhat struck him, and of which he had taken notes. Two boys from different parts of Germany were brought to him with scarcely any foreskin, looking exactly like circumcised little Jews, but without any cicatrices. Both women narrated, with great emotion, how they had seen during their pregnancies little Jews so cruelly treated that they could not forget it! They both had been present at the well-known Jewish rite. He ought to mention, however, that he had observed the same state in other little boys where no such story was volunteered, and where the mothers *did not know that this state was abnormal.* He considered this influence on the fœtus an open question, which he had made up his mind to help in solving whenever there was an opportunity of doing so.

The PRESIDENT observed that the instances most strongly bearing upon the question were those in which pregnant women stated explicitly the emotions supposed to influence the form of the fœtus in utero which they had undergone. One such case had been placed in his hands by Dr. Hassall, of Richmond. Certainly the facts of this were very remarkable, inasmuch as the event singularly confirmed the statement of the woman made before her child was born. Dr. Barnes remarked that malformations were common amongst birds as well as quadrupeds; and that in birds it must be concluded that any mental impression must be imparted in the earliest stage of development—*i.e.*, before the ovum was invested with the shell. He cited an anecdote from Captain Speke, which showed that in some tribes in Africa the belief prevailed that emotion in the *father* might produce monstrous births. The traveller had ordered his native huntsman to expose the embryo in a pregnant doe. He shrank from the task, fearing lest the kid striking his mind should metamorphose his wife's future progeny to the likeness of a fawn.

HARVEIAN SOCIETY.

THURSDAY, APRIL 20.

President, Dr. J. C. LANGMORE.

Dr. ROYSTON exhibited a

SPECIMEN OF MEDULLARY CANCER OF THE UPPER PART OF THE RIGHT FEMUR.

The patient was a widow, æt. forty-eight, who had twisted her thigh whilst walking in the Park, in July, 1862. Besides the disease in the right femur, there was a corresponding cancerous affection in the last lumbar vertebra, and in the sacrum. A small scirrhous tumour had existed in the left breast for the last five or six years. After death, both thigh bones were found to be fractured at the junction of the upper and middle thirds. The left thigh bone had been broken in moving the body after death.

Mr. SEDGWICK remarked that there had been some difference of opinion respecting the diagnosis of the disease in this case. He had seen the patient several times during life, and as there was family history of cancer, a sister having previously died of scirrhus of the breast, and as the patient herself also had a scirrhous tumour of the breast, he had come to the conclusion that she was suffering from secondary cancer in the femur.

Dr. BOYD MUSHET referred to a case of cancer which had been seen by him, in which fracture of the thigh bone had occurred during life.

Dr. MUSHET read a paper

ON THE ETIOLOGY OF PULMONARY APOPLEXY.

The author commenced by remarking that he had hitherto associated the causation of pulmonary apoplexy with an impaired condition of the valvular apparatus on the *left* side of the heart. Whilst, however, he was engaged in

arranging his autoptical records, he encountered two cases of the affection which directly militated against this view. He was fully impressed that these, from their paucity, were insufficient to support any practical or scientific position, but he thought that they fairly entitled the subject to reconsideration and more special scrutiny. In Case I.—a man of thirty-four, long the subject of bronchitis and dilatation of the pulmonary tubes—death occurred after an aggravated attack, in which urgent dyspnœa was the most prominent symptom. During its progress there was not any hæmoptysis. After death, nodular effusions of coagulated blood were detected in the lungs, and there was unusual patency of the tricuspid orifice. In Case II., a woman of seventy-five, there were symptoms chiefly referable to the stomach, with ejection of dark, coagulated blood a few days previous to the fatal issue. On examination, circumscribed hæmorrhagic effusions were presented on the pulmonary substance, and in this case also the right auriculo-ventricular orifice was dilated. In neither instance was there any trace of tubercular deposit in the lung. Dr. Mushet proceeded to comment on the assertion of Andral, that pulmonary apoplexy was first described by Laennec, and stated that Hohnbaum previously drew attention to it, and Haller also, sixty years before, in his 'Opuscula Pathologica' ('Obs. XIV., Hist. I. et II.'), which were quoted. He next alluded to the meaning attached to the term "peri-pneumonia" by the older writers, as Boerhaave, Ettmuller, Willis, Sydenham, Sauvages, and Culleir. In referring to the etiology of (so-called) apoplexy of the lung, he quoted Drs. Townsend, Laennec, Watson, Burrows, Walshe, Sieveking, and Fuller, and adverted to the omission of the disease from the recent works of Dr. Aitken and Dr. Maclachlan. He spoke of the occurrence of the attack at any age, and glanced at its connexion with tubercle and ordinary hæmoptysis. Considering the discrepancy of views in reference to the proximate origin of pulmonary apoplexy, he ventured to observe that in the cases he had adduced, the only *common* lesion was enlargement of the tricuspid orifice. Without endeavouring to establish a physiological explanation of the influence of this condition—if it exerted any—in the production of effusion of blood into the lung, he merely mentioned the pathological facts, adding that Bertin, Chomel, Bouillaud, and other French investigators ascribed the affection to hypertrophous disease of the right heart—a change which ultimately entails dilatation and tricuspid incompetency.

A debate was held

ON THE TREATMENT OF BRONCHITIS.

Dr. DRYSDALE observed that deaths from disease of the air-passages were now known to be the most frequent of all in this country. The severity of the case to be treated varied from that of coryza up to suffocation, catarrh, and chronic bronchitis with emphysema in debilitated subjects. In the treatment of sthenic bronchitis in healthy adults, he thought an emetic of ʒij. of mustard in warm water, followed by a warm bath after, did good service in relieving the feelings of oppression. Also, a Turkish bath was frequently grateful in such cases. Some Medical men, however, preferred letting such cases alone, with the exception of keeping the patient warm, as they get well if this be done. In capillary bronchitis the danger is urgent, and in such cases the best remedy appeared to him to be emetics, such as mustard or ipecacuanha, accompanied by hot fomentations over the whole front and back of the chest, and the keeping up of a temperature of 70° F. around the patient, whilst at the same time ventilation is attended to. Lives were frequently saved by emetics timely administered, such as two drachms of mustard in a tumbler of warm water, or twenty or thirty grains of ipecacuanha powder. In the suffocative catarrh of children, two mustard emetics were often of the greatest service, and he preferred mustard or ipecacuanha greatly in such cases to antimonials, which were, he thought, still much abused in the treatment of bronchitis in children, and were apt to produce much gastro-intestinal irritation. Hot linseed meal poultices to front and back of the chest alternately were useful in the catarrhs of children. In bronchitis occurring in typhoid fever, the treatment must be analeptic: milk, beef-tea, and wine should be frequently administered. In the intercurrent bronchitis of the phthisical, too, it is better to refrain from cough mixtures, and to treat the disease by analeptics, such as cod-oil. Hot fomentations were the best counter-irritants in such cases, and climate the best means of allaying the inflammation of the bronchial tubes in this disease. With regard to that large class of cases of chronic bronchitis which occur in persons either hereditarily disposed to it, or in constitutions deteriorated by alcoholism, by town life, or by other causes which tend to degeneration of the lung-tissues, the treatment must be as much as possible directed towards fortifying the constitution. Cod-liver oil, with good diet, change of climate to a warm one, such as Italy or Egypt in winter, sinapisms and hot fomentations occasionally, blisters rarely, with emetics when grave symptoms supervene; whilst between the attacks much open-air exercise should be insisted upon in order to strengthen the muscular system as much as possible. These, with the rare use of opiates as a palliative, and etherial draughts were the best treatment, in his opinion, for such cases. He had not much faith in the class of expectorant remedies. It was often necessary to prohibit tobacco-smoking and *spirit*-drinking entirely. As to *inhalation*, the instrument proposed by Dr. Sales-Giron (and so ably altered and experimented on by Dr. Morell-Mackenzie), for pulverising liquids, was, in his (Dr. Drysdale's) opinion, more useful in diseases of the larynx and trachea than in bronchitis. Oxygen and chlorine inhalations had been recommended in chronic bronchitis, and Dr. Abbotts Smith, in the 'Medical Mirror' of March, 1865, had given a good *résumé* of the question of Inhalation; but he (Dr. Drysdale) was disposed to put but little reliance on this as a remedy in bronchitis, until some further experiments proved its efficacy in that disease. He had several times seen persons with chronic emphysema and bronchitis much relieved by occasional visits to the Turkish bath. They had expressed themselves free from dyspnœa when in the warm room.

Mr. JAKINS thought that antimony should be given frequently in the chronic bronchitis of old persons, as it seemed to have a specific action on the lungs.

Dr. MORTON observed that very young and very old persons bore opium badly. He thought it a curious fact that children should so frequently die of bronchitis. Climate was of greatest value in the treatment of the disease, and the patient's apartment should be kept at an elevated temperature by the thermometer. He had not found much benefit from remedies of the expectorant class, but had found ammonia of considerable service in many cases of bronchitis.

Dr. BALLARD had found salines of great service in bronchitis, and also the acetate of potash, with antimony. He felt sure that he had recently seen an elderly lady die in consequence of not having followed out this latter treatment. His usual mixture was ℥xxx. of paregoric with antimonial wine and senega. Counter-irritation was an excellent remedy in bronchitis.

Mr. SEDGWICK insisted on the paramount importance of keeping up the temperature in the rooms of patients with bronchitis. He had found ammonia, too, of very great service in the treatment of chronic bronchitis. Creosote, in the form of pills, or combined with acetic acid, was a very useful remedy in cases of chronic bronchitis.

Dr. MUSHET remarked that, as collapse of the lung tissue was very frequent in children, we ought to be careful not to use over-active remedies in their catarrhs, but rather to support the system by stimulants in such cases. In cases of chronic bronchitis of long standing, he had been in the habit of using pills containing stramonium, morphia, and squills, with great relief of the symptoms.

The PRESIDENT remarked that he had found great relief afforded in cases of bronchitis from the inhalation of them. In acute bronchitis calomel was of great service in some cases, and large doses of ammonia, such as gr.x 2a q. horâ, were often of great service. Dr. Hughes Bennett had, he believed, recommended a solution of nitrate of silver to be allowed to flow down the trachea in cases of bronchitis.

GUIDE TO THE QUACKS OF LONDON.

By DETECTOR.

(*a*) Messrs. BRIGHT and Co., until lately advertised in the newspapers as Surgeons, of 29 George street, Hanover square, but present residence, if any, not known. (See letter appended.)

Dr. CURTIS, otherwise J. LAMERT 15 Albemarle street, Piccadilly.

Dr. WALTER DE ROOS, M.D., 25 Bedford place, Bloomsbury square.

Dr. HAMMOND, 11 Charlotte street, Bedford square.

Messrs. HARVEY and Co., Weymouth street, Portland place.

(*b*) W. HILL, Esq., M.A., Berkeley House, South crescent, Russell square.

(*c*) H. JAMES, Esq., Percy House, Bedford square.

Dr. KAHN, Kahn's Museum, 3 Tichborne street, Haymarket.

JAMES LOWE, Strand Museum.

Dr MARSTON, 47 Berners street, Oxford street.

(*d*) Messrs. PERRY and Co., Berners street, Oxford street.

Dr. RUSSELL, 28 Clarence road, Kentish town.

Dr. SMITH, *alias* SMITH and Co., 8 Burton crescent, Euston road.

H. SCOTT, formerly HAMILTON, addresses himself "to ladies," Henrietta street, Cavendish square.

Dr. THOMAS, 9 Markham square, King's road, Chelsea.

Dr. THOMSON, 21 Harrington square, Hampstead road.

(*a*) 29 George street, Hanover square, London, W.
April 21, 1865.

SIR,—The above premises being in my exclusive possession and used by me only for the purpose of carrying on my own practice, I beg to state that if at any time *hereafter* you should in any way publish or connect the name of "Messrs. BRIGHT and Co." therewith, I shall place the matter in the hands of my solicitor to take whatever proceedings he may be advised.

I am, Sir,
Yours obediently,
R. J. JORDAN.

To the Editor of the MEDICAL CIRCULAR.

*** *The name of Robert Jacob Jordan was ordered to be* ERASED *from the 'Medical Register' by order of the General Medical Council on the 26th May*, 1863; consequently R. J. Jordan is not a duly-registered Medical Practitioner.—ED. MED. CIR.

We find that, notwithstanding the above disclaimer, the advertisement of Bright and Co., as of 29 George street, Hanover square, is still to be found in some country papers. To wit—the 'Dundalk Express'

(*b*) This person acts in conjunction with the so-called Dr. Watson.

(*c*) This individual hunts for victims in co-operation with the person styling himself Dr. Hammond. See "Detector's" letters.

(*d*) Bright and Co., Harvey and Co., and Perry and Co. are carried on by one gang. See "Detector's" letters.

THE MEDICAL CIRCULAR.

WEDNESDAY, JUNE 14, 1865.

GREENWICH HOSPITAL AND THE NAVAL MEDICAL SERVICE.

It is now generally known that the venerable pile of buildings, known as Greenwich Hospital, is about to be applied to purposes somewhat different from those to which it is at present devoted. It has hitherto been a receptacle for the lodgment of the veterans who have served in Her Majesty's Navy, and the shoals of visitors who pass through or stay at Greenwich have, no doubt, on innumerable occasions, reflected upon the happiness and comfort which must be enjoyed by those who are so fortunate as to obtain such a refuge after fighting the battles of their country. But a rather closer acquaintance with the feelings and the habits of the inmates of this noble institution would very much tend to dispel the illusion which a superficial inspection might awaken. It is found, in fact, that the congregation, under one roof, of a great number of veteran sailors who are not absolutely ill, and who although well-fed and otherwise well taken care of, are deprived of all occupation or amusement, not only engenders among them a feeling of discontent, but actually leads them, in many cases, into vicious habits. It is shown practically how little the advantages of the Hospital are appreciated by those for whose benefit it is intended, from the fact that, although there is accommodation for 1,600, there are at present more than fifty vacancies. It is therefore proposed, in a measure now before Parliament, to devote the building, in future, more to the special purposes of an hospital than of a mere asylum or almshouse such it is at present; and while increasing the number of outdoor pensioners, and allowing them to share their allowance at home with their wives and children, to restrict the building to the reception of those who are actually sick, and for whom, to the number of 600, accommodation will henceforth be provided. The present number of persons actually sick averages about 300, so that while this number will be doubled, the total number of inmates will be reduced by about a thousand.

By these changes, which will probably be very acceptable to the persons chiefly concerned, a large saving in expense will be affected, and a considerable surplus be left in the hands of the Government, and the Admiralty propose to distribute this sum in the form of good-service pensions among different ranks of naval officers. We find that six post-captains, nine commanders, and thirty lieutenants are to receive pensions at the respective rates of 80*l.*, 65*l.*, and 50*l.* a year; nine masters are to have 50*l.* a year, fifteen paymasters 50*l.* a year, and nine warrant-officers 25*l.* a year each. But of the Medical Officers no mention is made at all, although by a minute of the Admiralty Board, made towards the end of last year, it was proposed to apply the savings in expense, in part to additional pensions "to the classes of officers who have hitherto been employed at Greenwich."

We are gratified to find that this glaring injustice to our Naval Medical brethren has not been allowed, in the House of Commons, to be perpetrated without earnest and indignant comment on the part of some of the members, and the thanks of the Profession are especially due to Mr. Hennessy, to Sir Fitzroy Kelly, and to Sir John Pakington, for their advocacy of Medical claims during the passage of the Bill through its readings and in committee. The omission of the Medical Officers in the Navy from beneficial participation in the proposed changes is the more

indefensible, because it appears that the Medical arrangements at Greenwich Hospital itself have been in the highest degree efficient, and have called forth the special commendations of the Royal Commissioners appointed to investigate the condition of the institution, who have, indeed, declared in their Report, that the infirmary department stood in need of no reformation.

We understand, however, that it is argued, in opposition to the claims of the Medical Officers, that some of them are already employed at Greenwich Hospital, and that, under the new arrangements, they will still be employed, and therefore they deserve no pensions. It is, therefore, necessary to explain what the Medical Staff of the Hospital actually is, and how its members are remunerated.

Now, the fact is, that Naval Surgeons are employed at Greenwich Hospital in the same way as they would be at any other Naval Hospital, and receive only their ordinary pay during the time they are actually on duty. The staff of the hospital consists of seven Medical Officers—namely, one Inspector-General, one Deputy-Inspector, one Staff-Surgeon, and four Assistant-Surgeons, the principals being appointed for five years, and the assistants only for two years. Thus, the Medical Officers of the Hospital, so far from being in an advantageous position as compared with the other officers, have hard work, and nothing but their bare pay, and only a very limited tenure of service; while the others receive their half-pay, and their pensions, and have nothing whatever to do in return.

In the discussion which took place on Thursday evening while the Bill was going through committee, it was actually amusing to observe the manner in which the members of the Government evaded the questions put in reference to the Medical Officers, and although a kind of promise appears to have been eventually given that these officers should not be excluded from the proposed boon, we are by no means sure that the promise will be carried into effect. Mr. Hennessy proposed an amendment to one of the clauses, to the effect that, after the word "officers," the words "Medical Officers" should be inserted, and he showed that the word "officers," as understood by the Government, did not include Medical Officers or Chaplains. The latter class, however, were provided for in a separate clause of the Bill, and, therefore, Medical Officers were the only class who were directly excluded from its benefits. After adducing some other arguments, Mr. Hennessy consented to withdraw his amendment, on the understanding that Medical Officers were included in the general term "officers," and the clause consequently passed; but Lord A. Paget, a supporter of the Government, observed, in a spirit of great candour, that he should be sorry if the "honourable member withdrew his amendment on the supposition that Medical Officers were intended to participate in the benefits of the scheme. Medical Officers held appointments in the Hospital at present, and of those appointments they would not be deprived, so that, as they lost nothing by the scheme, they could not hope to derive benefit from it." The fallacy of Lord A. Paget's argument we have just exposed, but his remarks form an admirable illustration of the perversion of facts and of logic which are allowed to pass current to the injury of our Profession. Subsequently, Mr. Childers, the Junior Lord of the Admiralty, said he would take care that the interpretation clause was so framed that the word "officers" should bear the usual construction, by which we presume he meant that the Medical Officers should not be excluded from participation in the proposed changes; but, as we before remarked, we place no confidence in the assurance, and we recommend our Naval Medical friends to be still on the alert, and narrowly to watch the Bill during the stages through which it has still to pass before it becomes the law of the land.

SUMMARY OF THE WEEK.

THE FORTHCOMING ELECTION AT THE COLLEGE OF SURGEONS.

The annual meeting of the Fellows of the College of Surgeons is now approaching, and according to custom, there will be three vacancies to be filled up in the Council, in consequence of the retirement of that number of the present councillors. The vacancies are caused by the resignation of Mr. James Moncrieff Arnott, who, as we have stated, is about to relinquish practice altogether, in consequence of a late accession of fortune and to retire to Scotland, and by the retirement, in rotation, of Mr. Richard Quain and Mr. Alexander Shaw. We ought to state that the two latter will present themselves for re-election, and Mr. Quain has addressed a letter to the 'Lancet' intimating his desire to remain in office in order to carry out several reforms which he claims the merit of supporting, if not of originating. Whether the Fellows, however, will deviate from the rule they have adopted on several recent annual elections, and reinstate either or both of the members retiring by rotation, remains to be seen. Under any circumstances there is one clear vacancy, namely, that caused by the resignation of Mr. Arnott, and it is somewhat extraordinary that up to a very recent period, only two candidates in addition to the two retiring councillors had sent in their papers, namely, Mr. Turner, of Manchester, and Mr. Erasmus Wilson, of London, the well-known anatomist and dermatologist. Since that time, however, Mr. Charles Hawkins has openly offered himself as a candidate, and has many supporters, although he is unconnected with the staff of any Hospital. On the other hand, many distinguished surgeons, as Mr. Paget, Mr. Prescott Hewett, Mr. Erichsen, and Mr. Simon, although they are all hospital surgeons, all eligible, and all qualified by seniority to look forward to an early admission into the Council, are understood to have declined to offer themselves as candidates. As we are writing, however, on the very day when the final determination of any intending candidates may be announced, we by no means pledge ourselves to the accuracy of the foregoing statement. What is quite certain is the unaccountable apathy which could leave so important a matter as the election to the Council, a subject of hesitation until almost the last moment. Some might from such grounds infer the convenience of recurring to the principle of seniority, other things being equal, and others might argue for the formation of a house-list; but on the whole, perhaps, it is better to let things take their course, under the firm conviction that all the candidates at present named are pretty equally eligible and would all form useful members of the Council. There seems to be a pretty general impression that Mr. Turner, of Manchester, will

this year be elected, and if the votes were taken by proxy, there would be no doubt of the result, as the country Fellows outnumber the metropolitan, and they have some reason to complain of being hitherto unrepresented in the College. But as the election is still carried on by the personal votes of those who are present, it is a matter of speculation whether the country Fellows will muster in sufficient numbers to carry Mr. Turner's election. The great chance which he has at present is the absence of any one London candidate of such commanding personal influence as to secure an absolute majority, and the splitting of the votes will be favourable to Mr. Turner, who is generally and very justly respected in the provinces.

THE CHEMISTS AND DRUGGISTS AND THE MEDICAL PROFESSION.

As we anticipated last week, all parties are dissatisfied with the present position of the Chemists' and Druggists' Bill, as amended in the Select Committee of the House of Commons, and it would be just as well to abandon the measure altogether, as it is not likely to be of any practical utility to anyone. The alterations lately made indicate indeed an utter ignorance of the whole subject on the part of the members of the House, and prove how useless it is to expect, from the constitution of that assembly, any beneficial legislation on professional matters. But the discussions in the House, and the articles which have emanated from the press, together with the ventilation of the question by deputations and meetings of the Profession, prove how unsatisfactory are the present relations between the Medical Profession and the Chemists and Druggists. The latter demand to be admitted to registration, and to the enjoyment of certain legal rights; but they do not altogether conceal their design of usurping, under their altered status, a part of the domain which now legally belongs to the Medical Profession, and on which the chemists and druggists have long encroached, although without the sanction of the law. Now, although we by no means advocate the sale of medicines on the part of the Medical Profession, yet it cannot be denied that pharmacy forms an integral part of a Medical man's education, and that many of our Profession are legally entitled to practice it by several of the Medical corporations, as, for instance, by the Society of Apothecaries of London, by the College of Surgeons of Edinburgh, by the Faculty of Physicians and Surgeons of Glasgow, and by the Apothecaries' Hall of Dublin. It may be very well, also, for some Medical writers who are little acquainted with the actual condition of the Profession, and with the wants of the public, to argue that our brethren should all be physicians and "pure" surgeons, that they should all live in private houses, accessible by a knocker and a bell, that they should all write prescriptions and charge fees, and leave the dispensing of medicines to the chemists and druggists. When they are able to do this, either by virtue of their private means or their professional connexions, it is well and good; but we are only appealing to common sense and common experience when we assert that, in very many districts of our country, and in many quarters of our metropolis, not only is a professional man wholly unable to maintain such a position, but the surrounding public are utterly unable to remunerate him, and to pay the druggist in addition. Our views may appear paradoxical to some of our contemporaries, but we honestly confess that when we pass some of our crowded thoroughfares in the poorer districts of the metropolis, and see some open surgery kept, it may be, by an educated and qualified member of our Profession, we regard such a person as a blessing to the neighbourhood; while, on the contrary, we look upon his rival, the chemist and druggest, in the same locality, as a delusion and a sham. The one has passed a laborious period of study in making himself acquainted with the theory and practice of his art, and for a very moderate remuneration he helps his poor neighbours in their sickness: the other, the druggist, has had no education or study at all, but has bought or rented a shop, the red and blue bottles in which are, to the ignorant, the sufficient evidence of his skill. The one has a right to practice pharmacy as well as medicine and surgery; the other practices all three without any defined right whatever; and if this freedom to practise were exercised for the benefit of the community, we should have no cause to complain; but the very reverse we believe to be the truth. Counter-practice on the part of chemists and druggists is quite unnecessary, if not illegal; the practice of pharmacy on the part of many members of our Profession is perfectly legal, and often absolutely necessary. It is quite time that the public should know the truth in this matter.

MEDICAL GOSSIP. By VIGILANS.

No. XXIV.

PROFESSOR FERGUSSON'S LECTURES AT THE COLLEGE—PROFESSOR OWEN'S ADDRESS AT ST. MARY'S—CRITICISMS ON "CYCLOPS'" LAST LETTER, BY "A SURGEON WHO SEES WITH BOTH EYES."

Bravo, Fergusson, you are a man after my own heart. It is pleasant to find a distinguished professor, like yourself, enunciating sentiments which from student-life upwards I have myself entertained, and which in the course of these, my letters, have been freely avowed; for I am strongly of opinion that in the practice of our Profession, as generally followed, we have twenty fallacies to one indisputable fact. In these broiling days it is too much to expect of a lover of fresh air to relinquish his drive in the park for the oppressive atmosphere of the College lecture-room, and in the hottest hour of the day too, otherwise it would have delighted me to have joined in the applause which doubtless greeted your excellent discourse. Moreover, as it had been advertised that we should get it in the 'Lancet,' revised by you, expressly for that Journal, I preferred to profit by it at my leisure, "in my own house at hame."

As a well-wisher to my Profession, I shall venture to quote some passages for the advantage of the readers of the MEDICAL CIRCULAR, which, if read by every member of the Profession also, will do an incalculable amount of good.

"To struggle with nature successfully implies well-nigh the highest scope of surgical power, but it is equally creditable to aid her; and whilst we all aim at doing so to the best of our knowledge, and as we have been taught by rule, my experience leads me to say that we often err greatly. I mean it as no disparagement to young practitioners when I say that possibly they are most to blame in this respect. I attribute this, however, chiefly to their education. In lectures and professional books the same thing is told over and over again, generation after generation. Many lecturers and authors deem it a sort of heresy if they omit stating what their predecessors have said or done, particularly if a good sounding name can be introduced. Much has been said in error and enthusiasm by those who have gone before us; just as much is said and done in the present day under similar influences. It is human nature that such should be. Yet it is unfortunate that those in foremost places should think so little for themselves, and be content with retailing at second-hand that which a little reflection, founded on experience, would speedily show to be faulty. Statements which have got into books—into print—imply a great deal in the estimation of some; and these, though perhaps founded in error and hurry, have been transferred from one to another until lecturers and authors have considered them so stereotyped that they have become afraid to omit them lest they should be charged with ignorance. Bold thinkers are largely required in our Profession, even though in their work, whilst clearing chaos and upsetting palpable errors, they may themselves produce some mystification. One original thought or fact is worth a thousand stereotyped fallacies.

"Here I shall venture on delicate ground, and call attention to the present therapeutic character and use of mercury. Have diseases so changed that this powerful drug and poison is no longer required? Granting some such

hanges, is it not the impression of the middle-aged and ıe rising that the virtues of this medicine have been reatly overrated, and that in a large proportion of cases ıs use can be entirely dispensed with? Has there not een some error, some fallacy here, which thoughtful men ı modern times have well-nigh set aside? Let me give a ırgical illustration, which I shall draw from my own exerience, and for which I shall take the responsibility.

"I believe I am right in stating that the opinion is alıost universal that children are peculiarly liable to conılsions after operations. In one of my lectures last year ı this theatre I referred to considerable personal experince with such subjects, and in departments in surgery esides those spoken of I feel entitled to say that I have erformed probably as many operations as most of my conemporaries, yet throughout my life I have not seen a ingle instance of convulsions produced by operations. 'here is scarcely a surgical book in which the subject is ot referred to, and the high authority of Sir Astley Cooper s often quoted in corroboration. Now, I do not doubt hat Sir Astley may have seen such a result; but I have no esitation in stating that the occurrence is so rare that, nstead of forming the ideal rule, it should be held as the xception. One, or several examples of this kind occurring n a life-long experience should have no more influence on he general question than if we endeavoured to demonstrate hat because every now and then men are found dead in ed in the morning, the death of all must be the same.

"The loss of confidence in much-vaunted remedies seems, n some respects, like a loss, or diminution, in our applinces—an abstraction from our powers, as it were. But, in ny opinion, the correct view to take here is, that we are acquiring a knowledge of our own ignorance—that we are eginning to see that we have placed our faith erroneously. n short, that we have been taking honour to ourselves from hat which has been justly due to Nature. We begin to see he difference between blind empiricism and natural proesses.

"An astringent lotion—say a solution in water of sulphate f zinc, two or three grains to the ounce—is by most of us leemed well-nigh specific; and so it in a manner seems to e when a sore is rapidly approaching the last stage of ıealing. The same may be said of various solutions and intments. Yet dare one of us affirm that had water only, r dry lint only, been applied, or had nothing been used, he sore would have been an hour later in healing? Yet so trong is faith in these applications that the practitioner just merged from the schools is apt to take what he thinks will e the most rapid course, and so astringents are resorted to ıt once, and thus a raw surface is so teased and irritated hat Nature takes twice the time to do her work of repair. ı sore which, if let alone, or covered by some simple only, ould have healed in a few days or weeks, may be so fretted s to endure for months. It must have frequently fallen to he lot of seniors to be consulted by patients and practiioners about sores which seem to have baffled all skill and very sort of application, and when the advice has been iven to apply simple water—a bit of wetted lint—to o, as it were, nothing at all—the sore has rapidly healed. know of no stronger test of confidence in my own humble kill which I ever incur with those who consult me than hen, visit after visit, with reference to slow-healing sores, say, "Go on with wet lint if you please!" Yet I fancy it s the right course both for the patient and surgery. Occaionally some, under the impression that nothing is being lone, will cling to the mysterious-looking black or yellow otion—to the so-called specific alterative; even a month of low poisoning with mercury may be preferred to the *laissez aire* system; but the generality of patients are satisfied ith a reasonable enplanation."

I regret that further illustrations were not given of rrors which prevail in the Profession. Now is the moment o pursue the subject, for all are beginning at last to be live to the fact, and to think for themselves. But, nhappily, there will be always one barrier to the eradication or cessation of certain modes of practice hallowed by ime, and sanctioned by great names, though founded in rror—namely, *fees*. It must be admitted that our Profession is too poor to permit of oblivion of this ignoble influence. I could give many illustrations on this point, which, in this vulgar point of view, makes it a question to the practitioner whether he shall continue to treat his patient *aux regles*, and pocket twenty guineas, or whether he shall make short work of it, as he might do, and take a fee of one, or at most five. An instance of this kind recently occurred within my own knowledge. A country practitioner brought his young patient to town to obtain the sanction of a consulting surgeon, to the continuance of his most inane treatment, *still taught in the schools*, for two or three months longer, that length of time having been already fruitlessly expended on the case. In consultation the surgeon said "he could remove the malady in a minute." "No doubt," was the reply, but he saw that was not the object of the consultation. In considering the obstacles which stand in the way of medicine, reaching the status of a science, Professor Owen, in his address at the Medical distribution of prizes at St. Mary's Hospital, adduces "fees" as one of the greatest impediments, he says:—

"Taking poor human nature as it is, I suppose that, if the palæontologist were to receive his honorarium for every fossil he gave an opinion on, the number of mistaken determinations would be enormously increased. Were the chemist to make his analysis with a view to the fee, he would be diverted and led far astray from the tract of discovery. If the zoologist might claim and receive pecuniary reward for every new insect, shell, or worm he might characterize, the number of "nominal species" would be vastly on the increase. Nature will not be bribed to reveal her secrets; hardly will she, and rarely, reveal them under the torture of vivisectional experiment. She demands the full and entire devotion of her suitor, in long years of subservient observance: and only to such single-minded worshippers of truth will she whisper a particle of it.

"The physician who in our day has, perhaps, done most towards rendering medicine a science, is Rokitansky, through the very great proportion of his time devoted to the study of eleemosynary cases.

"The same condition of advancement exists in the relations between the patients in hospitals and the Medical officers. But for the entire range of maladies, in the various classes of society, one is disposed, in reference to the advance of medical science, to indulge in the Utopian desire of the devotion of some one adequately gifted in mental power and material wealth to the study of disease, exclusively with a scientific aim; able to select his cases; not necessarily diverted from a given and promising line of observation by the calls of remunerative practice.

"Thus, in the same malady affecting different individuals under similar conditions of age, sex, temperament, or constitution, the effects might be compared, of the customary or accepted remedies in one case, of the remedies of an opposite kind—conditions of practice which in some instances now divide the medical mind—*and of the withholding all medicines.*

"Just as the chemist, in quest of discovery alone, perseveres in the pursuance of the analyses of a particular class of compounds, his faculty of insight being sharpened in relation to them by exclusive study and progressive familiarity with their specialties."

Another impediment to the progress of Medicine and Surgery, as Sciences is to be found in the "examinations" for diplomas, which differ widely.

"In the work and qualifications of the examiners, in the views and motives of aspirants to the office, in the main end and aim of the test itself. In regard to the latter, the difference is such that it may be expressed by saying that some examinations are conducted to find out how much, and others how little, a man knows. In the first category, those examined are ranked in the order of their acquirements; in the second, all alike receive a diploma, signifying qualification. And, as the weakest link in a chain gives the strength of the whole, so the scantiest measure of knowledge that enables the candidate to pass, becomes that

of the amount sought for by the examiners, and at the same time a test of their own qualifications for the office, and of the responsibility and trouble which they undertake in its performance."

The learned Professor then goes on to show that the "examinations," as conducted in our Profession at present, specially noting that of the Royal College of Surgeons, are little calculated to advance surgery as a science, whilst at Oxford and Cambridge they are all that can be desired.

"The machinery is effective without being cumbrous. There is no inducement to make it so. Four is the usual number of examiners. The administrative authorities of the university, responsible for the well-working of the examination, impressed, also, by its supreme importance, have no other notion than to make it work well. They do not propose to themselves any personal advantage, in purse or dignity, by taking part in the work. They simply elect the best men for it. These, likewise, are moved by considerations far higher than the emoluments of the office; and, indeed, there are none. Such fee as may be offered and received simply nullifies the sense of obligation on the part of the authorities for the time and labour devoted by the examiners to the duties confided to them.

"The annual lists of the results of the B.A. examinations at Oxford and Cambridge exemplify the operation of this system of examination in discovering the relative amounts of knowledge in the candidates. The teachers of the required subjects are stimulated thereby to impart the newest discoveries, and to set intelligibly before their pupils the latest phase of their respective sciences. 'Examinations' of this nature are helps, not hindrances, to science."

To raise medicine to the dignity of a science, anatomy, physiology, pathology, chemistry, and every subject bearing upon the problem of life must be sedulously cultivated and mastered, and it can only be successfully done by a body of men whose bread is provided for them—men of the Farraday and Owen type. There should be a national institute, the Professors of which should be most liberally remunerated, and whose only object in life should be to build up medicine and surgery to the rank of true science. John Hunter, in the midst of his subtle researches, took out his watch, and exclaimed to his friend Lynn, "I must run away and get that d——d guinea, or I shall have no dinner to-morrow."

VIGILANS.

To VIGILANS.

SIR,—I have been highly entertained by the racy and amusing physiological observations of your correspondent who signs himself "Cyclops." Amongst many truths told with great felicity and clearness, there are some observations in his communication of the 24th ult. that I should like to make a few comments on. I allude to that part of his paper relating to punctured wounds, and the treatment of suppurating glands. He says:—"The popular treatment, both Medical and laical, consists in hot poulticing and fomentations." He says this treatment is in flat contradiction to all well-ascertained facts—namely, where there is excess of caloric to refrigerate. He asks, "Why is this violated?" and answers, "Because it is empirical; make it philosophical by reason and it will never lose its force and cogency.

With all "Cyclops'" ingenuity, he will not be able to alter the practice of either the laity or the Profession in this particular, which, notwithstanding his reasoning, is founded on long-established facts. Let us take a horse for an illustration. After a horse has been ridden over fences, he is often stumpted; his feet and pasterns are often wounded by the sharp ends of large bushes or thorns left by the woodmen when cutting them down. After such an accident, the horse, on arriving at his stable, has his shoe removed, and the leg put into a pail of hot water; suppuration occurs, and bad effects seldom follow. Let the contrary treatment be pursued: deep-seated inflammation arises, adhesions between parts that ought freely to play one on another, and contractions arise; the horse is rendered unfit for fast work, and reduced in value from perhaps 100*l.* to 20*l.* Let us take lacerated wounds for example. It was, and is now, a common practice for many having the case of union by the first intention, to close these wounds with common sticking-plaster, made sticky by resin, and after to apply cold lotions. The pain that ensues from such treatment is of the most severe character; the circulation of the blood through the smaller vessels in the edges of the wounds is often obliterated, and large destruction of the injured soft parts ensues; but let the contrary treatment be pursued, let lint moistened with warm water be applied to the wounds and covered over with oiled silk, or a dressing of common cerate to assist in suppuration be applied, and the position such that the matter have a free exit, and the difference of the effects in the two methods of treatment is at once so apparent, that no unprejudiced observer could doubt which was the right treatment to be pursued for the future, and his electrical, philosophical, and calorical theories would quickly succumb to the stern logic of facts.

"Cyclops" also attributes scars to meddlesome surgery in scrofulous glands, to the premature opening of them by the surgeon; the scars, or, as he calls them, lipped wounds, do not in the least depend on their being opened, but on the time, and if opened at all, they should be opened *very early*, and for the reason I will presently advance. A scrofulous gland when it begins to suppurate, contains a substance like soft cheese, afterwards a thin ichor, and this cheesy substance like curds and whey. It has considerably softened down long before it adheres to the integument, and before the integument becomes inflamed or spoiled. The method to prevent scars is, then, to make a longitudinal incision before the integuments are spoiled, with a cataract knife, and press out all the softened gland; the sound flesh will then heal up, and nothing be left but a white mark similar to the one left after careful bleeding. If the gland be left to pursue its suppurating course, and, still worse, if poultices or iodine ointment be applied, the gland adheres to the integument, which becomes absorbed and destroyed; and, after healing, the wound becomes puckered, arising from the loss of substance, and hence the scar, which is no larger whether opened or not. Let us take for illustration a sail of a ship: If a hole is *worn* in the sail, it is repaired by a sail-maker filling up with a new piece, and thus the sail is made still to fit the yards; but if it were *rent* by the wind he would simply stitch it, and no loss of substance would occur; but if stitched when worn away it would be puckered and not fit the yards; and as Nature does not reproduce skin destroyed by suppuration or absorption, and art is unable, puckering or scars must be the result. I will not follow him as regards the suppuration of glands after or during scarlet fever; the progress of these is so rapid, and the disease so often fatal, that no time exists for any proceeding except that necessary to save life.

"Cyclops'" use of the word empirical is misapplied; the two ablest practitioners of our country, Heberden and Abercromby, thought differently. The latter says you must know anything is a fact or not, and next if it be universal; and the former, I will quote what he says of empirical, and I do so because his commentaries on the practice of physic are not read so much as they ought to be. His remarks on empirical are as follows:—

"It has been an old dispute among physicians whether the empirical or rational method of curing diseases was to be preferred. If by the empirical method be meant that which is founded on facts recorded by others, or observed by ourselves, it must be allowed that by this means only has the practice of physic been established. Fact and repeated experiments have alone informed us that jalap will purge and ipecacuanha vomit, that the poppy occasions sleep, that bark will cure an ague, and that quicksilver will salivate. If we examine the whole Materia Medica, and the whole practice of physic, we shall not find one efficacious simple, nor one established method of cure which was discovered or ascertained by any other means.

Experience may, in politics and morality, be called the teacher of fools; but in the study of Nature there is no other guide to true knowledge. Accordingly, the practice of physic has been more improved by the casual experi-

ments of illiterate nations, and the rash ones of vagabond quacks, than by the reasonings of all the once celebrated professors of it and theoretical teachers in the several schools of Europe: very few of whom have furnished us with one new medicine, or have taught us better to use our old ones, or who have in any one instance at all improved the art of curing diseases. Hence, though they have been applauded during the lives of their disciples, yet disinterested and impartial posterity has suffered each succeeding master of this sort to be gathered to his once equally famous predecessors, and to be like them, in his turn, utterly forgotten.

In conclusion, I must confess myself sceptical to alleged discoveries in physiology. Since the discovery of the circulation of the blood, I must doubt if any real important discovery has been made. Yours, &c,

A SURGEON WHO SEES WITH BOTH EYES.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letters.]

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL RELIEF.

To the Editor of the Medical Circular.

SIR,—If you can find space for the following letter I shall feel obliged, as it may be of interest to the Poor-law Medical officers. I am pleased to hear that the Workhouse Visiting Society has been so far successful in their deputation to the Poor-law Board as to have induced the President to appoint a Medical Inspector. I sincerely trust Dr. Edward Smith's appointment may be of a permanent character, and that the Medical Department of the Poor-law Board may yet be presided over by a Medical man; for, until that be the case, it will be in vain to expect a perfect system of Poor-law Medical relief.

I am, &c. RICHARD GRIFFIN.

12 Royal Terrace, Weymouth, June 3, 1865.

"12 Royal Terrace, Weymouth, June 3, 1865.

"MY LORDS AND GENTLEMEN.—On Tuesday last, in consequence, I believe, of the printed letter sent by me to each of the Guardians of this Union, the subject of your circular letter, respecting cod-liver oil, quinine, and other expensive medicines, was again brought under the consideration of the Board. Mr. Gulson, your Inspector, was present, and informed the Board that the resolution of the Select Committee of the House of Commons on this question was only carried by a majority of one, and that the President of your Honourable Board voted against it; but as there was a majority in favour of it, your Honourable Board was bound to issue the circular letter. After this statement, no surprise need be evinced that the Guardians decided on leaving things as they are. My Lords and Gentlemen, I deeply regret that Mr. Gulson should have made this statement, as it will convey the impression to the public that your circular letter was never intended to be carried out, and thus bring into disrepute your Honourable Board. Mr. Gulson made inquiry as to whether I was permanently appointed, and on being answered in the affirmative, said if I had not been the Guardians could have given me notice to determine my appointment; he also said I had given your Honourable Board a great deal of trouble. I need not tell your Honourable Board that a statement of this kind must convey the impression that the Guardians have only to look out for a charge against me, and your Honourable Board will not be slow in acting upon it. This may be a mistaken idea on my part, but I can assure you that a Medical friend said to me 'under the circumstances I should say you had better resign.'

"My Lords and Gentlemen, I fully admit I have given your Honourable Board a vast amount of trouble, but I beg you will recollect, as my excuse, that I am advocating the cause of the million and a quarter of sick poor annually under treatment, and also that of the 3,100 Medical officers to whom you pay a stipend so small that it averages not more than 3s. per patient; pray bear in mind that the Select Committee on Poor Relief have, by their resolution, recommended 'that cod-liver oil, quinine, and other expensive medicines shall be supplied by the Guardians' thereby confirming the impression that the poor have not those medicines at present in such quantities as may be requisite. Mr. Alderman Sydney, on May 22, stated in the House of Commons 'that although the State payed one half the salaries of the Medical officers, those salaries were so small that the Medical officers, being required to provide their own drugs where stimulating prescriptions were required the people only got counterfeit prescriptions.' ('Times,' May 23.) Surely, my Lords and Gentlemen, after this statement, made, as it was, by a member of the late Select Committee on Poor Relief, and in the House of Common too, you will not allow your circular letter to become a dead letter. For the sake of the poor, I earnestly entreat you to insist upon your recommendation being at once complied with, and, in part at least, carry out the wish expressed by Alderman Sydney, 'that another Parliament would not bring its labours to a close without reducing our Poor-law legislation into a useful and well-digested code.'

"In your circular letter you 'request the Guardians, however, to be good enough to consider whether an alteration in those arrangements, as regards the supply of medicines referred to, cannot be effected whenever new appointment of a Medical officer is made, or with the consent of the present Medical officers during the continuance of their existing contracts.' What are our contracts? Sec. xlvi. of the 4th and 5th Will. IV. directs Guardians to appoint paid officers, and it empowers commissioners to determine the continuance in office, which you had done by an order; it also declares 'that when the said commissioners may see occasion, to regulate the amount of salaries payable to such officers respectively, and the time and mode of payment thereof.' From this quotation it appears to me that, although a majority of your officers are permanently appointed by order, still you have the power at any time 'to regulate' the amount of our salaries. That need not, therefore, prevent your directing the Guardians to carry out the instructions conveyed in your circular letter; but, my Lords and Gentlemen, allow me to observe that you cannot in fairness call upon your present Medical officers, out of their scanty salaries, to contribute towards the supply of that which the Select Committee believe is not now found to any great extent. If it be desirable that the poor should be furnished on a more liberal scale than at present with cod-liver oil, &c., and I unhesitatingly say they ought to be, then call upon the Guardians to consider the supply of these articles as extras and independent of the salaries of the present Medical officers, and thus at once remove the stain cast upon the Medical relief of the poor, both by the resolution of the Select Committee and the speech of Mr. Alderman Sydney.

"I have the honour to be,

"My Lords and Gentlemen,

"Your obedient servant,

"The Poor-law Board." "RICHARD GRIFFIN.

To the Editor of the Medical Circular.

SIR,—I am sorry so frequently to trouble you, but events have transpired, so unexpectedly, during the last few weeks that it has been unavoidable, and I must again crave your permission for space to inform all the Poor-law Medical officers that a Poor-law Continuance Bill has been introduced into the House of Commons, and, as I considered, it would be a good opportunity to make a final attempt, this Session, to amend the Medical relief of the Poor, I have forwarded a pamphlet on the subject to each member of the House of Commons, urging him to insist on clauses being introduced into the Bill now before the House. I would have sent a copy of the pamphlet to each Poor-law Medical officer, but, as I am already in debt about 20*l.*, I do not feel justified in incurring further expense, but I have directed the printer to keep the type standing for a few days to enable any gentleman to have a copy on forwarding six postage stamps to Mr. Sherren, printer, Weymouth, or to myself.

I sincerely trust that success will attend our efforts, and that the present Parliament will yet do us and the poor that justice for which we have so long toiled.

I trust that every Medical man in the kingdom, but especially the Poor-law Medical officers, will, *without delay*, urge upon his member the necessity of Poor-law Medical Reform.

I am, &c.,

12 Royal Terrace, Weymouth, June 10, 1865. RICHARD GRIFFIN.

TREATMENT OF OVARIAN TUMOURS.

To the Editor of the Medical Circular.

SIR,—In the interesting discussion on an Ovarian Tumour, exhibited by Mr. Holmes at the meeting of the Pathological Society of May 3rd, reported in your Journal of this week, there are one or two remarks requiring correction: First, Mr. Henry Lee stated that it was the first time this plan—*i.e.*, securing the pedicle by twisted silver wire, and returning it into the abdomen—had been adopted in this country. In answer to this, allow me to state that in the 'Lancet' of December 20, 1862, p. 676, a case (No. 6) is reported in which I had pursued this plan on June 19th of that year.

Besides this, the case related by Mr. Nunn, in which the Fallopian tube was split down three or four inches, and the rent closed by silver wire, occurred in my practice, November 1, 1860, Mr. Nunn assisting me. It is published in the Obstetrical Transactions, vol. iv., p. 75., as Case 6; also in my work on 'Ovarian Dropsy,' p. 231, and p. 276, as Case 25.

Further, I have closed a wound in the uterus made during ovariotomy, November 21, 1861, by six silver sutures, the patient recovering and menstruating regularly afterwards. 'Obstetrical Transactions,' vol. iv., p. 81, as Case 16, and in *op. cit.*, p. 244 and p. 280, as Case 35.

On numerous occasions I have secured adhesions, especially to the omentum, by silver wire, cutting off the ends.

On September 9th, 1862, I secured a mesentric artery, which was bleeding freely during operation, by silver wire, the patient recovering.

Since the introduction of Mr. Charles Clay's adhesion clamp, I have divided all adhesion and arrested all hæmorrhage by actual cautery, and now divide the pedicle by the same method. The success attending this practice will, I believe, cause it to supersede all other methods of securing the pedicle in ovariotomy.

One other point in explanation: Dr. Graily Hewitt said that Dr. Tyler Smith was the first to cut the pedicle off short, and return it at once into the abdominal cavity. If Dr. Hewitt had said *the first in this country* he would have been right, but the same plan had been previously followed by Dr. Rogers, of New York, in 1829, Dr. Bellinger, Boston, U.S., in 1835, and by Dr. Siebold, of Darmstadt, in 1846.

I am, &c., I. BAKER BROWN.

17 Connaught square, Hyde park, W.
June 7, 1865.

PARISIAN MEDICAL NEWS.

TREATMENT OF STRANGULATED HERNIA.

Protracted warm baths are one of the most valuable resources in our possession for the treatment of recently strangulated hernia, especially in inguinal ruptures; but full baths cannot readily be procured in many rural districts. To remedy this deficiency, Mr. Bellingham Peebles proposes as a substitute for the usual bath a common wash-tub.

This inexpensive receptacle is moreover possessed of peculiar advantages with regard to reduction. They are adverted to as follows in the 'Dublin Medical Press:'

The tub should, if the weather is cold, be placed near a fire, and the patient must sit in it with his legs bent and his knees close to his chin. In this attitude the muscles are placed in a state of extreme relaxation, and as the heat of the water and the action of the steam rapidly weaken the subject, a condition approaching to syncope may be thus induced in about half an hour. Spontaneous reduction may then take place, or very slight methodical pressure will succeed in restoring the intestine to the abdominal cavity. Much the same result is attained, especially in strangulated inguinal hernia, as with chloroform, tartar-emetic, venesection, and tobacco-enemas. Mr. Bellingham Peebles further remarks that in many instances the forcible flexion of the thigh exercises on the tumour a degree of pressure which promotes reduction. The plan here advocated is most simple, and is free from any of the disadvantages of forcible taxis; it combines various circumstances calculated to relieve the strangulation, and will, without doubt, prove, in many instances, extremely useful.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

GREENWICH HOSPITAL BILL.

Mr. Hennessy said that he had an amendment to propose. A clause provided that pensions should be granted to "officers," but from a report signed by the junior lord of the Admiralty, which had been presented to the House, it appeared that according to the interpretation placed upon it by the government, the term "officers" did not include Medical officers or chaplains. Chaplains were dealt with by a subsequent clause, and therefore Medical officers were the only class of officers who were excluded from the benefits of this bill. This was the more unjust, because the commissioners who inquired into the state of Greenwich Hospital reported, that the only part of the establishment which required no reform was that which was under the control of the Medical staff. The hon. member concluded by moving as an amendment that in clause 5, line 12, after the word "officers" the words "Medical officers" be inserted.

Mr. Childers could not consent to the proposed amendment, as, in the first place, the words proposed to be inserted were superfluous, the word "officers" including Medical officers; and, in the second place, because the Medical officers not being deprived of any advantage by the scheme, were not entitled to any benefit from it.

Sir J. Pakington thought that engineers as well as Medical officers were entitled to participate in the benefits of the scheme. The Bill was most indistinctly worded, and the paper which had been laid before the House for the purpose of explaining the Bill omitted the two classes of officers from the list of those who were to share in the benefits of the charity.

Mr. Moore inquired whether the Medical officers were to be excluded from sharing in the advantages of the Hospital.

Mr. Childers said they were to be included in the general word "officers." There would be two occasions annually when the matter could be discussed. In the first place, when the Orders of Council in reference to the Hospital were laid upon the table, and, secondly, when the vote in aid of the Hospital was proposed.

Mr. C. Berkeley remarked that the marine officers were not included in the list of those entitled to participate in the benefits of the Hospital.

Sir F. Kelly said the marine officers were expressly included in that list, while the Medical officers were as expressly excluded from it. Notwithstanding the assurance the hon. gentleman had given them that Medical officers were included in the general word "officers," some hon. gentlemen had doubts on the subject which might easily be removed by the two or three words necessary being inserted in the interpretation clause.

Mr. Childers would take care that the wishes of the hon. and learned member should receive attention.

Mr. Hennessy wished to know exactly in what position the Medical officers were to stand, as the only paper purporting to give a list of those who were to share in the advantages of the Hospital expressly excluded Medical officers.

Sir J. Hay thought the matter would be much complicated by interpolating the words "Medical officers," those officers being included in the general term "officers."

Mr. Hennessy said after the assurance of the junior lord of the Admiralty that the Medical officers were included in the word "officers," he would withdraw his amendment.

The amendment was then withdrawn.

Lord A. Paget would be sorry if the hon. member withdrew his amendment, on the supposition that Medical officers were intended to participate in the benefits of the scheme. Medieal officers held appointments in the Hospital at present, and those appointments they would not be deprived of, so that, as they lost nothing by the scheme, they could not fairly hope to derive benefit from it.

In reply to Mr. Hassard,

Mr. Childers said the clause did not affect individuals, but simply operated to give pensions to certain classes. He should take care that the interpretation clause was so framed that the word "officers" should bear the usual construction.

After some further conversation the clause was agreed to.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having undergone the necessary examinations for the Fellowship on the 30th and 31st ult., and 1st inst., were reported to have done so to the satisfaction of the Court of Examiners, and at a meeting of the Council on the 8th inst. were admitted Fellows of the College:—John Wickham Barnes, Rutland Park, Sydenham—diploma of Membership dated Feb. 18, 1853; Clement Smith Barter, L.M., Paragon, Bath—diploma of Membership dated April 18, 1859; Alfred Boyer Barton, F.R.G.S., The Green, Hampton Court—diploma of Membership dated Dec. 17, 1847; Edmund Holland, M.B. Lond., Emsworth—diploma of Membership dated April 19, 1860; John Harward Hooper, C.M. and M.B. Lond., Tenby—diploma of Membership dated April 17, 1861; John Langton, Bloomsbury square—diploma of Membership dated April 10, 1861; David Henry Monckton, M.D. Lond., Rugeley—diploma of Membership dated Dec. 18, 1849; William Powell, M.B. Lond., Tower Hamlets Dispensary—diploma of Membership dated April 11, 1861; Thomas Starkey Smith, M.B. Lond., Warrington—diploma of Membership dated April 17, 1861; William Domett Stone, M.D. St. Andrews and L.M., Lincolns inn fields—diploma of Membership dated April 10, 1861; John William Teale, M.A. Oxon., Leeds—diploma of Membership dated May 9 1862; Thos. James Vallance, M.D. St. Andrews, Stratford, Essex—diploma of Membership dated June 3, 1851; John Sebastian Wilkinson, Davies street—diploma of Membership dated May 8, 1857.

FELLOWS BY ELECTION.—The following members of the Royal College of Surgeons having been elected Fellows at previous meetings of the Council, were admitted as such on the 8th inst.:—Thomas Mills Beaumont, Knaresborough—diploma of Membership dated April 11, 1834; Edward, Berney, Croydon—diploma of Membership dated May 3, 1841; Joseph Rickerby Donald, Holloway—diploma of Membership dated Nov. 1, 1839; Samuel Day Fereday, Dudley—diploma of Membership dated Nov. 11, 1826.

JUSTIFIABLE HOMICIDE.—Mr. R. Debenham, Surgeon, of Heath street, Commercial road, has been charged at the Thames Police-office, on his own confession, with having caused the death of a man who was seen by him lurking on his premises at midnight on Monday week. Four attempts having been made to break into Mr. Debenham's premises in the course of the last few months, he was naturally on the alert, and at the time mentioned hearing a noise at the back of the house he got out of bed, and on looking out of the window saw the figure of a man crouching against the wall by the kitchen window. After summoning him several times, and threatening to shoot him, he cocked his pistol, and as the man still returned no answer he fired, and saw the man fall. Mr. Debenham states that he only intended to frighten the man, and did not intend to hit him. He immediately went to the station-house and informed the inspector of police. It was found that the man had been shot through the head and killed on the spot. A large number of gentlemen offered themselves as sureties for Mr. Debenham's appearance, and bail was accepted and the prisoner set at liberty. A coroner's inquest has been since held on the body, and the jury returned a verdict to the effect that the deceased was shot accidentally by Mr. Debenham.

MEDICAL QUALIFICATION IN IRELAND. — DEPUTATION TO THE LORD-LIEUTENANT.—His Excellency the Lord-Lieutenant received on Wednesday a deputation from the University of Dublin, the King and Queen's College of Physicians, and the Queen's University. The following were appointed members of the joint deputation from the three corporate bodies:—Trinity College: Rev. Dr. Todd, Rev. Professor Haughton, and Dr. Stokes. The Queen's University: The Lord Chancellor, the Lord Justice of Appeal, Sir R. Kane, Dr. Corrigan, Mr. Adams, and Mr. Stoney, Secretary. King and Queen's College of Physicians: The President, Dr. Lyons, Dr. Aquilla Smith. Mr. Power, Chief Poor-law Commissioner was present. The Lord Chancellor and Lord Justice of Appeal were unable to attend, and Sir Robert Kane and Mr. Adams were also unavoidably absent. The object of the deputation was to bring under his Excellency's notice a recent order of the Poor-law Commissioners of Ireland, by which they direct that henceforth boards of guardians may receive as a Medical qualification the certificate of the Apothecaries' Company of Dublin as equivalent to a Medical degree or licence from the Universities above named, or from the College of Physicians. Memorials on the subject were presented to his Excellency. At the termination of a lengthened discussion, his Excellency concluded by stating that he should decline interfering with the order.—'Dublin Evening Mail.'

OVER-CROWDING IN THE DWELLINGS OF THE POOR.—At a meeting of the Health Department of the Social Science Association, held at their rooms in the Adelphi, on Wednesday last, Dr. Lankester, F.R.S., in the chair. A paper was read by Dr. Hardwick "On the Evils of Overcrowding in the Dwellings of the Poor, and Means Suggested for their Removal." Dr. Hardwicke pointed out that while other sanitary improvements had been effected in the Metropolis and elsewhere, comparatively little had been done to remedy the evils which were equally dangerous—the invisible poisons engendered by the exhalation augmented by inferior house accommodation and overcrowding. After describing the deleterious effects of impure air, and referring to what had been done by various societies, for many years past, with little beneficial result, he proposed that parochial authorities, municipal corporations, and railway companies should be compelled to exercise powers which they possess of erecting house accommodation for the poor, that greater convenience should be given for suburban dwellings by cheap locomotions, that changes should be made in the duties and appointments of officers of health, an extension of the common lodging-house act to compel registration and inspection of houses subject to several tenants. But the Board of Works should take charge of a systematical plan of cleansing, that the plan might be adjusted for the purchase and transfer of land and houses like common property, and that the coroner should institute inquiry into the cause of disease and death produced by the neglect of sanitary precautions, and that such wilful neglect should be made penal. The meeting was unanimous in acknowledging the evil, but differed particularly in the mode of dealing with it. Mr. Liddle, the Medical officer of health for the Whitechapel district, thought police supervision necessary, particularly at night and doubted the expediency of establishing a "faubourg," in the suburbs, but rather that the poor should live more among the wealthy. Mr. Collins, chairman of the Sanitary Committee of St. Pancras, described the difficulty of enforcing sanitary regulations, and thought, as the poor were at the mercy of their landlords, the landlord's should be compelled to let their property in habitable condition. Mr. George Godwin, F.R.S., thought that the only remedy

was the extension of the provisions of the Common Lodging House Act to inspection over houses where more than three families resided. Dr. Smith and Dr. Buchanan gave nnmerous instances of the great necessity for a stricter system of supervision, the latter being in favour of registration. After some observations from Mr. Hasking, Dr. Hardwick, and the Chairman, thanks were voted to Dr. Hardwick for his valuable paper, and the meeting separated.

THE Royal Academy of Medicine, of Belgium, and the Society of Medical and Natural Sciences, of Brussels, have nominated Dr. Edwin Lee a corresponding member.

UNIVERSITY OF ST. ANDREWS.—The following gentlemen passed their examinations for and obtained the degree of M.D. on the 27th of April:—Robert Braithwaite, Vauxhall walk, London; Charles V. Cay, Windsor Barracks; John C. Collins, Priory street, Cheltenham; Thomas Dyer, Forest-Hill, Kent; Melville Neale, Raby street, Bath; Edward J. Waring, Talbot villas, London.

THE COLLEGE LECTURES.—Professor Fergusson, F.R.S., will bring the course of lectures he is now delivering in the theatre of the College of Surgeons to a close on Friday next, soon after which the examinations will commence.

THE annual meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane will be held on Thursday, the 6th of July, by permission of the President and Fellows, at the Royal College of Physicians. The president elect is Dr. Wood.

FIRST OVARIOTOMY IN ITALY.—Dr. Dominico Peruzzi, of Sinigaglia, in January last performed ovariotomy for the first time in Italy. The case was one with extensive adhesions to the pelvic fuscia, and unfortunately terminated fatally.

AN EASTERN ANTIDOTE AGAINST FEVER.—There is a great mortality from a description of fever just now in Gwalior. The Maharajah has ordered the perpetual performance of various religious ceremonies with the view of checking the epidemic.

THE SUPPLY OF MEDICINES FOR PAUPERS.—A return made by the Poor-law Board shows that in the following Metropolitan workhouses the drugs required for the sick are not supplied by the guardians, but have to be provided by the Medical officer:—Greenwich, Lewisham, St. Giles, Camberwell; Bermondsey, Rotherhithe, St. George, Southwark; St. Saviour, Richmond (except cod-liver oil); St. Luke, Chelsea; St. Mary Abbott's, Kensington; St. Margaret and St. John, Westminster (in part); St. James, Westminster; St. Martin-in-the-Fields, St. George, Hanover square; St. Marylebone, St. John, Hampstead; Hackney, Holborn, St. James, Clerkenwell; East London and West London.

THE FELLOWSHIP OF THE COLLEGE OF SURGEONS.—It is stated that fifteen candidates—viz., six seniors and nine juniors, presented themselves for examination for the Fellowship of the Royal College of Surgeons during last week, and on that occasion both seniors and juniors had the same questions submitted to them for the written examinations in Anatomy and Physiology, and Pathology and Surgery.

ROYAL SOUTH HANTS INFIRMARY.—A special meeting has been held to consider the extension of this institution in connection with a liberal offer of Mrs. Crabbe to bear a large proportion of the expense. It is intended to enlarge it so that it will be capable of receiving one hundred beds, which is the number required to render an hospital recognisable by the examining bodies.

UNIVERSITY OF CAMBRIDGE.—*Examination for Degree of Master in Surgery, June*, 1865.—*Midwifery.*—1. Describe the formation, structure, and functions of the placenta. 2. Describe any case you may have treated yourself of placenta prævia, stating the steps you adopted for the relief of your patient. 3. What symptoms would lead you to suspect that a woman was in the third month of pregnancy? 4. In head presentations give the various positions relatively to the pelvis in which the head can be placed, and state the mode of rectifying a malposition where necessary. 5. In a case of protracted labour under what circumstances would you interfere, and how?

Examination for Degree of Master in Surgery, June, 1865.—*Pathology and the principles and practice of Surgery.*—1. What changes take place in a vein when it becomes varicose? Where does this most frequently occur? What ill consequences are likely to result from the varicose condition of a vein? 2. Describe the appearances which distinguish the various dislocations of the hip-joint, and state accurately the treatment suited to each. 3. The pathology of simple stricture. In what parts of the alimentary and urinary tracts does it most frequently occur? and in what parts does it not occur? 4. A man receives a severe injury to his head, what symptoms would be likely to follow it, and how would you treat the case? 5. In what respects does a cancerous tubercle of the skin differ from a scrofulous? 6. A woman has a tumour in the breast: by what symptoms would you be led to judge of its nature, and under what circumstances would you advise your patient to undergo an operation? 7. What are the sources of Hæmaturia in the male? How would you discriminate between them? and what would be your treatment in each case? 8. Describe minutely the operation for inguinal herniæ. What dangers have you to guard against? How would you avoid them?

Master in Surgery, June 6, 1865. 2 *to* 4.—*Surgical anatomy.*—1. Describe the clavicle and its articulations. 2. Describe the shoulder-joint. In what direction is luxation most likely to happen? What parts are most liable to injury in this accident? 3. Name the bones of the Tarsus. State the nature of their articulations; and describe briefly the ligament of this part. 4. Describe the course and relations of the external carotid artery. When this vessel is to be tied near its origin, how is the incision to be made, and what parts are divided by it in succession? 5. Give the relations of the superficial veins and nerves at the bend of the elbow. How is the brachial artery placed at this part? 6. Define externally the position of the femoral artery where it passes under the superior border of the sartorius. In making the incision for applying a ligature to the artery a little above this point, what parts are successively divided? Point out the position of any veins or nerves that lie near the artery at this place. 7. Describe the spermatic canal. In the operation for strangulated hernia lying within the canal, what parts have to be divided? How may the spermatic cord and epigastric artery be placed with regard to the hernial sac? 8. Describe the nasal fossæ, and the arteries and nerves within them. There were, in addition, an examination of patients in the Hospital and of selected specimens of healthy an morbid anatomy, operations on the dead subject, and *viva voce* examination in surgery, anatomy, and midwifery.

INHUMAN NEGLECT OF A FEVER-STRICKEN FAMILY—LOCHEARNHEAD—THE MURDEROUS ASSAULT ON A MAN BY HIS WIFE.—The Procurator-Fiscal, Dunblane, was engaged on Monday making a thorough investigation into the tragical occurrence which took place at Lochearnhead on Friday last, and a notice of which appeared in our columns on Monday. We are led to believe that the result of the investigation showed that Sergeant Irvine had been confined to bed with typhus fever for some time, and that his wife, who had six young children, the eldest of which is only ten years of age, also to care for, was the only person in the house to attend to her husband. There is in this district a great dread of infection, and no one would go near the house to assist the poor woman, who is naturally of delicate constitution and nervous temperament. In the beginning of last week she had expressed anxiety as to how she was to discharge her duties towards her children and her sick husband, and it would appear that her anxiety and want of rest, combined with the effect of fever, which now has shown itself, produced temporary insanity, under the influence of which she murderously assaulted her husband by cutting his throat and stricking him on the head with a coal-shovel. Both husband and wife lie in Perth Infirmary dangerously ill.

ROYAL INSTITUTION OF GREAT BRITAIN.—GENERAL MONTHLY MEETING, MONDAY, JUNE 5TH, 1865.—Sir Henry Holland, Bart. M.D., D.C.L., F.R.S., President, in the Chair; Mrs. Elizabeth Beevor, Samuel Canning, Esq., Alfred Davis, Esq., David Painter McEuen, Esq., Joshua Metcalfe, Esq., Joseph Moore, Esq., Hamilton Noel Hoare, Esq., Henry Arthur Hunt, Esq., Henry Lee, Esq., F.R.C.S., were elected members of the Royal Institution. William Henty, Esq. was admitted a member of the Royal Institution. The special thanks of the members were returned for the following additions to "The Donation Fund for the Promotion of Experimental Researches":—Sir Henry Holland, Bart. Pres. R. I. (7th *annual donation*), 40*l*. The presents received since the last meeting were laid on the table, and the thanks of the members returned for the same.

MANURE WORKS.—A copy has been printed for the information of Parliament of a report by Dr. Letheby and Mr. Bazalgette, of the Metropolitan Board of Works, after the inspection of certain manure and chymical works in the neighbourhood of the northern and southern outfalls of the main drainage of the metropolis. The result of their inspection is that large and very offensive operations are carried on in the neighbourhood of both the northern and southern outfalls; and that the putrid and other vapours emitted from the works are diffused into the atmosphere and wafted to a considerable distance. No precautions whatever are in use to prevent the escape of the noxious effluvia, and it is a question whether the effluvia may not be a serious nuisance to the workpeople who will have to reside at the drainage works.

THE NAVAL EXAMINING BOARD.—We have just received the following curious piece of intelligence:—The Inspector-General of Hospitals from Greenwich, and the Deputy Inspector-General of Hospitals from Woolwich, together with the Deputy Inspector-General of Hospitals at Somerset House, have hitherto been employed jointly to examine candidates for Assistant-Surgeoncies in the navy. This Board, it will be remembered, did good service by rejecting a good many candidates during the past year, and the consequence is that the navy is now short of complement. To remedy this state of things, the Board of Admiralty have directed that the examinations in future shall be conducted by the Deputy-Inspector-General at Somerset House. The object is plain enough: a Board is not so manageable as a single individual may be, and the Admiralty calculate that with a single examiner there will be fewer rejections. We hear that under the new *régime* two candidates have been examined and passed.—'Medical Times and Gazette.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JUNE 14.—Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Royal College of Surgeons of England, 4 p.m.—Prof. Fergusson, "On the Progress of Surgery during the Present Century;" Microscopical Society, 8 p.m.

THURSDAY, JUNE 15.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Chemical Society, 8 p.m.—Messrs. Frankland and Duppa, "On the Lactic and Acrylic Series of Acids."

FRIDAY, JUNE 16.—Operations at the Westminster Ophthalmic Hospital, 1½ p.m.; Royal College of Surgeons of England, 4 p.m.—Prof. Fergusson, "On the Progress of Surgery during the Present Century."

SATURDAY, JUNE 17.—Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, JUNE 19.—Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JUNE 20.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Students' Book of Cutaneous Medicine and Diseases of the Skin. By Erasmus Wilson, F.R.S. London: John Churchill and Sons, New Burlington street.

Chloroform: its Action and Administration. By Arthur Ernest Sansom, M.B. Lond., late House-Physician and Physician-Accoucheur's Assistant to King's College Hospital. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

To SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross post-office.

THE UNIVERSITY OF CAMBRIDGE.—The examination papers have been received.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

Sheffield, June 2nd, 1865.

SIR,—The following two advertisments, (copied verbatim from 'Reynolds's Miscellany,' of the 28th ult., ought, I think, to come under the notice of your friend, "Detector":—

A Gentleman cured of the Results of Youthful Error and Private Disorders, after years of suffering, will be happy to send a copy of the prescriptions used on receipt of two stamps to defray expenses in transmission. Address, B. D., Esq., 20 Herbert street, Hoxton, London.

MARRIAGE.—A Medical MS. to be Sold, and several other Original Manuscripts, comprising Tales, Essays, Poetry, and Medical Works, the late property of deceased writers. All kinds of Literary Labour promptly attended to at Peterson's Literary Agency, 20 Herbert street, Hoxton, London.

Hoping that the CURIOUS COINCIDENCE which appears in these two announcements may be duly investigated,

I remain yours, &c., G. R.

P. S.—The existence of tubercular meningitis cannot be ascertaine with certainty during life, but its existence may be inferred from th combination of the symptoms of meningitis with the existence o tuberculosis in different parts of the body.

THE ROYAL INSTITUTION.—The notice has been received.

PATER.—It is indispensable that the youth should pass the preliminary examination at one of the Medical Examining Boards, or the matriculation examination of the University of London. The latter is held twice a year, namely, in July and January.

MR. J. B. BROWN'S letter is inserted.

OBSERVER.—We do not know the Medical qualifications of the person alluded to.

MR. GRIFFIN'S letter is inserted.

DR. R.—It is more a question of Medical etiquette than of law, and should be settled by an appeal to mutual friends.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE.—The report is inserted.

OWING to press of matter, we are obliged to postpone "Cyclops'" sixth letter, as also "Médecin Malgré Lui's" letter until next week.

Royal College of Physicians of LONDON.

FIRST PART OF THE PROFESSIONAL EXAMINATION FOR THE LICENCE.—The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School will commence on Tuesday, July 4th.

SECOND PART OF THE PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, July 11th.

Registered Medical Practitioners qualified before January, 1861, are admitted to Examination under Special Bye-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the Bye-laws are to be left at the same time.

Pall-mall East, 1865. H. A. PITMAN, M.D., Registrar.

INDIA OFFICE, S.W.

June 1st, 1865.

Notice is hereby given, that an Examination of Candidates for 40 appointments as Assistant Surgeons in Her Majesty's Indian Medical Service will be held at Chelsea Hospital on the 7th August, 1865.

Copies of the Regulations for the Examination of Candidates, together with information regarding the pay and retiring allowances of Indian Medical Officers, may be obtained on application at the Military Department, India Office, Westminster, S.W.

T. T. PEARS, Major-General, Military Secretary.

Mr. G. Hind, F.R.C.S., has resumed his DEMONSTRATIONS and EXAMINATIONS at 29 Newman street, Oxford street (hours, from 10 to 12 A.M. and 6 to 8 P.M.).

CHOCOLAT-MENIER.

The healthiest and most delicious Aliment for Breakfast known since 1825.

ANNUAL CONSUMPTION EXCEEDS 4,000,000 lb.

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Wholesale—23 Henrietta street, Covent-garden. Retail—BATTY & CO., 15 and 16 Finsbury pavement, E.C.; and all respectable houses.

THE ANTI-QUACKERY ASSOCIATION.

20 KING WILLIAM STREET, W.C.

The Anti-Quackery Association deem it their duty to the public, as well as to the Medical Profession, to *caution* persons against the multifarious modes of quackery pursued by unprincipled pretenders to a knowledge of the Medical Art, and to expose the means they take to accomplish their nefarious ends:—1, by pretended specifics; 2, by spurious lectures and "Museums;" 3, by promises of self-cure; 4, by exciting the fears of the timid; 5, by the invention of cured cases and testimonials.

Before replying to suspicious advertisements, persons will do well to address the Secretary of the Anti-Quackery Association, who will be able, in most cases, to furnish the past histories of the quacks and pretenders from whom they emanate.

N.B. The letters of "Detector," entitled "Revelations of Quacks and Quackery," are now reprinted, and may be had at the Medical Circular Office, price 1*s.* 6*d.*; or, by post, twenty stamps.

OFFICE: 20 KING WILLIAM STREET, STRAND, W.C.

The MEDICAL CIRCULAR also publishes in every number "A Guide to the Quacks of London," as a part of the proceedings of the Association for the suppression of quackery. Sent on receipt of six postage-stamps.

THE JOURNAL OF PRACTICAL MEDICINE & SURGERY

FOR MAY IS NOW READY,

AND CONTAINS—

The St. Petersburg Epidemic; New Disease observed in Savoy; Medico-Chirurgical Statistics of the Crimean War; Debate on the Localisation of the Faculty of Speech in the Anterior Lobes of the Brain; Pathology and Treatment of Glucosuria; Breech Presentations: Presentation of the Head with Presentation of the Hand, simulating Presentation of the Shoulder; Returns of Dr. Desmarre's Practice during the First Three Quarters of the Year 1864; Retention of the Placenta; Alcoholic Dressings; Relaxation of the Articulation of the Pelvis; Amenorrhœa and Dysmenorrhœa; Arseniate of Antimony in Disease of the Heart; Treatment of Strangulated Hernia; Epidemic Diphtheria; Turpentine Dressings for Wounds; Treatment of Syphilis; Cause of Diabetes, Albuminuria, and Gravel; Animal Engraftings; Signs of Death; The Epidemic in Russia; Election of a Member; 'Efficacy of Arsenic in Nervous Affections,' by C. Isnard, M.D.; 'On Accupressure,' by Professor J. V. Simpson, M.D.; Statistics of the Crimean War; La Maternité Hospital;—Obituary: Messrs. Mercadier, Lafont, Renauvin, Sue, Béraud.

This Journal, published at the end of every month, in the French and English languages, has the largest circulation of any Medical periodical in the world.—Sent on receipt of 13 stamps. Annual Subscription, 12s.

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TO STUDENTS, SURGEONS, DENTISTS, AND OTHERS.

THE BEST HOUSE FOR SECOND-HAND INSTRUMENTS,

where there is the LARGEST STOCK IN LONDON, is Mr. WILLIAM LAWLEY'S, 78 FARRINGDON STREET, CITY.
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BLOCKEY'S LONDON STOUT

NOURISHING LONDON STOUT

DR. HASSALL'S REPORT:—"I have carefully analyzed Blockey's well-known Stout, as obtained from 21 Duke street, St. James's, and find it to be a genuine, most wholesome, and highly nourishing beverage, less heavy, and consequently more digestible than London Stout in general.—Signed, ARTHUR HILL HASSALL, M.D London, Analyst of 'The Lancet' Sanitary Commission." Casks of 4½, 6, 9, and 18 gallons, at 1s. 8d. per gallon; 3s. per dozen pints; 5s. quarts.

RAGGETT, late Blockey, 21 Duke st., St. James's. Established 100 years.

Great Saving in the Purchase of

NEW MEDICAL GLASS BOTTLES and PHIALS, of the best Manufacture, at the NORTH LONDON GLASS BOTTLE WORKS.—I. ISAACS and COMPANY, Proprietors.—London Warehouses, 25 and 24 Francis street, Tottenham-court road, W.C.

BEST QUALITY.	Per gross.
6 and 8 oz., any shape, plain, or graduated, clear, blue, tinted	8s. 6d.
3 and 4 oz., ditto, ditto ..	8 0
½ oz. Moulded Phials }	4 6
1 oz. ditto .. } of a very superior }	5 6
1½ oz. ditto .. } quality .. .. }	6 0
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NOTICE.—Gentlemen who like to use a first-class Bottle are respectfully requested to see our Samples (which are forwarded on application) before ordering of any other house.

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Apparatus, 42s., 25s., and 21s. each. Laryngoscopes complete, Lamps and Light Condensers, Mackenzie's Laryngeal Galvanizers, Mander's new Laryngeal Syringe, &c. Also the new dilating Urethra Bougies, Lachrymal Duct Bougies, Rectum Bougies, and Uterine Tents made of Seatangle (Laminaria Digitata), to be had of Krohne and Sesemann, 241 Whitechapel road, London.

Great Reduction in the Prices of

New MEDICAL GLASS BOTTLES and PHIALS at the Islington Glass Bottle Works, Islington place, Park road; London Warehouses, 19 Bread st. hill, Up. Thames st., City, E.C., and 2 Upper Copenhagen st., Barnsbury road, Islington. E. and H. HARRIS and Co., Proprietors.

BEST QUALITY ONLY.	Per gross.
6 and 8 oz., any shape, plain or graduated, clear blue tinted	8s. 6d
3 and 4 oz., ditto, ditto, ditto	8 0
½ oz. White Moulded Phials }	4 6
1 oz. ditto ditto .. } Of a very su- }	5 6
1½ oz. ditto ditto .. } perior quality }	6 0
2 oz. ditto ditto .. }	7 0

Immediate attention to country orders. No remittance required until the goods are received. Packages free. Goods delivered free within seven miles. Post-office orders made payable to E. and H. HARRIS and CO., at the Chief office, London.—Bankers, Alliance Bank of London.

N.B.—Orders sent to either establishments will meet with prompt attention.

H. Silverlock's Medical Label Ware-

house, Letter-Press, Copper Plate, and Lithographic Printing Offices, Wardrobe terrace, Doctors Commons, London, E.C.

DISPENSING LABELS, for the use of Surgeons.

YELLOW, GREEN, AND GOLD LABELS, for Drug Bottles, Drawers, &c.

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LABEL DRAWERS, for Dispensing Labels of various izes.

A Set of Labels in accordance with the 'BRITISH PHARMACOPŒIA' now ready.

The Medical Circular.

PARISIAN MEDICAL NEWS.

PRACTICAL REMARKS ON THE LOOSENING OF THE ARTICULATIONS OF THE PELVIS.

The morbid relaxation of the articulations of the pelvis is but the exaggeration of a physiological fact, the object of which is to facilitate the passage of the fœtus. When the ligaments are much relaxed, at the close of pregnancy, the patient is often entirely unable to take walking exercise, and the circumstance may give rise to errors of diagnosis. It may, therefore, not be uninteresting to advert to M. Trousseau's opinions on the subject, such as they are represented in the 'Union Médicale' by M. Peter, formerly the clinical clerk of the learned Professor at the Hôtel-Dieu.

Before offering any remarks on two cases observed in his wards, M. Trousseau briefly related the history of two ladies in whom he detected for the first time the symptoms of this condition of the pelvis.

At the age of thirty-six, Mrs. X. was delivered of her third child. The accouchement had been in every way regular, but through motives of precaution, on which it is unnecessary to dwell, M. Trousseau required her to remain in bed for an entire fortnight, and to lie on a couch for an equal period. She was then permitted to rise, but when she attempted to stand she experienced a severe pain in the back and pelvis, and for more than a month was unable to walk round the room. Slight leucorrhœa being present, the Professor ascribed the symptoms to a trifling amount of metritis, a frequent consequence of parturition; he, therefore, merely prescribed a few injections. One day, however, the patient having endeavoured to walk in his presence, he was much struck by her attitude; she *waddled*, dragging each leg with difficulty, and bending to the right or left as she advanced one or the other foot. She found it impossible to stand on one leg, and if she endeavoured to do so she fell, and complained of severe pain in the back and hips. Mrs. X.'s extraordinary debility suggested the idea of an affection of the spinal cord, but, on a careful investigation of the state of common sensation and motility, it was ascertained that the integument was in full possession of all its functions, and that every movement was performed with ease provided the patient was in the horizontal attitude. It then occurred to M. Trousseau that the symptoms might arise from relaxation of the articulations of the pelvis.

Pressure over the pubes and the sacro-iliac joints occasioned considerable pain. The Professor at once bound the pelvis as tightly as possible in a circular bandage, and the patient, to her great delight and surprise, was immediately able to walk firmly, and without pain. A laced jean belt was then constructed, to support the pelvis and hips, and as soon as this bandage was ready she resumed her usual domestic occupations. After an interval of six weeks the use of the belt was discontinued, and a complete cure was effected.

The second patient was a young woman of twenty-five, who presented similar symptoms; and M. Trousseau, enlightened by his former experience, at once pronounced the case to be one of relaxation of the pelvic articulations, and prescribed a bandage which was worn for two months, and finally consolidated the loosened joints.

At the Hôtel-Dieu a stout young woman, who had recently been confined, was found incapable of standing while her bed was being made. She was carefully examined; the uterus was in a perfectly healthy condition, and when lying down she performed with ease every movement of the limbs, common sensation being at the same time preserved in its full integrity. Even in bed, however, the patient complained of pains in the pubic and sacro-iliac regions. When she moved about she complained rather of a distressing sense of weakness than of actual suffering; she could not stand upright unless her hands had some support; and if she attempted to walk she dragged her legs, and was compelled to rest after every three or four steps, requiring always the assistance of an arm or the prop of the back of a chair, and thus progressed from bed to bed, grasping the iron curtain-rods. No pain was elicited by pressure over the articulations of the pelvis; no swelling and no redness were present. But the joints were perceptibly loosened, and the fact was apparent when attempts were made to test the separate mobility of the ossa ilii.

M. Trousseau then showed that in an instant the power of free locomotion might be restored to this woman. A circular bandage was tightly applied around the pelvis, and she at once walked with entire ease. She remained in the wards during the time required for the construction of a jean belt, and she has since entirely recovered her natural vigour and agility.

On the 12th of July, 1864, a strong, healthy young woman of twenty-four, whose labour had been most favourable, was extremely alarmed, on the ninth day after her delivery, to find herself utterly unable to stand or walk; whenever she attempted to do either she experienced, in the lower extremities, a sense of extreme weakness, a pain which she compared to a bar across the pubic region, and also a distressing feeling of weight in the small of the back. These uncomfortable sensations also recurred in bed on any sudden effort to turn round. Trusting that she might recover her strength and that the pain would subside under the influence of rest, she returned to her bed for several days, but when she again ventured to rise found she had made no progress whatever. She then determined on applying for admission into hospital twenty-three days after her accouchment.

On examination, the patient was found unable to stand or walk without great pain, and after every effort of the kind she fell back on her bed. The organs of generation were vaguely indicated by her as the seat of the pain, which in reality existed in the symphysis pubis only; here a marked interval was detected between the articular surfaces, sufficiently wide to admit the tip of the forefinger, and, in addition, the cartilage was obviously softened. The exploration having proved extremely distressing, no attempt was made to cause the ossa ilii to move separately, the diagnosis being otherwise fully established.

Cases of this description have been brought forward by many authors. MM. Debout, Courot, Moutard-Martin, for instance, have expatiated on the good effects, under similar circumstances, of tightly-secured circular bandages, and M. Dévilliers has demonstrated in the most peremptory manner, that in recent cases a cure may sometimes be effected by entire repose and astringents. Professsor Stöltz, who has also adverted to the subject, opines that the affection often yields to rest and to the tonic virtues of the waters of Baden-Baden. This is, however, a question well deserving of the practitioner's most serious attention, because the loosening of the pelvic joints gives rise to symptoms which have too often been deemed indicative of uterine disease and depletion, and antiphlogistic treatment injudiciously resorted to. We should, however, observe that, as a consequence of the puerperal state, inflammation may sometimes exist as a complication. In this case, the most carefully constructed bandages are not so efficacious as entire repose; but even then, puriform arthritis may arise, and death supervene, as in the case of the late lamented Princess Mary of Orléans, who died at Pisa of an affection of this kind.

AMENORRHŒA AND DYSMENORRHŒA.

The absence or the difficulty of menstruation are not invariably connected with a disordered state of the constitution, such as plethora, chlorosis, tubercular disease, &c. It would, therefore, be an error to suppose that in every case of amenorrhœa or dysmenorrhœa the usual emmenagogues are appropriate, as these conditions may occasionally be traced to imperfect development of the uterine organs.

It is unnecessary to dwell on that variety of retention of

THE MEDICAL CIRCULAR.

WEDNESDAY, JUNE 28, 1865.

HOMŒOPATHY AND THE WESTMINSTER ELECTION.

Among the incidents of the forthcoming Westminster election, is an episode which has afforded some amusement to the general public, but which possesses considerable interest for the Medical Profession. Captain the Hon. Mr. Grosvenor, one of the candidates for the borough, is the son of Lord Ebury, formerly Lord Robert Grosvenor, who not only patronises homœopathy in his private capacity, but has done considerable public mischief by his open advocacy of this form of quackery. Dr. Tweedie, who was on Captain Grosvenor's Committee, having heard a rumour that the honourable candidate followed in his father's footsteps in his adoption of the Medical heresy, wrote to ask if the report was true, and intimated that, if the answer was not satisfactory, he would withdraw his support. Captain Grosvenor answered that when he was ill, which, by the blessing of Providence, did not often happen, he applied for advice and assistance to the surgeon of his regiment, who was, to the best of his belief, "a very orthodox practitioner." This reply was not considered satisfactory by Dr. Tweedie, who accordingly withdrew his name from the Committee.

The matter, however, did not rest altogether in this state, but the discussion was transferred into some of the general newspapers; and Captain Grosvenor wrote a letter to the 'Morning Post,' in which he states that "he has no bias in favour of any particular variety of Medical practice, but that, *being firmly attached to the principles of liberty*, he upholds every man's right to his own opinion, and to a practical expression of it, so far as is consistent with the law. He is, therefore," he adds, "resolutetly opposed to anything like persecution arising from differences of opinion, whether in religious, political, or scientific matters."

This reply, it will be perceived, is thoroughly evasive and Jesuitical; but still it will impose upon some of the ignorant portion of the community, who will, perhaps, regard the Medical Profession in the light of persecutors, because they withhold their support from a system which they conscientiously believe to be a mere mixture of knavery and folly. If Dr. Tweedie had taken broader ground than he did, and, instead of asking Captain Grosvenor his personal opinions on homœopathy, had asked whether he intended publicly to advocate that absurdity to the injury of the Medical Profession, the reply might probably have been more explicit; as it is, we have some ordinary clap-trap generalities on hatred to persecution, love of civil and religious liberty, &c., &c., all which *verbiage* may mean anything or nothing, according to the whim of the speaker or the gullibility of his audience.

It is quite evident that civil and religious liberty must have a limit somewhere, and to leave the abstract for the concrete, as logicians would say, we would put the following practical questions to the honourable candidate. Suppose that he were asked whether he was prepared to hand over the revenues of the Church to the Jews and the Quakers? He would then drop the flummery twaddle about civil and religious liberty, and would declare his inability to support anything of the kind. Or, again, to take a more apt illustration, suppose that he were asked whether he would support a measure to throw open the practice of barristers and solicitors to any fellows who had impudence enough to assume the vocation, he would in all probability laugh at the question. Yet, where is the difference between the two cases? The science and practice of law have been the growth of many centuries, and though many people are totally dissatisfied with some of the laws themselves, and still more with the mode in which they are sometimes administered, yet the interests of the lawyers are so carefully protected in both Houses of Parliament, that no one dreams of legalising the introduction of unqualified or improper persons within the pale of the legal profession. Now, the science and practice of Medicine have also been the growth of many centuries, and have culminated in the discovery of certain general and special truths, which are received by minds capable of estimating their value. These truths are not appreciable by every one, because they require for their comprehension a certain amount of special training to which only a section of the community can afford to submit. It is quite true that Medicine is not a complete science, for it shares in the imperfections of all human pursuits, especially those in which problems concerning the mysterious questions of life and death, health and disease, are involved; but the fact of this imperfection does not, therefore, prove the truth of the speculations of a German dreamer, whose doctrines are as incomprehensible as they are ridiculous, and whose so-called system is a mere tissue of verbosity, incoherence, arrogance, and indecency, without the least foundation of fact, except of such isolated and exceptional facts as are admitted by thinking persons to be of no value whatever as leading to general inferences.

As for Lord Ebury's advocacy of homœopathy, he and his family, including Captain Grosvenor, are quite welcome to believe what they like of the globulistic nonsense, and are perfectly at liberty to employ the homœopathic quacks, or any other quacks, if they think proper to do so. It would indeed be rank persecution to call them to account for their conduct in this respect. But Lord Ebury, especially when he was Lord Robert Grosvenor, has gone far beyond this point, for he has deliberately made use of his influence and his position in the Legislature, to injure the Medical Profession, and to retard the progress of useful sanitary legislation, by his continual obtrusion of the claims of the so-called homœopathic system, the very nature of which he probably does not understand. It may be very well for *dilettante* lords and hysterical ladies to imagine thas there is virtue in the inappreciable dilutions of flint or limestone, but the educated members of the Medical Profession must be excused from the charge of persecution, although they

disbelieve in the efficacy of such inert materials, or in the theory which employs them.

We should, therefore, be traitors to our Profession, and should belie our own convictions, if we did not join our Medical contemporaries in asking our brethren to look with suspicion upon any candidate for a seat in Parliament who is wedded to the homœopathic folly, and more especially if he is likely to ventilate the absurdity in an assembly where, unfortunately, there are few or none who are able to answer him. For ourselves, we care not whether a Conservative or a Whig be returned for Westminster; but, in the interests of the Medical Profession, we hope that an avowed advocate of homœopathy will not be elected.

MEDICAL GOSSIP. By VIGILANS.

No. XXVI.

THE COLLEGE ELECTION—THE GENERAL ELECTION—TESTIMONIAL TO DR. ALDIS—"CYCLOPS'" SEVENTH LETTER ON PHYSIOLOGY.

The Medical Gossip of the week still turns principally upon the forthcoming College and National Elections. The first is appointed for the 6th of July, and up to this time there has been no resignation among the nine candidates who have sent in their claims. I don't think it much matters who among them are successful, for all are reformers, and the feeling is so general throughout the Profession as to the direction in which reform should take place—namely, in the Examiners' Court—that there is little fear of a mistake as to the right men to be elected. I agree with the 'Lancet' that the first step at the first opportunity after election, should be to remodel the entire system of examination, so that it shall be some test of knowledge, and that the possession of the diploma shall afford some guarantee of ability to practise. For South, Hawkins, and Luke, let us soon hope to read Paget, Hewett, and , whether members of Council or not. Indeed, the best reform of all would be to choose the Examiners from the body of Fellows, and more than this, Examiners should be themselves examined as to their fitness and aptitude for the office; and the better to qualify themselves for the appointment, let them go and take lessons of Mr. Hinde, who has a wonderful talent in this respect. I mention this gentleman's name because I lately had the pleasure of attending one of his demonstrations, and witnessed his powers of communicating knowledge and testing afterwards the success of his communication of it by the examination of his pupils. A man may be highly qualified for the post of Examiner by his attainments, and yet be so incapable of fashioning his questions as utterly to fail in gauging the candidate's knowledge. A certain tact and manner are required to draw out and fairly judge of the extent of a young man's acquirements. But at present, as I said in my last, the whole system is bad and must undergo a complete revolution.

The Medical candidates for Parliament do not appear to be making much way. Smee has not a shadow of a chance at Rochester, nor do I think that Locock, in the Isle of Wight, is in much better plight. The idea of doctors going into Parliament is new to the public, and at present not received with much favour. In time it may be otherwise, or when we hold a higher status in society. But I hope my Medical brethren will not join in the cries which are raised for and against candidates, such as the cry of *Religion* in the Isle of Wight. As to the religious test at the Isle of Wight, conservative as I am, I would vote for the Roman Catholic candidate, because his opponent has had the bad taste to raise the cry of religion against him.

There is an event on the tapis which gives me much pleasure to hear of. It is proposed to present a testimonial to Dr. Aldis "in acknowledgement of the successful efforts which he has made in sanitary progress during a period of twenty-one years, and for the untiring energy with which he has fulfilled the duties of Medical Officer of Health to the parish of St. George, Hanover square, for more than nine years." I cannot think that such another man can be found in all London who has worked so earnestly and so untiringly for the public good, both as a dispensary physician and a sanitary officer as Dr. Aldis—one, also who has been so little requited for his incessant labour and devotion: one, therefore, who merits such a reward of valuable services as is implied in a public testimonial. The editor of the 'Medical Times' makes a forcible appeal in his behalf, and enlarges the field from which it is hoped a recognition of the Doctor's services will come. He says:—

"We should be glad to see the names, not merely of clergymen and professional friends who may be willing to make their modest contributions out of good will to a veteran in a good cause, but those likewise of the owners of property whose poor tenants have been frequent visitants at the London, Surrey, and Farringdon dispensaries; of the rich firms whose artizans have received the like benefit; and, above all, of the subscribers, governors, and other petty grandees of these charities, who have really been themselves reaping the benefits of the dispensary physicians' labours. Of all earthly delusions (unconscious ones, of course), few are equal to that of the people who think they have discharged their duty to the poor when they have doled out their annual one pound one, and got the "privilege of having one out-patient always on the books of the charity." Of all the means of seeming to do good, this is the cheapest. A poor fellow-creature comes in labouring under illness: does our charitable personage—say any ordinary middle-class London resident—give food or clothing, or a bottle of wine, or a well-cooked joint of meat, or nice soup or pudding made in his own kitchen? or does he say, "Go to my doctor and he shall attend you at my expense?" Not a bit of it. He gives a *ticket* to a dispensary, where the poor wretch gets bad drugs and no creature comforts, but only the glimpse of a compassionate physician, who, perhaps, more weary and exhausted than any of the crowd who throng about him, smothers his disgust at their squalor and fœtor, and uses his well-gained acuteness and experience in detecting and prescribing for their ailments. Very probably the grandee who relieves a sick man at the rate of twenty-one three hundred and sixty-fifths of a shilling a day conceives himself entitled to rate the doctor soundly for any fancied neglect; whilst all the while all the salt of human kindness, all that true influence of charity which acts as balm to the soul, which the poor have experienced, have proceeded from the words and acts of the dispensary physician. We fear we have been wandering from our subject, which is the testimonial to Dr. Aldis as a sanitary reformer and dispensary physician. If dispensary subscribers think we have scolded them, we ask their pardon. *Quis talia fando temperet à* strong words? We entreat them to accept this wholesome practical truth, that a handsome donation to the dispensary physician is the fitting complement of the annual guinea to the institution itself. It is one of the truths that is not told at dispensary sermons, meetings, and in circulars and "appeals." Dispensary work now-a-day is mere drudgery to the Physician. He cannot obtain scientific materials from out-patients, neither does he get repute amongst the wealthy. It is a mistake to create and to hold such offices; but for all this, the man who has done the work ungrudgingly and unflinchingly does deserve recognition at the hands of those whose instrument he has been in executing ever so imperfect an instalment of charity."

[The remainder of "Vigilans'" letter must stand over till next week for want of space, as well as the letter of "Medecin malgre lui," in reply to "Cyclops."—ED. MED. CIRCULAR.]

No. 7.

TO VIGILANS.

We cannot speak of the sympathies of one part of the body with another, without being constantly reminded of the electric batteries of the nerves, which are always to be

considered the acting powers. Nor can we speak of these unless we have some knowledge of their condition and power, the means whereby they are set in motion, and how they may be interupted in many of their most important duties, either from a deficiency or excess of those elements which produce electricity. In my last letter, I endeavoured to show the sympathies between the chylo-poetic viscera and the cerebellum, and between the small intestines and the parietal or less reflecting portions of the cerebrum. Indeed, it has often struck me, whether the chylo-poetic viscus, the stomach, and the chylo-poetic viscus, the duodenum, do not entirely finish and conclude the conventional term of chylo-poetic viscera, and that the small intestines have no title to be included with them. For instance, the duties of the two first are limited to chemical actions, no absorbent ones occur in either of these alimentary organs, the stomach or duodenum. The first is the acid and the second the alkaline alembic. The first, for the conversion of the ingesta into such a homogenous mass as to fit it for the second, and the second for the third or small intestines, to be therein acted upon in an entirely different way. Some elements to be absorbed, to regenerate the fluid constituents of the body, while the solid residue passes into the colon. I do not then see that the jejunum can have any positive sympathies with the cerebellum, but in connection with the ileum sympathises with the posterior portion of the cerebrum. Now, in injuries of the parietal portions of the head and the brain beneath, I have noticed symptoms affecting the small intestines, and I have equally noticed affections of the small intestines and ileum to sympathise with the parietal portions of the cerebrum. Here, then, are distinctive sympathies. Let us illustrate them further. In irregular conditions of the uterine functions in the female, no man who has had much practice in these cases will have failed to observe peculiar sympathies with the vertex of the head accompanied by a headache in that spot. Here is a part apparently mixed in its action, and it would be almost difficult to say whether the whole of the cerebellum, a sensual structure, or the posterior part of the cerebrum, a mental structure, is most sympathised with. Uterine affections have always seemed to me to be partly sensual and partly instinctive. These vertex headaches, so frequent in the female and so rare in the male, would at once show that a sympathy must exist in these parts with the uterus, and *vice versâ*. The happily regular female seldom experiences these headaches; but the unhappily irregular one has them to a great extent, and when they are present are always attended with a burning heat or excess of caloric. The uterus itself may not exhibit so much pain or discomfort, because the electric current going to the vertex, and there impinging, most assuredly shows by the headache there that the positive action of the uterine nerve batteries is greater than the negative. Irregular functions of the uterus produce in the system all those protean maladies known under the name of hysteria; so that uterine disturbances cause many others in other organs. So central and commanding is this sympathy, that both cerebrum and cerebellum become affected. Thus, the reflecting or anterior portion of the cerebrum becomes affected by the costive and other morbid conditions of the colon. The small intestines imperfectly acting, because of insufficient diet and little or no chyle of any consequence passing into them, or when any does pass, healthy absorbent actions do not take place. We find, then, that the pains accrue in the parietal portions of the cerebrum. Loss of appetite, from inability on the one hand, and distaste on the other, forbids the taking of proper nourishment, and therefore the stomach and duodenum enforce their sympathies on the cerebellum. Thus we have all parts of the head affected at one time from each part's own sympathising centre. If, by proper medication and diet, a better train of electric actions take place—as, for instance, more being eaten and digested—the cerebellum recovers itself, and headache leaves that part. The absorbent actions of the jejunum become more active and healthy, consequently the parietal pains of the head cease. These two actions greatly influencing the colon, that organ begins to act more regularly, and the frontal headache goes away; and at times, when any better and more regular functional condition of the uterus takes place, then the vertex headache leaves also. All these actions I have noticed thousands of times, and they are as plain to me as I wish, Sir, to make them to you. Here, then, is the story of the sickly girl I spoke of in my second letter, and here we are able to trace many of the sympathies of her functionally deranged system. She has no organic lesion, she simply has a uterus, which, from some inexplicable cause, does not perform its proper duties, and from this cause her whole system is upset; not only the chylo-poetic, but absorbent; not only these, but the fæcal; not only the fæcal, but the very elements by which battery powers are given to nerves; not only these, but the whole tenour of the circulation, and the heart's action as well.

It is, then, a fair field for science to investigate, whether disturbing elements first came from non-nutrition of the uterus itself, or whether that organ, in its mechanical and physiological duties, was the original *causa mala*.

Its effects, however, become deeper; for we find in many cases more than any other, that the brain itself becomes affected. As I have only been speaking of the sympathies of distant or bodily organs with parts of the brain, it must be inferred that these different parts cannot be so constantly affected without some parts of the brain itself becoming implicated. Nor can it; for when it does suffer in itself, its symptoms are shown by a temporal headache in either one or both sides: so that, in diagnosis, whatever the physician may see or hear as to the various affections of the head, he is only to bear in mind a few of the simple sympathies of organs with its various parts, and not to consider the brain has of itself anything to do with the matter, except as recording them. But when temporal headaches are present, they imply that the brain itself is affected. I have never been able to trace any sympathy between the temples, or the headaches that occur there, and any sympathy with other organs, as I have done with other parts of the brain. Many years ago, the vertex headache in the female first prompted me to investigate the subject. It struck me, as it no doubt would any other observer, that as this was so distinct a uterine sympathy and as the brain had two distinct parts, the reflective and the sensual, it appeared to me a fair subject for deep investigation, believing, as I do, that what influences the reflecting part could not influence the sensual, and what belonged to the sensual could not influence the reflective. And it did also appear to me that we were often at sea with many complaints of our patients; that we were led to guess too much, and, as a consequence, to become too empirical. For whereas, in any given case coming before us for medical relief, some men would lay the whole train of symptoms, and what they could find out or make of them, to a derangement of one part, while others of equal standing and ability in the Profession would hold a diametrically opposite opinion. Now, as both could not be right, it was just as clear that both might be wrong, as one right and the other wrong. This has hitherto been the way of the Faculty, and why I know it; but it is the object of these letters to open up a new train of thought, and bring about more fixed rules for estimating disease, and ultimately a greater unanimity of opinion, with more certain and more scientific results.

I am, &c.,

CYCLOPS.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—JUNE 19th.

ENGAGEMENT OF DR. SUTHERLAND.

Sir. S. NORTHCOTE asked the Under-Secretary of State for War in what capacity Dr. Sutherland was employed in the War Department; what pay and allowances he received; whether he was paid by salary or by day when actually employed, and if by day pay for how many days in the year he was employed on an average;

what vote of the Estimates the payment was made; whether the arrangement had received the approval of the Treasury; and whether there would be any objection to lay upon the table of the House a copy of the terms of his original appointment, and of any correspondence between the War Office and the Treasury on the subject.

The Marquis of HARTINGTON said the House would recollect that at the conclusion of the Crimean war a Royal Commission was appointed to inquire into the sanitary state of the army. The result was, that several sub-committees were subsequently appointed to consider and report upon the best mode of carrying out several of the subjects which had been reported upon by the Royal Commission. Dr. Sutherland, who had been a member of the Royal Commission, was appointed to serve on four of these sub-committees, and he still continued to serve on one, and the most important of them—that originally called the Barrack and Hospital Committee, and now called the Army Sanitary Committee. The duties of that committee were to consider and report upon all questions relating to sanitary improvements in existing barracks and hospitals, and the most healthy form of construction for new buildings. Dr. Sutherland's great experience and knowledge in such matters enabled him to render services upon the committee more valuable probably than those of any other gentleman who could be found. As to the rate of remuneration, it was fixed by the right hon. and gallant gentleman (General Peel) at 3*l.* 3s. a day, and afterwards, upon the recommendation of Mr. Herbert, then President of the Royal Commission, it was continued at the same rate so long as he was completely occupied upon these duties. Dr. Sutherland's time had since been entirely occupied on the details of the business of the Sanitary Committee, and he therefore continued to receive the above rate of remuneration. His salary was charged to the sanitary vote of the Army estimates. Under vote 14 a sum of 20,000*l.* was taken for sanitary services. The arrangement made for payment of expenses incurred by this committee was generally approved by the Treasury, and there would be no objection to lay upon the table all the correspondence between the War Office and the Treasury on the subject.

In reply to Colonel P. HERBERT,

The Marquis of HARTINGTON said he was unable to answer the question whether there was no officer of the army who was qualified to discharge the duties performed by Dr. Sutherland. It was the opinion of the present Secretary of State, and it had been the opinion of two or three of his predecessors, that these duties were better performed by Dr. Sutherland than they could be by any other person. He was unable to answer the question about Dr. Sutherland's superannuation; but should rather imagine that, under the circumstances, he was not qualified to receive superannuation.

FRIDAY, JUNE 23RD.

NAVY SURGEONS.

Sir J. PAKINGTON (for Colonel Dunne) asked the Secretary o the Admiralty the reason why surgeons in the Royal Navy had been recently appointed to do assistant-surgeon's uty, and if it be owing to a scarcity of the latter officers, r that there are no candidates on the list for admission nto the Medical service of the Navy, and if the Admiralty ad taken any steps to remove so great an evil.

Lord C. PAGET said several young surgeons had been tely appointed on promotion, particularly on foreign staons, in order to retain their services on board ship, and ith the view of keeping young surgeons well employed, there was always more or less difficulty in keeping the aces of assistant-surgeons filled, there being so much nployment for them elsewhere. The Admiralty were rtainly not in a great want of assistant surgeons, but the ung surgeons were employed to do surgeon's duty with e view of keeping them from going into private practice. he Admiralty did not think it necessary to take any steps r giving additional facilities for assistant-surgeons enterg the service.

PARISIAN MEDICAL NEWS.

WOUND OF THE VENA INNOMINATA.

But few communications have, during the past month, been forwarded to the Academy of Sciences by Medical or surgical practitioners, and in general were not possessed of any considerable amount of interest. We may, however, notice one sent in by Mr. Maisonneuve, surgeon of the Hôtel Dieu, entitled "Remarks on a Case of Injury of the Left Vena Innominata, followed by Recovery."

The case alluded to recently produced considerable excitement in Paris, and wounds of this blood vessel have not particularly arrested the attention of authors, although their practical importance is undeniable.

"On the 24th of April last," says the author, "a man succeeded in gaining admittance into the offices of the Russian Embassy, and inflicted several wounds on Count de B., and on two other persons. I reached the Embassy a very short time after the occurrence, and found Count de B. stretched on a couch, in a state of unconsciousness. He had lost an immense quantity of blood: his clothes, and even his boots, were completely saturated, and the pulse and respiratory movements were barely perceptible.

Amongst the various wounds inflicted on Mr. de B., I remarked a little above the concave border of the upper part of the sternum, and slightly to the right of the mesial line, an incision about six lines in width, penetrating downwards to a depth apparently considerable.

"When I began my inspection, Mr. de B. was in a state of syncope, and the hæmorrhage was arrested; but as soon as the circulation manifested any tendency to return, an enormous volume of blood gushed from the wound. The fluid was entirely black, without any admixture of air or arterial blood; hence I concluded that the carotid and trachea had escaped injury, and that the hæmorrhage proceeded from one of the largest veins of the body, the left innominata, which runs across the trachea, a little above the fork of the sternum. The absence of any appearance of thrombus in the deep-seated cellular structures of the neck, encouraged a hope that the vein had not been transfixed by the dagger, but that its anterior wall only had been cut through.

"I considered it would be prudent to close the wound without delay, because a return of the hæmorrhage was to be apprehended, and a still more formidable contingency might possibly occur—viz., the ingress of air through the veins into the heart. Phlebitis, a secondary complication, not immediately to be dreaded, but as certainly fatal, also caused me much preoccupation.

"I brought the edges of the wound into approximation by means of the twisted suture; but, in order to produce powerful pressure of the deep-seated parts, and yet avert the chances of venous inflammation, I included a considerable amount of tissues in the ligature, but carefully avoided encircling any part of the injured vein.

"The wound was thus perfectly occluded, and the skin, energetically stretched, exercised upon the subjacent tissues a regular and powerful pressure calculated to prevent any reappearance of the hæmorrhage.

"After the performance of this operation, I placed the patient on a litter, and had him conveyed to his residence, when I at once resumed my attendance.

"The transit was somewhat long, but was nevertheless borne without difficulty. The pulse had in some measure recovered its strength, the respiratory function was performed with regularity, not a drop of blood had escaped, and no thrombus had formed beneath the wound.

"Messrs. Nélaton and Langlebert, whose co-operation I had solicited, kindly assisted me in washing the patient, whose entire body was literally soaked in blood, in dressing the slight wounds of the back and cervical region, and in placing him in his bed. We merely prescribed a gentle anodyne, a little beef-tea, and weak wine and water, and strictly cautioning M. B. against coughing, or making the slightest effort, and enjoined absolute silence.

"These prescriptions were rigidly complied with, and on

the following day we were much gratified at finding that no sanguineous oozing had taken place, and that the wound was perfectly closed. We applied compresses impregnated with tincture of arnica and water, and prescribed food, carefully impressing on the patient the necessity of avoiding any effort calculated to occasion venous distension.

"The case progressed favourably for four days, when we removed the ligatures. The deep-seated parts of the wound were then perfectly agglutinated, the lips only remaining slightly open.

"The distance between the edges gradually decreased, and cicatrisation rapidly advanced.

"On the sixth day, however, a circumstance occurred, which occasioned me considerable uneasiness. In the course of the night the patient experienced a slight rigor, followed by severe headache, heat, and agitation. With the sanction of Professor Trousseau, who was called in consultation, of Sir Joseph Olliffe, Count B.'s usual Medical adviser, and of Dr. Langlebert, I exhibited fifteen grains of sulphate of quinine, the same symptoms recurred on the following day, but with less intensity. The quinine was again administered, and, agreeing with my colleagues that the complication was more probably referable to excitement of the nervous system than to genuine phlebitis, I persisted in the use of gentle sedatives, and of nutritious diet.

"On the 12th of May a complete cure was effected."

In addition to the very precise notions it imparts as to the size, situation, and anatomical connections of the left vena innominata, this case supplies unquestionable proof of the curability of injuries of this large blood vessel. The procedure adopted by Mr. Maisonneuve is the twisted suture, applied with certain precautions, which the Professor deems indispensable in wounds of this kind. It first consists in the insertion of the needle at about half an inch from the edge of the division, in order that when the ligature is tightened, the parts should be powerfully stretched, and thus exercise in virtue of their elasticity, a strong and deep pressure, calculated to prevent internal hæmorrhage. This precept is the principle on which was based the operation formerly designated under the denomination of "*le point doré*." Mr. Maisonneuve also lays much stress on the necessity of carefully excluding the venous walls from the ligature in order to diminish, as much as possible, the chance of phlebitis, and subsequent puriform infection.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 13.

Dr. ALDERSON, President.

Dr. J. B. SANDERSON and Mr. J. W. HULKE gave an account of a

CASE IN WHICH A SIXPENCE WAS LODGED IN THE LARYNX DURING TEN WEEKS.

On November 2, the patient was conversing in a public-house, having a sixpence in his mouth, when something in the conversation having excited his laughter, the sixpence disappeared, and immediately he fell to the ground suffocated. For about an hour there was excessive dyspnœa, which, however, subsequently disappeared so completely that on the following day he experienced no bad effect from the accident, excepting that he was unable to speak aloud, and had slight dysphagia. During the succeeding ten weeks he lost flesh and strength, but experienced no difficulty of breathing, either on exertion or otherwise; the voice remained as at first. On January 6, his breathing again became embarrassed. After lasting for some hours, the dyspnœa suddenly ceased, apparently in consequence of his having tripped in going down stairs. On the following day he attended at Middlesex Hospital for laryngoscopic examination. The sixpence was seen without difficulty on the first introduction of the laryngeal mirror. It was horizontally placed in the glottis, below the false vocal cords, which covered a portion of its circumference at each side, being in such a position that a transversely oblong breathing space was left between its free edge and the arytenoid cartilages. Several attempts having been made without success to extract the coin through the upper opening of the larynx, by means of loops of wire specially contrived for the purpose, it was resolved to have recourse to laryngo-tracheotomy. An incision an inch and a-half long was made in the middle line from the thyroid cartilage downwards, the edges of which were held apart above and below with two pairs of Trousseau's dilators. The coin could be readily felt by forceps introduced through the wound. Several attempts were made to seize it, in one of which it was displaced upwards into the patient's mouth. At that instant the patient made a sudden gulp, the coin slipped out of reach, and the patient, who had become conscious, made signs that he had swallowed it; it was recovered on the following day. After the operation the patient progressed so favourably that he was able to leave the hospital on January 18, feeling no effect from the accident, excepting that the voice was still husky and feeble. By February 20 it had regained its natural character.

The PRESIDENT said that several cases of this kind were on record, but none since the introduction of the laryngoscope. The case was one of great interest.

Dr. WEBSTER referred to several cases on record, and especially to the well-known case of the celebrated engineer. He adverted to a case which occurred in his own practice, in which a cherry-stone remained in the bronchus sixty-eight days, and was then expelled by coughing. Louis relates a case in which a small gold coin remained four years in the trachea, and Dupuytren one in which a coin remained ten years. John Stevenson, an old Covenanter, had a bit of mutton bone the size of half a hazel-nut in his trachea fourteen years and nine months, and then coughed it up and got well. M. Sue met with the case of a girl who had had a piece of chicken bone in her bronchus seventeen years; she coughed it up and got well. Dr. Webster then asked the opinion of the surgeons present as to the advisability of opening the trachea in such cases.

Mr. BIRKETT said the object of the operation in Brunel's case was to enable the patient to take in enough air to enable him to expel it in coughing. Mr. Birkett then referred to the importance of surgeons being provided with a fitting instrument to pass from the opening in the trachea, in order to dislodge a body from the larynx into the mouth. He related a case in which a child was brought to the hospital in *articulo mortis*, after having swallowed a piece of walnut shell. She recovered, but no foreign body could be detected in the larynx at the operation by a probe passed through the tracheal wound. Next day, by passing a larger instrument, an elastic catheter, a piece of walnut shell was dislodged into the mouth.

Mr. HENRY LEE said that, in Brunel's case, Sir Benjamin Brodie's object in performing tracheotomy was really to enable him to seize the coin through the opening; but he (Mr. Lee) thought the advantage of opening the trachea was correctly explained by Mr. Birkett. Mr. Lee then related the case of a boy who had swallowed a four-penny-piece. It was supposed to have passed into the larynx, and every time the boy was reversed he was nearly suffocated. He was sent to St. Thomas's Hospital, and one day, while there, felt an inclination to vomit; he heard something chink against the water-closet, and was afterwards well. Mr. Lee repeated that he thought surgeons had an idea of putting forceps in to take out the coin, but he thought that Mr. Birkett's remarks showed that this was not the proper reason for performing tracheotomy in such cases.

Dr. GIBB observed that the case brought forward demonstrated the value of the laryngoscope in proving the actual presence of the sixpence, and showing its position in such a manner that its removal by the mouth was almost but an impossibility. He thought, however, that, if the

laryngoscope had been used at an earlier period, extraction without a resort to tracheotomy might have been successful, before the coin had assumed the horizontally-fixed position it was seen afterwards to occupy; indeed, he was astonished the patient was able to breathe well at all under the circumstances, for in similar cases death was usually instantaneous from suffocation. Although well acquainted with the literature of the subject, he knew of very few cases indeed upon record where a coin of any kind occupied a similar position to that described by Mr. Hulke. When at Salisbury, in March of last year, he visited the Infirmary, and a case was related to him in which a bronze halfpenny was removed from the larynx of a young man by one of the surgeons, after lodgment for some days, by cutting through the pomum Adami and separating the alæ, no inconvenience to the patient resulting. The position of the coin was vertical within the cavity of the larynx, and in a direction from before backwards, which readily permitted of its extraction, and had not exposed that obstacle to breathing which a horizontal or more or less oblique position would have done.

Mr. Solly related the case of a navigator, who had been brought to St. Thomas's Hospital after having swallowed a pebble. He was then nearly suffocated. Mr. Solly opened the trachea with the double object of admitting air and relieving spasm. The patient was repeatedly reversed, but the pebble still remained lodged in the trachea. He went out and soon got drunk, and had a violent fit of coughing and died. At the autopsy the pebble was found lodged in one of the bronchi. Mr. Solly entirely agreed with Mr. Birkett and Mr. Lee in their explanation of the advantage of the operation. He then spoke of the advantage of the button-headed probang in extracting bodies from the œsophagus, and related a case in which he had hooked out a piece of mutton bone in a patient who was suffering from laryngitis in consequence of the irritation caused by the foreign body.

Mr. Durham related the case of a child who was seized with a "fit" whilst eating an apple. The child was apparently dead, but by artificial respiration was brought round after the performance of tracheotomy. The larynx was then carefully examined, by pushing a probe up and by the finger, but nothing was discovered. Something larger than a probe, as recommended by Mr. Birkett, should have been passed up. The child, who had had several fits, had another attack and died. At the autopsy a piece of apple was found in the ventricle of the larynx. Had a laryngoscopic examination been possible, the piece of apple might have been discovered during life, but the real cause of death was tubercular meningitis.

Mr. Holmes Coote said that when the trachea was opened the patient could not cough. Hence, in opening the trachea, this way of getting rid of the foreign body was not applicable. He could remember several cases in which foreign bodies had been expelled by coughing.

Dr. Wynn Williams said that in Mr. Brunel's case an apparatus was contrived by which he was reversed. The advantage of tracheotomy in the case was that it prevented spasm of the glottis.

Mr. Henry Lee said that Sir B. Brodie had had forceps made on purpose to catch the foreign body. In reply to Dr. Webster, Mr. Henry Lee said the wound was kept open, and it was expected that the coin would have passed through it.

Mr. Spencer Wells said a drawing of the forceps which Sir B. Brodie had had made in the case was to be found in an article which he (Mr. Wells) had written in the 'Cyclopædia of Surgery.' They were very long, and were intended to reach the coin in one of the bronchi.

Dr. A. P. Stewart said that the great advantage of the operation was that it quieted spasm. To this Dr. Latham had attributed the chief advantage of the operation of tracheotomy in œdema of the glottis.

Mr. Thomas Smith begged to be allowed to add to the various means for dislodging foreign bodies from the larynx that had been mentioned, one other expedient,—namely, that of drawing through the larynx from below a small piece of sponge attached to a piece of silk. This plan he had adopted successfully in a case of laryngeal obstruction after tracheotomy, where a small tent of sea-tangle weed had escaped into the cavity of the larynx, and had become lodged there. The thread in this case was passed on a probe through the tracheal wound and larynx into the mouth, and the sponge, being tied to the opposite end, and traction made the foreign body present itself in the mouth. The advantage of tracheotomy in these cases was obvious. If the foreign body were in the larynx, it allowed air to enter the chest freely, so as to give the full expulsive effect to coughing when the tracheal wound was for a moment closed; by means of it the Surgeon could, without danger to the patient's life, make attempts to dislodge the foreign body from below; while if the foreign body were in the trachea or bronchus, a large tracheal opening gave the best chance of escape. He related two cases—the one under Mr. Skey's care, the other under Mr. Paget's, at St. Bartholomew's—where a plum stone in one case, and a tamarind stone in another, were shot out from the wound by a strong expiratory effort within a few minutes after the performance of tracheotomy. He believed that attempts to seize moveable foreign bodies in the trachea by means of forceps were quite useless, while he could bear testimony to the value of Mr. Birkett's advice, that if attempts were made from below to push foreign bodies out of the larynx, a good sized elastic catheter should be used, and not a silver probe.

Dr. Wynn Williams said that one of his patients, whose trachea he had opened for epilepsy, on Dr. Marshall Hall's recommendation, could not cough unless he put his finger over the opening.

Mr. Hulke replied that it was a mistake to suppose that the operation was not directly successful in removing the coin from the larynx—for this was actually dislodged upwards into the mouth during the attempt to seize it with the forceps introduced through the wound. The present case differed from those brought forward during the discussion in that the coin was in the larynx, and not in the trachea or bronchi, and in its position being accurately known before the operation. Indeed, it was this exact knowledge of its position which determined the particular operation.

Dr. Sanderson remarked that among the most remarkable features in the case were the remarkable immunity of the patient from dyspnœa during so long a period as ten weeks, and the absence, from first to last, of all symptoms of larnygeal irritation, although the sixpence was undoubtedly in the larynx during the whole time. This seemed to be accounted for by the singular passiveness of the patient's larynx, but by its relatively large size, and by the volume of his chest. Like most large-chested men, the patient breathes slowly—at the present time, five months, after the operation, only twelve or thirteen times in a minute—and is thereby enabled to make the better use of the air he takes into his lungs.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 15th inst.:—

John William Armistead, Leeds; Frederick Robertson Haward, Hallesworth, Suffolk; Alfred Jones, Cardigan; Hy. Wm. Alex., Mackinnon, Portugal street, Lincoln's Inn.

The following gentlemen also on the same day passed their first examination:—

Benjamin Male Dalton, Guy's; Arthur Bowes Elliot, Guy's; Barnabas Walter Lamb, St. Bartholomew's; William Square, St. Bartholomew's.

Strange Bequest.—A Medical man of Paris died the other day without heirs. He was not possessed of a large fortune but of a great many articles of more or less value, besides furniture. By his will he left everything he owned

to his patients, who divided the property among them by drawing lots.

CHOLERA IN EGYPT.—In consequence of the cholera having broken out in Egypt, the whole of the India, China, and Australian mails have last week been sent in boxes instead ot bags to prevent infection being carried out of Egypt by the mails passing through that country.

DR. DEBENHAM'S CASE.—The body of the man shot by this gentleman has been exhumed, and an examination of it made. The ball entered the left temple and buried itself in the occipital bone.

NOSOCOMIAL BEQUEST IN FRANCE.—M. Dussaussoy, an eminent barrister, and son of a former head surgeon of the Hôtel Dieu, of Lyons, has just died without heirs, and has left all his property to the above named hospital.

WATERLOO VETERANS.—The following Medical officers still survive the grand battle fought half a century ago between this nation and our now friendly neighbours—viz., R. Dawn, M.D., Deputy Inspector-General; George Evans, Assistant-Surgeon; F. Gilder, Surgeon; J. Harrison, Surgeon; W. Hunter, M.D., Surgeon; M. Kenney, M.D., Assistant-Surgeon; R. A. Pearson, M.D., Surgeon; D. Perston, M.D., Surgeon; T. Smith, M.D., Surgeon; R. Scott, M.D., Surgeon to the Forces; R. Scott, M.D.,; W. H. Young, Surgeon; and J. Constant, Veterinary Surgeon.

LORD PALMERSTON AND THE HOMŒOPATHS.—A paragraph has been going the round of the newspapers—chiefly, it is said, the religious ones—to the effect that Lord Palmerston has discarded his ordinary Medical attendants, and has entrusted himself to the hands of two homœopathic practitioners—Dr. Quin, a Physician and Dr. Ayerst, a Surgeon. We hear, on the best authority, that there is no oundation for the statement.—'Medical Times and Gazette.'

THE CHAIR OF MIDWIFERY AT UNIVERSITY COLLEGE, LONDON.—In consequence of the retirement of Dr. Murphy, the Chair of Midwifery of University College becomes vacant at the end of the present Summer Session, as also the appointment of Obstetric Physician to the hospital. It is considered very probable that the choice of the Council will fall on Dr. Graily Hewitt, whose high position as a writer, practitioner, and teacher point him out as peculiarly fitted for undertaking the Professional and other duties of the appointments.

REMARKS ON ALCOHOLIC DRESSINGS.—*Walnut-leaves*, dry or fresh, afford a good substitute for the preparation of a tincture composed of walnut-husks. From ten to twelve ounces of the fresh leaf, or eight or nine ounces of the dry leaf, should be bruised in a mortar, and macerated in a quart of strong alcohol. I have used this tincture all the winter with much benefit, for the purpose of experiment, and also to save my provision of *tincture* and *grounds of walnut-husks*. Both fluids are used in the same manner. I have already stated that I tested the good effects of walnut-husks in chronic inflammation of the tonsils; since the publication of the first edition of my pamphlet, I have also applied the same remedial agent in a case of hæmorrhoidal tumour of such considerable size, that excision with the knife or with the *écraseur* was in contemplation. The patient having declined to submit to so painful an operation, I applied walnut-husk grounds. The improvement was rapid and the tumours having diminished so much in the course of three weeks' treatment, that hopes of a complete cure may now be legitimately entertained. I have no doubt that this kind of dressing may be usefully resorted to in many tumours, and that the question is deserving of serious attention. *Phenic acid* and the *phenates* have of late been much extolled, but after testing their value in numerous cases, I have returned to alcoholic dressings. These various substances all display at first disinfecting virtues, and almost immediately restore a healthy aspect to the ulcerated surfaces; but their use cannot unfortunately be long persevered in with impunity, and they induce a considerable amount of local irritation in the wounds, on account of their destructive action; they must after a time be laid aside, or be diluted so extensively as to lose their healing properties. These topical remedies must be viewed in the light of powerful but temporary modifiers of ulcerated surfaces, under peculiar circumstances; and their action may not inaptly be compared to that of the dilute alkaline or metallic chlorides (chloride of sodium, of zinc, &c.), which surgeons frequently resort to for similar purposes, and are, therefore, merely topical applications which may sometimes be beneficially prescribed in surgical treatment. Of course, I allude only to their external use in dressing of wounds and ulcers. With alcoholic fluids the case is entirely different; they may and should be resorted to immediately after the infliction of the wound, and in the very great majority of cases, their use may be persevered in not only without injury, but with the most marked benefit to the patient. As disinfectants, I may safely assert that none are more promptly efficacious than these tuous substances. Admitting even, for the sake of argument, that other agents may act in a more instantaneous manner, this trifling inferiority is amply compensated by the advantages above enumerated, and, in my opinion, dressing is equally effective in this respect. In conclusion, I conceive that phenic acid and its compounds are rather agents which may be found accidentally useful in the management of surgical injuries, but that the use of alcohol as a dressing has the value of a *method* which in most instances should obtain the preference over all others. —J. LE CŒUR, M.D. (*Caen*), in 'Journal of Practical Medicine and Surgery,' for May.

HOMŒOPATHY IN THE FRENCH SENATE.—Some excitation has been excited in Parisian Medical circles by the presentation of a petition to the Senate, nominally on the part of five *ouvriers*, demanding that homœpathy should be introduced into the Hospitals. In that august body the demand will, doubtless, as it would among our own legislators, meet with many sympathisers, and a committee has been appointed to report upon it. Senator Dumas, a distinguished chemist, has been chosen as the Reporter, and although the fact of his being a Physician certainly did not procure him the post he holds in the assembly, it will enable him to discharge the present duty with advantage to the community. The committee, before coming to its decision, has also appealed to the Administration of Public Assistance for its advice, and M. Husson, the Director of this, is said to have transmitted an extensive and decisive memoir on the subject. The Profession's view of such a demand will, therefore, probably be satisfactorily developed; but we are somewhat surprised that a writer usually characterised by great rectitude of view as M. Latour, maintaining in the 'Union Médicale' that the proper mode of meeting the advances of homœopathy is to admit its pretensions, secure that in the long run, when as teachers or practitioners, its votaries will exhibit their nothingness. "To bring discredit on their pretensions admit them freely to your chairs and your hospitals, while if you wish to increase their importance, drive them to martyrdom and persecution." We had thought that a sufficiently long trial had, in various parts of the world, been accorded, and that the verdict returned was well nigh unanimous; and however little compassion we may feel for any of the consequences ensuing upon the vagaries of fashionable frivolity in Medicine, we must protest against those who have in their hands the responsibility of providing for the wants of the poor ignorant trifling with this and coolly handing them over to a set of visionaries, as if the result were a mere matter of speculative curiosity in place of being always a question of health and strength, and often of life itself.—'Medical Times and Gazette.'

GALAZYME.—Dr. Schnepp, in the 'Comptes Rendus' has suggested a new, and it is said, successful treatment for pulmonary complaints, from cough to a consumption. The remedy is an intoxicating drink called *Galazyme*, prepared from asses' milk. The idea of this preparation arises from the general belief that consumption is unknown

ng the nomadic inhabitants of the Steppes of Russia, are in the habit of drinking kumis, or fermented mares' :.—'Reader.'

HE CHARGE AGAINST A SURGEON.—At the Thames t, on Tuesday fortnight, Mr. Robert Debenham, leath House, Commercial road, Stepney, surgeon, was amined, charged with killing Thomas Solomon, ship- ter, on the night of the 5th instant. The evidence n before the coroner's inquest having been repeated, Paget said he felt himself bound to commit the accused anslaughter. The evidence showed that deceased was a burglar or a dishonest man, and he had not done hing to put a man's life in danger. He (Mr. Paget) ted whether he ought to take bail. Mr. Lewis said o any amount could be given. Mr. Paget said on the nvestigation it was alleged the unhappy man was shot attempting to do a felonious act. The evidence that egatived that. The deceased had no felonious intent ever. The bail he should require would be the pri- 's own personal recognisances in 4,000*l.*, and four secu- in 1,000*l.* each. Bail was given and accepted.

APPOINTMENTS FOR THE WEEK.

SDAY, JUNE 28.—Operations at Middlesex Hospital, 1 p.m.; St. 's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great hern Hospital, 2 p.m.; University College Hospital, 2 p.m.; Lon- Hospital, 2 p.m.; Royal Institution, 4 p.m.—M. Jules Simon, "On hysical and Moral Condition of Workmen in France." (In French.)

AY, JUNE 29.—Operations at the Central London Ophthalmic ital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical , 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hos- 2 p.m.; Royal Institution, 4 p.m.—M. Jules Simon, "On the ical and Moral Condition of Workmen in France." (In French.)

, JUNE 30.—Operations at the Westminster Ophthalmic Hospital, m.; Royal Institution, 4 p.m.—M. Jules Simon, "On the Physical Moral Condition of Workmen in France." (In French.)

AY, JULY 1.—Operations at St. Thomas's Hospital, 1 p.m.; St. olomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

, JULY 3.—Operations at St. Mark's Hospital for Fistula and Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2

, JULY 4.—Operations at Guy's Hospital, 1½ p.m.; Westminster tal, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

ations to Assist the Study of Ovarian Physiology and Pathology. arles G. Ritchie, M.D. London: John Churchill and Sons, New gton street.

NOTICES TO CORRESPONDENTS.

requested that all Communications intended for the Editor may at to the office of the Journal, No. 20 King William street, Strand. to obviate the recurrence of disappointments, we beg to state ll communications intended for this Journal should be sent to the BEFORE NOON on Monday, as we are compelled to go to press on ternoon of that day.

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GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

—At a meeting of the Committee on the 12th inst., it was unani- y resolved that the above Fund should be finally closed on Oc- 1st proximo.

nding subscribers would oblige by forwarding their contributions. following subscription has been further received on behalf of the fund:—

	£	s.	d.
mes Hardwicke, Esq., Saxlingham	0	5	0
ount previously announced	124	11	9
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Yours, &c.,
ROBERT FOWLER, M.D.,
Bishopsgate st. Without, Treas. and Hon. Sec.
June 21, 1865.

to the space occupied by the Index, we are compelled to omit our Reviews, Summary, Reports of Societies, Medical News, Answers rrespondents, and Guide to the Quacks of London.

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Light Dinner Hock, 24s., 30s.; Nierstein, 36s., 42s.; Hochheimer, 48s., 60s. 72s.; Liebfraumilch, 60s., 72s.; Johannesberger and Steinberger, 72s., 84s., to 120s; Assmanshausen, a choice Red Hock, 48s., 60s.
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Still Moselle, 24s., 30s.; Zeltinger, 36s., 42s.; Brauneberger, 48s., 60s., Muscatel, 60s., 72s.; Scharberg, 72s., 84s.; sparkling Moselle, 48s., 60s., 66s., 78s.
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Before replying to suspicious advertisements, persons will do well to address the Secretary of the Anti-Quackery Association, who will be able, in most cases, to furnish the past histories of the quacks and pretenders from whom they emanate.

N.B. The letters of "Detector," entitled "Revelations of Quacks and Quackery," are now reprinted, and may be had at the Medical Circular Office, price 1*s.* 6*d.*; or, by post, twenty stamps.

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The Medical Circular.

THE TRIAL OF EDWARD WILLIAM PRITCHARD FOR MURDER.

On Monday, July 3, this trial was commenced before the High Court of Justiciary in Edinburgh. The accused is a member of the Medical Profession, an M.D. of Erlangen, M.R.C.S. Eng., L.S.A. Lond. He was educated at King's College, London, was formerly an Assistant-Surgeon in the Navy, and has many relatives in the combatant branch of that service. Before his apprehension he resided in Glasgow, where he had practised, it was said, with some success during a period of six years. He is charged with the murder of his wife and of her mother. The prosecution was conducted on the part of the Crown by the Solicitor-General, Mr. Gifford, and Mr. Crichton; the prisoner was defended by Mr. A. R. Clark, Mr. Watson, and Mr. Brand. The presiding judges were—the Lord Justice Clerk, Lord Ardmillan, and Lord Jerviswoode. The first portion of the indictment preferred against the prisoner refers to the case of his mother-in-law. It states that the prisoner "did wickedly and feloniously administer to, or cause to be taken by, Jane Cowan or Taylor, now deceased," "in tapioca and in porter or beer, and in a medicine called Battley's sedative solution, or one or more of them, or in some medicine to the prosecutor unknown, or in some articles or article of food or drink to the prosecutor unknown, or in some other manner to the prosecutor unknown, tartarised antimony, and aconite, and opium, or one or more of them, or some other poison or poisons to the prosecutor unknown," and that in consequence Jane Cowan or Taylor died on or about the 25th of February, 1865. The second part of the indictment charges the prisoner with having feloniously administered to his wife, Mary Jane Taylor, "in egg-flip and in cheese, and in porter or beer and in wine, or one or more of them, or in some medicine to the prosecutor unknown, or in some articles or article of food or drink to the prosecutor unknown, or in some other manner to the prosecutor unknown, tartarised antimony and aconite, or one or other of them, or some other poison or poisons to the prosecutor unknown," and that in consequence Mary Jane Taylor or Pritchard died on or about the 18th of March, 1865.

The counsel for the defence moved that the two charges made in the indictment should be separated and not go to trial at once. This motion was opposed by the prosecution, and was negatived by the presiding judges. The prisoner pleaded in a firm voice "Not guilty."

As it is impossible for us to publish the whole of the evidence in this remarkable trial, we give the following summary of the whole case, and we append the principal Medical evidence, together with an abstract of the chemical analyses.

Dr. Pritchard is a physician who some six years ago came to reside and practise in Glasgow. He brought with him his wife, to whom outwardly he seemed much attached, and two children. Considering the comparatively short time he had been in Glasgow, he had got together a very respectable practice, with every prospect of doing well. During the latter part of last year Mrs. Pritchard appeared to be in a bad state of health, suffering from almost constant sickness and great depression. As she got no better she went to Edinburgh for change of air, and whilst there her health wonderfully improved. The sickness left her, and she was rapidly getting well. She returned at the end of a few weeks to her husband at Glasgow, and almost immediately the old symptoms returned. At length she got so ill that her mother, an old lady of seventy-five, came to stay with her, and in a very short time she also was seized with similar symptoms, and, after a very short sickness, died and was buried. The certificate given by Dr. Pritchard assigned her death to "apoplexy." Three weeks afterwards Mrs. Pritchard also died, and was sent to Edinburgh for interment, the cause of her death, given by her husband, being "gastric fever." Dr. Pritchard expressed outwardly extreme grief, and would, before his wife's interment, insist upon having the lid of the coffin opened, that her countenance might be seen by her surviving friends, and that he might have the last and bitter consolation of kissing her now pale lips. Thus far all seemed fair and natural. But, unfortunately for Dr. Pritchard, ugly rumours had already spread abroad that his wife had not met her death by fair means; and these rumours attained such a tangible form that, on his arriving at Glasgow, before the last rites were to be performed over the remains of his wife, he was taken into custody. Soon after the preliminary examination of the witnesses was commenced, grave suspicions were excited that Mrs. Taylor, the mother of Mrs. Pritchard, had not died from natural causes. Both bodies were exhumed, and portions of them, and the intestines, brain, heart, liver, &c., were subjected to a rigid chemical analysis. The results were conclusive that both Mrs. Pritchard and her mother had not died from natural causes, but had been poisoned, and by nearly the same kind of poison. After five days' trial the truth has been elicited, and Dr. Pritchard now lies under sentence of death for the two murders. The evidence given at the trial proves that Dr. Pritchard must have been one of the most hardened monsters that this world has ever seen. Not only did he administer the poison day by day—frequently twice or thrice in the same day—but he lavished on his victim all sorts of endearments, and insisted upon sharing her couch that he might more carefully attend to her. His own counsel's words in endeavouring to show that no man could be guilty of such a crime are worth recording. He said: "If he has committed the crime with which he is charged, I say it was a cold-blooded, deliberate poisoning of those two trusting and loving women. If he be guilty, his cruelty knew no compassion; for, if it be true that he poisoned these women, he did not resort to the use of drugs that in a few minutes might have put them beyond the reach of pain, but chose rather to practise those devilish arts by slow degrees, so that the poison which he was administering should stop his wife's life gradually. Yet the jury without hesitation adopted it as emphatically true by bringing in the prisoner guilty of those frightful crimes. The motives for such atrocious deeds appear to have been lust and avarice. In the year 1864 there entered into the service of Mrs. Pritchard a young girl of seventeen years of age in the capacity of nurse and housemaid. Dr. Pritchard appears to have been enamoured of her, and, on one occasion, according to the girl's (Mary M'Leod) evidence, Mrs. Pritchard surprised her husband in the act of kissing her. Mary M'Leod, who gave her evidence with great reluctance, went on to say that she went to her mistress and asked her to be allowed to leave. Mrs. Pritchard, unfortunately for all parties, refused her consent, said Dr. Pritchard was a nasty dirty brute, and that she would speak to him. As might have been expected, he succeeded in seducing this unfortunate girl, and it was drawn from her after a great deal of pressing, and by threatening her with imprisonment, that Dr. Pritchard had promised her that he would marry her if his wife should die before him. Soon after this the slow poisoning process was commenced. All the food which Mrs. Pritchard partook of was carried to her either by her husband or Mary M'Leod, and therefore it became evident that, if Mrs. Pritchard was poisoned, either her husband or the girl M'Leod was the guilty party. It was suggested by the counsel for the defence, that the girl had committed the poisonings in order that she might marry Dr. Pritchard at his wife's death in fulfilment of his pledge. But this was too monstrous. No girl of seventeen, at all events in the position of Mary M'Leod, would have sufficiently understood the science of slow poisoning (for, unfortunately, of late in several cases it has been demonstrated to be a science) to have caused the

death of Mrs. Pritchard in the manner described. The first motive, therefore, would seem to be that Dr. Pritchard was infatuated with this servant girl, and really did wish to marry her, or to carry on a *liaison* with her without anyone to interfere. The second motive, as far as can be judged, was the desire of immediately becoming possessed of the property that would come to him in the event of his wife and Mrs. Taylor, her mother dying before him. He was in somewhat straightened circumstances. He had borrowed 500*l.* from Mrs. Taylor, and had overdrawn his account. He might have been pressed for money, although there was no actual evidence of the fact, and this may have induced him to poison Mrs. Taylor in a far more summary way than his wife. The old lady appears to have been, to a certain extent, an opium eater, or perhaps it is better to say that she was fond of Battley's sedative, and could, without inconvenience to herself, take daily sufficient to send half a dozen ordinary persons into the sleep of death. Tartarised antimony was not a sufficiently active poison to work speedily on her frame, and therefore, although she had some of the same symptoms as Mrs. Pritchard, the quantity of opium she took to a certain extent neutralised the effect of the tartarised antimony, and therefore, the doctor had recourse to the tincture of aconite, which soon put his victim out of her misery. Dr. Pritchard, therefore, had a direct interest in his mother-in-law's death. The girl had none, although she might have in the death of Mrs. Pritchard. The accused murderer was proved to have bought the poisons which destroyed his wife and mother-in-law in most unusual quantities, even for a Medical man in the largest practice, and no attempt was made to show how he disposed of them. Two or three servants who happened to partake in a slight degree of some of the food sent up to Mrs. Pritchard were at once seized with the same symptoms, and suffered severely from sickness; and on one occasion Dr. Pritchard said he would sweeten some egg-flip for his wife himself, and went to the dining room for the sugar, thence crossed to his consulting room, where he kept his poisons, and then returned to the kitchen and dropped two lumps of sugar into the mixture. One of the women tasted the egg-flip, and at once perceived an extraordinary flavour, and the effect upon Mrs. Pritchard was at once apparent. It is very rare in murder by poison that positive evidence can be obtained; but in this case there does not appear to have been a singe link wanting to bring home the guilt to the accused. The poisons of the same kind, which it was proved he had bought and not accounted for, were found both in the bodies of his wife and mother-in-law sufficient to account for their deaths. There was thus the motives for the murders, the manner in which they were perpertrated, and the results.

Dr. William T. Gairdner, Professor of Medicine in the University of Glasgow, deponed:—"I know the prisoner. I got a message to call at his house between the night of the 8th and the morning of the 9th of February. I think it was between twelve and half-past one o'clock. I had not retired to rest, as I was making preparations for a lecture next morning. I was told to come and see Mrs. Pritchard. I went immediately. I had never seen her before. I met Dr. Pritchard at the house, and he took me to his wife's bedroom. He told me in general terms before introducing me what was the matter with her. He said she had been very sick, and her stomach was not able to bear any food. He said she had been some weeks in that state. I found Mrs. Pritchard in bed. She was lying on her back, with her face considerably flushed. She appeared to be in a state of considerable excitement, and she told me herself that she had been sick. Prisoner spoke about spasms; but I cannot remember if I got the first information of the spasms from him or from her. I recollect that, after the spasms were mentioned to me, then he said it was catalepsy. He mentioned to me that Dr. Cowan had seen her, and ordered stimulants, and that his wife had had chloroform, but whether by Dr. Cowan's orders or not I don't know. I think he said she had had champagne. Mrs. Pritchard began by apologising for not having sent for me sooner. Dr. Cowan, she said, was a friend of the family, and she had sent for him, and he had come. She afterwards said that she was aware that I had been a class-fellow of her brother, Dr. Matthew Taylor, of Penrith. I had some other conversation with her, and spoke to her of her symptoms. I found that she had been sick, but she was not sick when I saw her; she was in a state of extreme exhaustion. She had a pretty good pulse, and there was nothing in her symptoms indicating immediate danger. The most remarkable symptom was the violent state of excitement she was in and the spasms in the hands. She was holding up her arms in bed, and her wrists were turned in; her thumbs were also turned in towards the wrists. Her hands were in a very peculiar state. I think it was owing to my mentioning this that Dr. Pritchard used the word 'catalepsy.' The impression I formed as to the cause of the excitement was that she was intoxicated by the champagne and chloroform. I withdrew to the fire to warm my hands, with the view to make an examination, when I had no sooner moved towards the fire than she began to scream at the top pitch of her voice, 'Oh, you cruel man! you unfeeling men! don't leave me!' I returned to her bedside, and said I was not going to leave, but I was going to the fire to warm my hands. I did so. In the midst of this she was in a state of the most violent hysterical excitement. After various inquiries, and after feeling the state of her skin, I came to the conclusion that she was not in a state to give evidence of her own previous history that night, and I gave the orders that I thought necessary, and left. I ordered that the stimulants should be discontinued. I gave this order emphatically to Dr. Pritchard, and told him most decidedly that she was to get no stimulants whatever until I saw her again. I hardly know what catalepsy is. It is not a disease of ordinary Medical experience at all. Almost all that we know about it is from books, and what is written about it is to a great extent apocryphal. Therefore, I do not presume to be an authority about catalepsy. Mrs. Pritchard made use of a great deal of language while in the hysterical state, but I took no notice of it, and, in fact, intentionally ignored it. I have great difficulty in remembering whether any of the servants were present. I called again between one and two o'clock on the day of which this was the morning. I saw Dr. Pritchard, who said his wife was better, and quite quiet. I cannot remember whether he said anything more. He gave me the impression that she was better. We went to Mrs. Pritchard's bedroom, and I found her quiet. She was free from fever. I had some conversation with her, and assured myself that she felt better, and that she had not vomited since I last saw her; but she still had the remains of spasms in the hands. I directed that she was still to get no stimulants and no medicine. I instructed that when she required food she was to get a plain boiled egg and a bit of bread, and I told her that my object was to make her diet as simple as it could possibly be, in order that there might be no possibility of her taking anything which would disagree with her—that is, nothing that would produce sickness or irritation of the stomach. At my visit I was very much puzzled to know what was the matter with her. I thought she was intoxicated—drunk, in fact—and I thought she was hysterical. I thought it was a case which would require serious, constant attention. I never saw Mrs. Pritchard again. I had to leave town in two days afterwards for a distant engagement, and before doing so I wrote a note or sent a message to ascertain how Mrs. Pritchard was, and I received for answer that she was better. I returned on the Saturday afternoon, and on my return there was a patient waiting for me. While I was engaged, I believe Dr. Pritchard called and left word that Mrs Pritchard was better, and that I need not call. I wrote to Dr. Taylor, the brother of Mrs. Pritchard. I did so, I think, on February 9, after my second visit. My reason for doing so was that I was puzzled, and that I thought the practice bad, in so far as the stimulants were concerned at least, and I wished to be aided and backed by his assistance.

Cross-examined by Mr. Clark: "The word 'catalepsy' seemed to me to have no application to the case. I observed

nothing peculiar in Dr. Pritchard's nomenclature of disease, except that perhaps it was occasionally a little at random. I mean by that that I don't think he was a model of accuracy and wisdom, and cautious in applying names to things. When I wrote to her brother, the first night after I saw her, I did not indicate to him that there had been anything more than improper treatment—I did not indicate to him that there had been any foul play."

Dr. James Paterson, formerly professor of midwifery in the Andersonian Medical School, was then examined by the Solicitor-General. He said:—I remember being called to Dr. Pritchard's house on Friday, the 24th of February last. That was the first time I ever crossed his threshold. I was called between half-past ten and a quarter to eleven. Dr. Pritchard conducted me into his consulting-room on the first floor, and there he told me that his mother-in-law, while in the act of writing a letter, had suddenly been taken ill, and had fallen off her chair upon the floor. I think he said it would be about an hour or half an hour before I came that this happened. I asked if he could assign any reason or cause for the suddenness of the attack. He said his mother-in-law and Mrs Pritchard had been partaking of some bitter beer, as I understood, to supper, soon after which they both became sick and vomited, and both complained that the beer was much more bitter to the taste than usual. He said they could not have taken more than a third of the pint each, because there was still some remaining in the bottle. I said I could not think it possible that either Allsop's or Bass's beer would produce such an effect, and that the attack must depend on some other cause. I asked him with regard to the previous state of his mother-in-law's health, and particularly as to her social habits, when, by a particular insinuation, he led me to understand that she was in the habit of taking a drop occasionally. He stated also that Mrs. Pritchard had been very poorly a long time past with gastric fever, and that some days before he had telegraphed for his mother-in-law to come and attend to her in her illness. I then went upstairs to the bedroom, and on entering I observed Mrs. Taylor lying on the edge of the bed next to me. She was lying on her right side. All her clothes were on, and she had all the appearance of a sudden seizure. Mrs. Pritchard, with her nightdress on, with nothing on her head, and with her hair much dishevelled, was in the same bed, underneath the clothes, and sitting up immediately beyond her mother. On examining Mrs. Taylor, my impression was that she had previously been in very good health. She seemed to me to be rather above the ordinary size, good-looking, well-formed, and altogether, I should say, a very superior-looking person. There was not the slightest appearance of her being in the use of spirits or intoxicating liqours. On examining her face it was rather pale but the expression was calm and placid. The eyelids were partially closed; the lips were rather livid; the breathing was slow and laborious. The skin was cool, and covered with a clammy perspiration. The pulse was almost imperceptible, and she seemed to be perfectly unconscious. On my opening up her eyelids I found both pupils very much contracted. From these symptoms, and judging from her general appearance, my conviction was that she was under the influence of opium or some other powerful narcotic, and I at once pronounced my opinion that she was dying. On my doing so, Dr. Pritchard, in an under tone, said something, apparently unwilling that the expression of my opinion should be heard by the ladies. We retired a little from the bedside, and I then said distinctly that she was dying. Dr. Pritchard said she had frequently had attacks before of a similar kind, but never one so severe. I said nothing we could do would have the slightest effect, but as a last resource we might try mustard poultices to the soles of the feet, the calves of the legs, and the inside of the thighs; and as quickly as possible administer a strong turpentine injection. Dr. Pritchard at once proceeded to prepare an enema, and he said he had a little before given her one in which he had administered a glass of brandy. Mrs. Taylor lay apparently comatose or unconscious, but on her being roused a little, and the head and shoulders slightly elevated, a degree of consciousness came on, and the pulse became perceptible at the wrist. I directed Pritchard's attention to the pulse at the wrist as showing a slight reaction, and he clapped Mrs. Taylor on the shoulder and said, "You are getting better, darling." A slight fit of retching now came on, and she put up a small quantity of a frothy kind of mucus, immediately after which the coma returned. The breathing became more oppressed, more laboured, and evacuations were passed involuntarily. I then concluded that the case was utterly hopeless, but Pritchard administered the enema in my presence. I afterwards left the room and went downstairs, accompanied by Pritchard, and we entered the consulting-room. I repeated my opinion that she was in a state of narcotism. Pritchard then stated that the old lady was in the habit of regularly using Battley's sedative solution, that she had a few days before purchased not less than a half-pound bottle of the medicine, and that he had no doubt but that it was very likely she might have taken a good "swig" of it. That was his expression. There was little more said at the time. I know Battley's solution, but I very seldom have used it. While attending to Mrs. Taylor in the bedroom I was very much struck at the same time with the appearance of Mrs. Pritchard. I must say I could not banish from my mind the conviction that her symptoms betokened that she was under the depressing influence of antimony. I never put a single question to Mrs. Pritchard. The impression was created entirely by her appearance. A little before one o'clock next morning my door-bell was rung, and there was a girl asking for me to come directly to Mrs. Taylor. I refused to go, because I was certain that I could be of no service, and as I was very much fatigued with the previous day's work. But I sent my compliments to Dr. Pritchard, saying that if he really thought I could be of use he was to send back word, and I would then visit him. My house is only a short distance from his in the same street—195 yards. No message came back, and I did not rise. On the 3rd of March I received through the post-office a schedule from the registrar, in which I was requested to tell him the cause of Mrs. Taylor's death, and the duration of her disease. I refused to do so, and sent the schedule back to the registrar on the Saturday, with a note accompanying it, and directing his attention to the circumstance. I accidentally met the prisoner in Sauciehall street on the Wednesday after Mrs. Taylor's death. He said I had been very correct in my opinion with regard to his mother-in-law; and added that he would feel obliged if I would visit Mrs. Pritchard next day. On Thursday, the 2nd of March, about eleven in the forenoon, I saw Mrs. Pritchard in bed. She was still very weak and prostrate. In a very earnest manner she asked me if I really thought that her mother was dying when I saw her. I said, "Most decidedly," and that I had told Pritchard so. She then clasped her hands, looked up, and feebly exclaimed, "Good God, is it possible?" and burst into a flood of tears. I asked her with regard to the previous state of her mother's health. She told me her mother's health was generally very good, but she suffered occasionally from what she called neuralgic headache, and for the relief of these attacks she took a little of Battley's sedative solution. I understood that she was not in the habit of taking it. I then questioned her with regard to herself, and prescribed some stimulants to recruit her strength, and some cooling drink to relieve the heat and irritation. Dr. Pritchard called on me about eight o'clock on the evening of the 17th of March, and requested me to visit Mrs. Pritchard. When I saw her I was much struck by her terribly altered appearance. She seemed quite conscious, for she caught my hand, and I could see a half smile of recognition on her countenance. She began to mutter something about vomiting. Dr. Pritchard was standing behind, and he volunteered to say she had not been vomiting, and that she was only raving. She complained of great thirst. There was a peculiarly wild expression in her face. The eyes were of a fiery red, sunk in the head; her cheeks were hollow, sharp and pinched, and still much flushed. Her pulse was very weak and exceedingly rapid. Her tongue was of a darkish brown colour, very foul—very foul. She immediately began to grasp as if to catch some imaginary object about the bedclothes. Prit-

chard said she had not slept for four or five days and nights. I then said we must endeavour to do something to relieve her, and if possible procure some refreshing sleep. We left the bedroom and went downstairs. I then prescribed. A dose was to be repeated in four hours if the first did not produce sleep. The prescription was written to my dictation by Dr. Pritchard. About one next morning my bell was loudly rung, and a young woman requested me to come to Mrs. Pritchard immediately, as she had become much worse. I proceeded to dress, but in less than three minutes my door bell was again rung, and the servant girl said I need not come, as Mrs. Pritchard was dead.

In cross-examination, witness stated that it was his impression on seeing Mrs. Pritchard that she was poisoned, or being poisoned, with antimony. He did not go back to see her, because she was not his patient. He had nothing to do with her. It was not his duty to do so. You saw a person being poisoned with antimony, and you did not think it was your duty to interfere? I did the best I could to prevent her being further injured by apprising the registrar of the fact. Did you tell Dr. Pritchard?—I did not. You were surely under an obligation to go back again when you saw a person being poisoned by antimony?—I took what steps I could to prevent any further administration of the drug. I refused to certify the death of Mrs. Taylor, and if there had been a post-mortem examination of Mrs. Taylor's body I believe that the drugging with antimony would have gone no further at that time. I observed that she was suffering under the same symptoms as those formerly observed when I was called in on the 2nd of March. I still believed her to be suffering under antimony, and prescribed for her accordingly. I saw her alone, but did not mention antimony to her in the slightest. The treatment I prescribed for her, provided she got nothing else, was quite sufficient to have brought her very soon round, taking it for granted that my prescriptions were carefully walked up to, or rather my advice. It was Dr. Pritchard who asked me to visit his wife on the occasion. I did not mention to him what I thought. It would not have been a very safe matter to have done. I did not go back, because it was none of my business. I did not consider it my duty. She had her husband, who was a Medical man. I had discharged my duty. By prescribing certain things, and not going to see that your prescription was followed?—In the case of a consultation the consultant has no right to go back. The dignity of your Profession, then, prevented you?—The etiquette of the Profession. In re-examination, witness, being asked why it would not have been safe to communicate his suspicions to Dr. Pritchard, said he would rather not answer that question. The letter to the registrar had been destroyed, but he could give it *verbatim*, as he had paid great attention to it.

James Struthers, registrar of the Blytheswood district in Glasgow, was then examined, and stated that Mr. Taylor intimated the death of Mrs. Taylor to him. Dr. Paterson was said to have been the Medical attendant, but he returned the schedule sent to him. Dr. Pritchard then sent a certificate. He also sent a certificate of his wife's death.

Dr. James Paterson was then recalled, and gave the following as the letter he had written to the registrar:—

"Dear Sir,—I am surprised that I am called on to certify the cause of death in this case. I only saw the person for a few minutes, and a very short period before her death. She seemed to be under some narcotic; but Dr. Pritchard, who was present from the first moment of her illness till death occurred, and which had been in his own house, may certify the cause. The death was certainly sudden, unexpected, and to me mysterious."

I rendered emphatic the words "the cause of death" by having them underlined.

The Lord Justice-Clerk.—In answer to a question from the prisoner's counsel, I think you said your impression when you first saw Mrs. Pritchard, and afterwards when you saw her on the 2nd of March, was that she was being poisoned with antimony. Do you mean you believe some person was engaged in administering antimony for the purpose of procuring her death?—Yes; but to me unknown. Was that your meaning?—That was what I meant.

Dr. James Moffat Cowan, Edinburgh.—I am a cousin of Mrs. Pritchard, and saw her on the 11th of February, not exactly as a Medical man, but as an old friend. While I was sitting in the dining-room with the children in the evening, Dr. Pritchard came down from the bedroom and told me that Mrs. Pritchard had been vomiting again, and he requested me to accompany him to the bedroom and see her, which I did. I went up to her bedroom and saw her. She at the time complained of feeling a desire for food, and yet could not retain it, and I proposed to administer beef-tea injections. It was Mrs. Pritchard who desired that her mother should go to Glasgow and wait upon her.

Alexander M'Call, Superintendent of the Central Police District, Glasgow, deponed to the apprehension of the prisoner, and identified a number of articles removed from his house, and produced in the course of the trial. John Murray, sheriff officer, identified a packet of tapioca received by him from Mary Patterson, and also another packet he had subsequently bought from Burton and Henderson's. He had given both packets to Dr. Penny.

John Campbell, manager of the Glasgow Apothecaries' Company's branch in Sauchiehall street, said the prisoner had a running account with that establishment, and read entries proving the purchase by him of several quantities of tincture of aconite, tartarised antimony, and other poisons. On three occasions he had obtained 1oz. of tincture of aconite, and on two occasions 1oz. of tartar emetic. Witness deponed that 1oz. of tartarised antimony was an unusual quantity to sell. Two grains was the ordinary dose for an emetic, and the ounce contained 435½ grains. He had never sold an ounce of tartarised antimony to any other Medical man in Glasgow, and the quantity purchased by the prisoner struck him. Two ounces would serve their business for twelve months, and they had a very large dispensing business. The quantity of aconite purchased was also unusual, and one or two ounces would cover all they sold of it in a twelvemonth. The prisoner had also purchased a very large quantity of chloroform, 132ozs., between July and December, which exceeded all their sale to other persons. Witness had been a dispensing apothecary for twenty-three years, and he had never sold so much poison to any Medical man. Identified several phials produced.

John Currie, chemist, Sauchiehall street, spoke to having furnished the prisoner in February and March with several quantities of solution of morphia, tincture of aconite, and solution of atropine. Several of the quantities had been sold by his assistant, but he had no doubt they had all been supplied.

THE SCIENTIFIC EVIDENCE.

The Medical scientific witnesses in the case were then called. The reports to which they spoke were nine in number, and the following is a brief statement of their purport:—No 1 was a Medical report by Dr. Douglas Maclagan, Professor of Medical Jurisprudence in Edinburgh University, and Dr. H. D. Littlejohn, Edinburgh, of the post-mortem examination of the body of Mrs. Pritchard. It was dated the 21st of March, and stated that the body appeared to be that of a healthy woman, of about the age stated on the coffin-plate, thirty-nine years. It concluded:—"We have to report that this body presented no appearances of recent morbid action, beyond a certain amount of irritation of the alimentary canal, and nothing at all capable of accounting for death. We have, therefore, secured the alimentary canal and its contents, the heart and some of the blood, the liver, the spleen, the left kidney, and the urine, in order that these may be submitted to chemical analysis." No 2 was the chemical report of Dr. Maclagan on the death of Mrs. Pritchard. It stated that antimony had been found in the stomach, urine, liver-bile, blood, and liver. The following were the conclusions:—"1. That Mrs. Pritchard had taken a large quantity of antimony in the form of tartar emetic. 2. That, having

regard to the absence in her case of any morbid appearances sufficient to cause death, and to the presence in it of a large quantity of a substance known to be capable of destroying life, her death must be ascribed to the action of antimony. 3. That it is most unlikely that this poison was taken in a single large dose. Had this been the case, I should have expected to have found some more decided evidence of irritant action in the mouth, throat, or alimentary canal. 4. That, from the extent to which the whole organs and fluids of the body were impregnated with it, it must have been taken in repeated doses, the aggregate of which must have amounted to a large quantity. 5. That, from the large amount found in the liver, from its ready detection in the blood, and from its being found passing so copiously out of the body by the bile and urine, it is probable that some of the poison had been taken at no greater interval than a period of a few days previous to death. 6. That I am inclined to believe that it had not been administered, at all events in any great quantity, until within a few hours of her death. Had this been the case, I would have expected to have found at least some traces of it in the contents of the stomach, and more in the contents of the intestines; whereas none was found in the former, and the amount found in the latter seems to be amply accounted for by the bile impregnated with the poison discharged into them from the liver. 7. That the period over which the administration had extended cannot be determined by mere chemical investigation, but must be deduced from the history of the case, with which I am unacquainted." No. 3 was a report of analysis in the case of Mrs. Pritchard by Frederick Penny, Professor of Chemistry, Glasgow. His conclusions were:—"1. That all the parts of the body examined by me—namely, the stomach, liver, spleen, kidney, heart, brain, blood, and rectum—contained antimony. 2. That, in the dried contents of the intestines the antimony was partly in a form soluble in water, and most likely in the state of tartar emetic or tartarized antimony. In the liver, kidney, and the other viscera, the antimony was deposited in a state insoluble in water. 3. That the contents of the intestines contained the largest proportion of antimony next the heart, then the liver, kidney, and spleen, less in the stomach, and the smallest quantity in the rectum, brain, and blood. Not knowing the total weight either of the contents the intestines or of the several organs here enumerated, I was unable to calculate the total quantity of antimony in these matters, either separately or conjoined. 4. That the contents of the intestines, the spleen, the heart, the blood, and the kidney contained mercury; but that none of this metal was present in the liver, stomach, rectum, and brain; but in all these matters the mercury was in a state insoluble in water, and this result is quite consistent with the known property of mercury to form insoluble combinations with animal substances, even though it had been taken or administered in a soluble form during life. 5. That the largest quantity of mercury was contained in the contents of the intestines, next in the spleen and heart, and extremely minute traces in the blood and kidney. 6. That the presence of antimony and mercury in the contents of the intestines indicates that these metals were being passed from the deceased up to the time of death. 7. That no other metallic poison was contained in the matters examined. 8. That no aconite, morphia, or other vegetable poison, discoverable by chemical processes, was contained either in the contents of the intestines or in the stomach. 9. Not having detected any organic poison, either in the said contents of the intestines or in the stomach, it was not necessary to examine the other articles for such poison, and more especially as the quantities of these matters received for analysis were too small to hold out any prospect of a successful result. No. 4 was a report by Dr. Maclagan and Dr. Littlejohn, dated the 30th of March, on the post-mortem examination of Mrs. Taylor, whose body was exhumed at Grange Cemetery, Edinburgh, that day, and the coffin-plate bore, "Jane Taylor, died February 25, 1865, aged seventy-one years." The report concluded in similar terms to the report in the case of Mrs. Pritchard. No. 5 was the chemical report by Dr. Maclagan on the organs of Mrs. Taylor. The conclusions were:—"1. That Mrs. Taylor had taken a considerable quantity of antimony in the form of tartar emetic. 2. That, having regard to the absence of any morbid appearances sufficient to account for death, and to the presence in the body of a considerable quantity of a substance known to be capable of destroying life, her death must be ascribed to the action of antimony. 3. That it is most likely that this was not taken in a single large dose. Had this been the case, I should have expected to have found some morbid appearance indicative of the irritant action of the drug. It appears to me more probable, from the amount found in the body, that it must have been taken in a succession of doses, not great enough individually to produce local irritant effects, but amounting in the aggregate to a large quantity. It is right, however, to add, that a single copious dose, not large enough to produce marked local effects, might give rise to fatal depression of the system in a woman aged seventy-one, whose heart was enlarged and somewhat dilated. 4. That, from the fact that antimony was found copiously in the liver, was readily detected in the blood, and existed to the amount of a quarter of a grain in the stomach, some at least of the tarter emetic had been taken probably within a few hours before death. 5. That, from mere chemical investigations, I am unable to say over what length of time the administration of the antimony had extended, supposing it, as I believe, to have been taken in a succession of doses. This can be learnt only from a consideration of the history of the case, with which I am unacquainted. No. 6 was Professor Penny's report in the case of Mrs. Taylor. He certified as follows:—"1. That all the articles subjected to analysis contained antimony. 2. That the dried contents of the intestines contained the largest proportion of antimony, next, the liver and stomach, then the blood, and in less quantity the heart, kidney, and rectum. 3. That part of the antimony in the contents of the intestines is in a form soluble in water. 4. That the kidney was the only article in which mercury was detected. 5. That neither the stomach nor the contents of the intestines contained aconite or morphia in quantity sufficient to be detected by known chemical processes. 6. That the articles subjected to analysis contained no other metallic poison than antimony and mercury, as reported above." Nos. 7 and 8 were reports by Professor Penny on the articles found in the house of the prisoner.

After the Medical and chemical reports had been given in, Dr. Maclagan was cross-examined as to the processes used in his analysis, but nothing of importance was elicited. In re-examination, he stated that the quantity of antimony in the intestines, estimated by the portion submitted to analysis, was 5·712, or nearly six grains.

Dr. Frederick Penny was then examined on his reports and experiments. In addition to the antimony found in the bottle of Battley's solution, he had by further experiments discovered the presence of aconite. He detected it by applying an extract, obtained by evaporation, to his tongue, when it produced the tickling and benumbing sensation characteristic of aconite. A further portion was treated with ammonia and diluted hydrochloric acid, on the evaporation of which it produced the same sensations strongly and distinctly. He added 10 per cent. of Fleming's tincture of aconite to Battley's solution, which produced the same sensations very much stronger. He concluded that the solution given to him for examination contained more than five and less than ten per cent. of tincture of aconite. Witness then described a series of experiments made by him on rabbits with Battley's solution, as purchased by him in various places in Glasgow and London, with the solution with tincture of aconite added by himself, and with the mixture under investigation. The preparations had been injected under the skin of the back of the rabbits, between the skin and the muscles. With the genuine Battley the rabbits assumed a prone position, resting on belly and chest, and the head invariably resting on the ground. The fore legs were either sprawling or gathered under the body, the hind legs lying extended sideways; the eyes remained open, and the pupils were natural and not

contracted. The breathing was invariably gentle ; no cries were uttered ; no convulsions or spasms of the body were apparent. There was a complete condition of inanity, and, with the exception of the open state of the eyes, the animals seemed to be in a state of perfect sleep. In this state the animals remained for several hours, and then gradually recovered. The effects produced upon the animals by Battley's solution containing aconite presented a striking contrast to the symptoms resulting from pure Battley. Soon after the injection the animal became restless and uneasy, and then began to crouch, resting on its flank, the hind legs extended laterally, and keeping its head erect. It next assumed the sitting posture in an attitude of watchful expectancy, and commenced to twitch its lips and move its jaws as if chewing. Suddenly it staggered and reeled over, quickly regaining its feet; saliva began to flow from the mouth, and soon after piteous and peculiar choking cries were emitted. The head was retracted, and the breathing was painfully laborious. Convulsions now set in, followed by intervals, during which the limbs were quite relaxed, and the animal lay helpless on its side. Frantic leaps were now frequently taken. A state of utter prostration then occurred, variable in duration, and then a strong convulsion came on, during which, or immediately after, the animal expired, the limbs becoming instantly relaxed. The results produced by this bottle corresponded in every respect with the effects produced by the above mixture, and were so closely similar that it was impossible to detect any essential difference in them. In the case of the small rabbits, the experiments were made at the same time, and, without knowing beforehand, it would not have been possible to distinguish the animal under the influence of this Battley from the one under the influence of the mixture of Battley and the aconite. These results left no doubt in his mind, joined with the sensations, that that bottle contained aconite. All the other experiments, which were numerous and varied, confirmed these results.

In cross-examination, Dr. Penny stated that results similar to that produced by antimony under Reinsch's process might be produced by oily matters, but that he would never be satisfied to stop short with that process. In re-examination, he stated that the experiments with the rabbits had been repeated in Edinburgh, in presence of Drs. Maclaghan and Littlejohn, with precisely similar results. So far as he could say, the mixture under examination differed only from the genuine Battley in the presence of antimony and aconite.

He stated that the symptoms described as shown by Mrs. Taylor corresponded with the action of tartarized antimony as known to him from study. The powders stated by Dr. Paterson as prescribed by him, and which contained calomel, accounted for the traces of mercury found in the analysis. The symptoms shown by Mrs. Pritchard also corresponded with those arising from antimony.

Dr. Douglas Maclagan, recalled and shown his chemical report on Mrs. Pritchard's case, said his better acquaintance with the case confirmed the conclusions there stated. The symptoms suggested the administration of antimony at an early period of the illness. Most probably the administration of antimony had been going on the whole time, from the commencement of the illness in December. From the evidence given and the symptoms described, he was unable to suggest any other cause for the death. He knew of no natural cause to which the death could be ascribed. Outward application of antimony for a sprain could not account for the death. He never saw anything rubbed on the skin producing any of the constitutional effects of antimony. The powders prescribed by Dr. Paterson would account for the presence of mercury in the body. The history of the case, as he had heard it in the evidence, decidedly confirmed the conclusions in his report. There was nothing to indicate that Mrs. Pritchard had been labouring under fever of any kind. Being referred to his chemical report on Mrs. Taylor's case, Dr. Maclagan said he was inclined now to think there had been something more than antimony at the last. The symptoms exhibited by her might be produced by aconite. He thought Mrs. Taylor being found suddenly with her head falling, the breathing being hardly perceptible, the pulse almost, if not altogether, imperceptible, and the generally torpid condition of the brain and the lowered state of the circulation, were indications such as would have resulted from aconite ; but aconite, like most poisons, varied a little in the effects it produced on different individuals. But these were symptoms likely to have been produced by aconite. He agreed with Dr. Penny in describing the results of the experiments with Battley's solution. Antimony passed pretty rapidly out of the system by vomiting and purging, weakening and ultimately destroying the patient. Opium might lessen the tendency to vomit, but a pernicious effect on the muscular tissue would remain. He had never known a patient under the influence of aconite and antimony at the same time ; but if opium, aconite, and antimony were administered, so as to be operating at the same time, the symptoms which Mrs. Taylor had exhibited, were such as he would have anticipated, because the aconite, being the most powerful, would predominate. There was nothing in her symptoms to indicate apoplexy. That idea was satisfactorily excluded in his judgment.

Cross-examined.—There were no traces of poisoning by opium in Mrs. Taylor. Her symptoms were not inconsistent with her having taken opium, but they did not indicate poisoning by opium. Aconite could not be detected by chemical analysis, and opium was another vegetable poison which was absorbed in the system. A person might be poisoned by opium without any remains in the stomach or the system being detected by chemical analysis. Mineral poisons were more easily detected, and the expectation was that if a person were poisoned by antimony it would be detected by chemical analysis. The contraction of Mrs. Taylor's eyes might arise from opium, but it was an indication of aconite also.

By the Court.—If Dr. Penny's estimate of the amount of aconite in the mixture were correct, Mrs. Taylor might have taken 100 drops to produce the symptoms. A person accustomed to the use of Battley's solution might take 100 drops quite well.

Dr. Henry D. Littlejohn assisted in the post-mortem examination of Mrs. Taylor and Mrs. Pritchard, and concurred in the reports. He was of opinion that Mrs. Pritchard's death was caused by antimony administered in small quantities and continuously. In Mrs. Taylor's case he had no difficulty in arriving at the opinion that she died of poison, but he had difficulty in determining the particular poison that killed her. He thought the symptoms were mixed in her case, to some extent like those of narcotic poison, and to some extent like those of antimony. Antimony in large quantities would produce a burning sensation in the throat. It could be readily administered in a liquid or beat up in egg-flip. It dissolves readily. Lump-sugar, being porous, would easily take up a sufficient quantity of antimony to cause vomiting.

In cross-examination, witness said he had made no special experiments to test this, but, from his knowledge of tartar emetic, he was entitled to make the statement he had done. It was impossible that opium alone could produce the symptoms exhibited by Mrs. Taylor.

Dr. James Paterson stated that the evidence he had heard had confirmed the conviction he held in regard to Mrs. Pritchard's case. He was well acquainted with the symptoms of poisoning by antimony, and those of Mrs. Pritchard indicated chronic poisoning by small and repeated doses. It was his decided impression that she was killed by chronic poisoning by antimony. He thought Mrs. Taylor might have died from opium, but there might be some other narcotic poison. He had made an experiment with aconite, by applying it to his tongue. It produced a strong tingling sensation, accompanied by numbness, which lasted at least four hours. He would never forget the taste while he lived. He had no suspicion of antimony in Mrs. Taylor's case, but he now believed her death had been caused by opium and antimony. A less dose of opium would have a greater effect, seeing the patient was previously under the influence of antimony. The effect would be much more rapid

conite were also combined.

ohn M'Millan, assistant to Murdoch Brothers, deposed

to having filled a bottle with Battley's solution for Mary M'Leod on the 28th of February. Cross-examined, he said he had previously filled the same bottle for an old lady, the circumstance being fixed in his memory because she told him to cork it well, as she had once lost a quantity of it. The purchase of the solution by Murdoch Brothers was proved by Mr. Barron, of Barron, Harveys, Becketts, and Simpson, wholesale druggists, London, and by Mr. Watts, of Battley and Watts, proprietors of the recipe. The last-mentioned witness declined to state the exact composition of the solution, but said it was a watery solution of opium, and contained neither antimony nor aconite, nor any other poisonous ingredient except opium.

After some unimportant evidence, the prisoner's declarations were read. In the first, emitted before Sheriff Alison, on his apprehension on the 22nd of March, the prisoner stated :—

"I have always attended my wife in all her ailments of every kind during the whole period of our married lives, now fifteen years, and some of these illnesses were very severe, but I never saw her so ill as she was on this occasion, which terminated fatally. As far as my judgment goes, her last illness was gastric fever, which commenced about the beginning of the present year. I gave my wife no medicines during her illness, except wine, champagne, and brandy, to support her strength; and I gave her no medicine myself at all. I trusted to Nature to right itself with the assistance of these restoratives. During the last six weeks her power of sleeping entirely went away. In order to procure sleep I gave her at the commencement of her sleeplessness a small quantity of chloroform, but it entirely disagreed with her, and I discontinued it. I then called in Dr. Gairdner, professor of medicine in the University, and he visited and saw her several times, and he continued to attend her till her old Medical friend, who had attended her before our marriage, Dr. James Moffat Cowan, returned, and he came from Edinburgh to see her. I then wrote to her mother to come to nurse her, and she arrived about the 11th of February last, and her arrival had a beneficial effect upon Mrs. Pritchard for some time, but still the sleeplessness continued, and shortly after her mother's death, which happened on the 25th of February, she relapsed and became much worse, and very apprehensive about herself, and she suggested to me the adoption of a medicine with which her mother was very familiar, Battley's solution of opium, but I declined to give her any without first consulting with Dr. James Paterson, who lived close by. I saw him and consulted him, but he did not see Mrs. Pritchard on that occasion, and he did not approve of using the solution of opium. He prescribed granulated citrate of magnesia, calomel, mercury, and chalk, and I acted upon his advice and administered the medicine, and it seemed to have a beneficial effect. Some time after, finding her sleeplessness still continued, I, at her own suggestion, applied a solution of atropine to the external parts around the eye, and it had a little effect for some time, but the effects soon ceased. After her mother's death she became rapidly worse—indeed, I ascribed her decease to the agitation consequent on her mother's decease. At the time of the last event she was strongly impressed with the idea that she herself would die at the same time as her mother, and in fact she did die on a subsequent day at exactly the same hour. On the night preceding her death, she was apprehensive that unless she got sleep she should not get through the night. I went for Dr. Paterson, who came immediately, and sat for a considerable time by the bedside, and afterwards dictated a prescription, which was made up at the Glasgow Apothecaries' Company's shop at Elmbank street. The prescription will be found in my desk at home. It was for two draughts, one to be given four hours after the first, if it did not succeed. She got the first draught, as prescribed by Dr. Paterson, about 10 o'clock, but she said, after drinking, that it was not strong enough, and asked if she might have some of her mother's medicine. I refused to give it to her, and said I dare not do it. I gave her a glass of port wine, and sat carefully watching for a short time. I then went down stairs and had supper, and after being absent some time returned to see whether she had got sleep. I found her awake, and she wished me to give her something to make her sleep. I refused, and she then asked me to come to bed, as I must be tired with the weary nights of watching. It was then about 12 o'clock. I tried to persuade her that I should remain up to watch her till past the time that her mother had died, but to please her I got into bed, and almost immediately I fell asleep from the state of exhaustion I was in. I was awoke by her pulling at my beard, and I found my wife struggling to get into bed. She appeared to have got out of bed. She said, 'Edward, I am faint.' I assisted her into bed, and asked her how long I had been asleep ; but she answered, 'Don't speak—look ! do you see my mother ?' I said, 'No ! it is only a vision—only imagination,' and asked if she had any pain. She said she felt cold, and that I need try no more skill ; and that I had failed this time, and that she was going to her mother. I got alarmed, and rang the bell violently, and the youngest servant came. I desired her to make a mustard plaster as quickly as she could, and on that my wife turned round and said, 'Edward, I'm in my senses, mustard plasters will do no good,' and almost immediately she fell back in my arms and died. The servant came with a mustard plaster and found her in that position. I did not give her any other medicine at that time, except a little brandy applied to her lips. During the whole course of her illness I never gave her any antimony, nor any medicine in which there was any preparation of antimony. Antimony is a poison, but it is used occasionally to subdue inflammation, and I applied it to her neck in October last, when she was plagued with a swelling of a gland in the neck. I rubbed it in externally on that occasion, and I have never given her any antimony since. On that occasion I recommended change of air, and I gave her a little bottle of antimony for the same purpose of rubbing in behind the ear. She went to Edinburgh at that time, and she returned to Glasgow very much better ; and I have never seen the bottle of antimony since she got it away with her. There was a considerable quantity of antimony in my repositories at the time of my wife's last illness, as I used it extensively in my practice ; and the antimony was kept in a cupboard, of which I have the key, but which was not always locked. I did not see any of it brought out, or lying about during her illness. The cupboard where the antimony was is in the consulting-room on the ground flat, and she was so weak on the day of her death—Saturday—and on the Friday preceding that I do not think she had strength to have gone to that cupboard herself. My wife took the antimony internally on one occasion when she had a tendency to inflammation of the eyelids. This was years ago, and I never knew her to use it internally except on this occasion. I never administered antimony internally to her on any occasion, nor any other substance calculated to injure or destroy life. All which I declare to be truth."

The second declaration, taken the 21st of April, in reference to the charge of the murder of Mrs. Taylor, was to the following effect :—

"I am entirely innocent of the charge referred to in said previous declaration, and I wish to add that to what is contained therein, as far as my memory goes, the declaration now read conveys correctly what I then said ; and I adhere to the whole statements therein contained, and the charge of 'having, on several or one or more occasions, between the 10th and 25th days of February, 1865, within his dwelling-house in Sauchiehall street, Glasgow, wickedly and feloniously administered, or caused to be administered, to Jane Cowan or Taylor, now deceased, several or one or more doses of tartarised antimony, or other poison unknown, in some article or articles of drink or food, or in some other manner unknown, in consequence whereof the said Jane Cowan or Taylor died, and was thus murdered by him, having been read over to him,' and he being judiciously admonished and examined by the Sheriff-Examinator, declares—' I elect to make a voluntary statement in reference to the said last-mentioned charge, and I now declare I was no way accessory to Mrs. Taylor's death ; I

(Continued at page 29.)

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 12, 1865.

THE LATE ELECTION AT THE COLLEGE OF SURGEONS.

The justice of the remarks we made last week on the subject of the College election has been completely proved by the result on Thursday last. The return of Mr. Richard Quain at the head of the list shows that the Fellows of the College participate in our sentiments as to the inexpediency of indiscriminately eliminating *all* the members of the Council, and thus destroying completely the constitution of that body. That it is necessary from time to time to infuse new blood into the governing power of the College we have always admitted, but it does not, therefore, follow that every member of the Council, however meritorious he may be, and however zealous in the interests of the Profession, should be eliminated from his office merely because he is compelled by the Bye-Laws of the Charter to seek re-election. A few words in addition to those offered by us last week will make the inconvenience of such a step still more manifest.

The Council of the College consists of twenty-four members, but of this number three are still living who hold office for life, as they occupied seats in the Council before the granting of the Charter of 1843. These three members are Mr. Lawrence, Mr. Swan, and Mr. South. All the rest are compelled to retire in rotation in the ratio of three in every year, so that, if the principle of rotation were regularly carried out, each Councillor would hold his office for seven years; but, by a peculiar bye-law, a member of the Council elected in the place of another who has died or has retired, serves only for the period left unexpired by his predecessor, and thus he may, as in the case of Mr. Hancock last year, be compelled to retire from office (although capable of being re-elected, as Mr. Hancock actually was), at the end of only one year's service. Hence, a Councillor may complete his term of office long before his seven years have elapsed, and may or may not be re-elected, according to circumstances. Practically, however, all the Councillors (except the life members) may be said to have an average tenure of office of about six or seven years, supposing that the principle of rejecting all the Councillors who retire by rotation had been adhered to. Thus, a gentleman elected, for instance, at the age of forty-five, would be eliminated at the age of fifty-one or fifty-two, and would be lost to the College, however valuable his services may have been. Against this monstrous absurdity we recorded our protest last week, and we are happy to find, by the decisive majority which has placed Mr. Quain at the head of the successful candidates, that our protest was in accordance, not only with sound reasoning, but with public expediency.

Again, it may possibly be imagined, by those who hear of the large sums absorbed by the Executive of the College of Surgeons, that the members of the Council are well-paid for the duties they perform; whereas it must in all justice and fairness be stated that the office of Councillor is both onerous and ill-requited. In fact, each Councillor on his election pays a fee of twenty pounds, and in return for a certain number of attendances held for conducting the business of the College, he receives a remuneration of somewhere about *fifteen pounds per annum*. We need not state that, on pecuniary grounds, the office cannot be an object of ambition, and, indeed, in most cases, the fulfilment of its duties must be attended with pecuniary loss, as a first-rate surgeon can scarcely afford to devote several hours in the best part of the day for the sum of half-a-guinea, which is all that the Councillors each receive at their periodical sittings, while the attendance on committees is still more laborious and even less adequately requited.

Of the personal claims of Mr. Quain to a prolonged tenure of office we have already expressed our opinion; and as we know that he is one of the most ardent Medical Reformers of the present day, and moreover, that he has expressed his opinions in the Council, we heartily congratulate him on his re-election, and hope that he may be able to carry out those practical reforms in the constitution of the College which are sorely needed, both for the reputation of the College itself, and for the general improvement of the Profession.

Another principle, of a different kind, has been established in the election of Mr. Turner, of Manchester; and the Fellows of the College, scattered throughout the empire, may congratulate themselves on the fact, that a provincial surgeon has been promoted to a dignity which was, at one time, supposed to be attainable only by a resident of the metropolis. In former days, indeed, the practical duties of a Councillor of the College could scarcely be performed by those who resided at a great distance from London; but the introduction of steam for the purpose of locomotion has rendered travelling so easy and expeditious, that the periodical meetings may be attended, even by those who are living at the remotest parts of our island. Not only are the Fellows, and especially the provincial ones, to be congratulated on Mr. Turner's election, but that gentleman himself deserves to be highly complimented for the readiness he has evinced in seeking for, and in accepting, a duty which we have shown to be unremunerative, and which, in his case, is incapable of leading to any higher advancement. Mr. Turner is not at all likely to aspire to an Examinership, which, under the present arrangements, is the prize coveted by many of the members of the Council, and his position in the Profession is so high that, whatever honour a seat in the Council may bestow upon him, he confers upon that body an equal honour in return. Besides, in his case, time has no doubt shown the vanity of all human ambition, and he enters the Council with the sole desire of doing his duty in the interests of his Medical brethren throughout the world.

As to Mr. Paget, his election was certain from the time when he first announced himself as a candidate. We believe that we are correct in stating that the only cause of his unwillingness to come forward in the first instance was the feeling that his candidature was somewhat premature. If the practice so warmly advocated by some of our contemporaries were to be carried out from year to year in the College elections, we should find Mr. Paget, after distinguishing himself, as he no doubt will do, as a member of the Council, would be obliged to resign his seat while still pursuing his career of usefulness, and would be condemned to moral banishment for the rest of his life. Let there be, we repeat, an infusion of new blood into the College as into all similar institutions, but let not an honourable and useful discharge of official duties be held as, *ipso facto*, disqualifying a man for re-election.

SUMMARY OF THE WEEK.

THE TRIAL FOR POISONING AT GLASGOW.

It has been truly remarked that no case of poisoning has excited so much attention, since the trial of the notorious William Palmer, as that of Edward William Pritchard, who has just been convicted and sentenced to death at Edinburgh, for the double murder, by poison, of his wife and his mother-in-law. In consequence of the great importance and interest attaching to the proceedings, we have given an ample report, embracing all the chief features of the case, and affording, in one view, a complete history of the whole of the transactions, extending from the illness and death of the victims and the apprehension of the prisoner, to the evidence on the trial, and the verdict and sentence. We shrink from the task of making any commentaries upon the appalling circumstances disclosed, as the realities far exceed in atrocity and cold-bloodedness the fictions even of novelists or romance-writers, and we merely express our regret, not only that the prisoner is a member of our Profession, but that he is a human being. On the very conclusive scientific evidence, so ably rendered by the Glasgow and Edinburgh Professors, we may probably hereafter offer some observations; but, on the purely Medical testimony—namely, that given by Dr. Gairdner and Dr. Paterson, we can only remark, in justice to those gentlemen, that the symptoms of poisoning, during life, however strongly they may point to foul play, are by no means decisive. Dr. Paterson has been very much blamed and ridiculed for his apparent inconsistency and inhumanity, in forming an opinion that one of the deceased ladies was undergoing slow poisoning, and yet withholding his opinion until after the death of the victim. But those who know the difficulties of diagnosis in such a case, and the legal consequences which would follow an accusation, if it happened to be unfounded, will probably understand and excuse Dr. Paterson's caution. It cannot be forgotten that, in a celebrated case at Richmond, a very eminent member of our Profession, together with an able local practitioner, both gave an opinion that a woman was being poisoned by her husband; and it will also be recollected that the latter was tried and convicted, but afterwards pardoned, on the ground that there was no evidence of the poisoning. We think that Dr. Paterson was injudicious in stating that his reticence was due to the observance of "etiquette;" for no rule of etiquette, Medical or otherwise, should prevent a man from denouncing a diabolical murder; but the real fact was that, although Dr. Paterson might have *suspected* what was going on, he could not *prove* his suspicions to be well-founded, and the publication of mere suspicions, especially with such a person to deal with as Dr. Pritchard seems to have been, might have subjected Dr. Paterson to the most disagreeable consequences. Some needy attorney (or agents, as they are called in Scotland), might have procured heavy damages against Dr. Paterson, and thus have relieved Dr. Pritchard's pecuniary embarrassments, though he might only have postponed the necessity of his poisoning his mother-in-law, the possession of whose small property seems to have been the chief motive of one, if not both, of the murders.

A RAILWAY COMPENSATION CASE.

In the Court of Queen's Bench, on Saturday, a railway compensation case was tried, involving the question, not whether the claimant for compensation had sustained any injury, but whether the injury was so serious or so lasting as was alleged. Unlike some other cases of the kind, that to which we now allude was marked by very considerable moderation of views on both sides, the evidence for the plaintiff and for the railway company being almost exclusively Medical. A new feature was introduced, however, by the presence of the homœopathic element, the plaintiff having been attended in his illness by some of the professors of that school, who also attended and gave evidence on the trial. It was very properly urged by the counsel and witnesses for the railway company, that whatever injuries the claimant might have received, his chance of recovery was, at any rate, diminished by his placing himself under the care of the homœopathic school, the treatment being, in fact, nothing at all, and the disease or injury being left to cure itself, inasmuch as no person in his senses can believe that the globules do either good or harm. While the evidence in this case, also, fully proves that the plaintiff really sustained some severe injuries to the nervous system, the nature of the homœopathic jargon so obscures the description of the symptoms, that it is impossible, from perusing the evidence, to distinguish between those which actually denote disorder or derangement of the nervous centres, and those which are purely imaginary, or, as some of the Medical witnesses termed them (although the patient was of the male sex), "hysterical." The damages given by the jury were 6,300*l.*

A SURGEON POISONED BY MISTAKE.—Mr. J. T. Barrett, a surgeon residing at Lees, near Oldham, has been poisoned by an overdose of opium, taken with the object of relieving neuralgia.

MEDICAL GOSSIP. By VIGILANS.

No. XXVIII.

THE COLLEGE ELECTION, A WISE SELECTION—THE COUNCIL SELECTION, AN UNWISE ELECTION.

In the recent College election, three great principles have been recognised and substantiated by the judicious choice of the Fellows—1. The claims of an honest and meritorious Councillor to re-election. 2. The claims of provincial Fellows to seats in the Council. 3. The infusion of new blood. Reform, in our infamously managed college, may now be considered *un fait accompli*, and I should not be at all surprised to hear of the *quondam* obstructives becoming the most zealous of reformers, more especially if it should be decided, or rather, I should say, when it is decided (for it will be) to publish the proceedings of meetings of Council. It is astonishing what a change comes over the utterances of a man when it is known they will be given to the world.

Up to twelve o'clock on Thursday, the question in everybody's mouth was, "Who will be elected?" and the response was, "Turner, Paget, and Hewett," and so it would have been but for the timely and justifiable canvass instituted by the friends of Mr. Quain. I do not agree with the 'Lancet' in condemning such a proceeding. It was right and proper that every voter should be aware of the fact that Mr. Quain, in office, had been a zealous and consistent reformer—a vigorous and prominent supporter of all those principles of government of the College which the Fellows and Members so greatly desiderate—and unless the fact had been brought home to all of us by those who were well acquainted with his good services, many would have voted in ignorance of such claims and in favour of the cry for "new blood." We are certain of Mr. Quain, and I rejoice in his re-election. We are not so certain of his two colleagues, for there is a certain proverb that "promises, like pie-crusts, are made to be broken;" and there is also a certain and a most notable example of disappointment in the case of Mr. Lawrence—which the Profession have not forgotten — out of office, an out-and-out radical reformer—in office, an imperturbable conservative of vested interests. I rejoice, also, in the election of Mr. Turner, inasmuch as it breaks up the old monopoly, and opens the door of the Council chamber to country fellows. A better man than Mr. Turner could not have been found. As much may be said of Mr. Paget, and no more, for I regard his election with favour only inasmuch as it establishes the prudence of infusing "new blood," which would have been quite as well effected in the person of any one of the other candidates. Don't let me be misunderstood, I have the highest respect for, and opinion of, Mr. Paget as a distinguished physiologist, and an accomplished surgeon; nevertheless, he may be a very inefficient man of business, and just now, in what may be called the transition state of the College, we want men who thoroughly understand what is meant by "going with the times," "Professional progress," and "going ahead." If Mr. Paget could have been "pitch-forked" at once into the Court of Examiners, no better choice could have been made, but as a councillor he may be out of place. Still, as the pressure is so great out of doors, he cannot go very far wrong, and we may therefore be satisfied that, if he is not useful, he will be ornamental; indeed, some of the councillors I could name might feel honour at sitting by the side of such a man, and the Council will gain in public estimation by his joining it.

The Fellows have done their duty then in electing three such men, but the Council, as usual, have, I consider, failed in theirs, in sending one of their greatest obstructives to represent them in the Medical Council. Mr. Cæsar Hawkins is not the man for the place, not that it much matters who goes, for as at present constituted the Medical Council is a total failure. Look at the botch they have made of the Medical Amendment Act. Could it be expected that a liberal House of Commons would pass or even entertain a Medical bill of such a selfish and monopolizing tendency as that which Sir George Grey "declined to introduce during the present session?"

The 'Lancet' has a few words on the recent appointment by the Council, and on others which must happen in the course of the year, which I commend to the notice of the different corporate bodies:—

"This distinguished body, 'The Medical Council,' which has succeeded so admirably in doing next to nothing by the aid of the great ability of its individual members and its large collective wisdom, undergoes modification by lapse of time. On Tuesday the vacancy was filled caused by the loss of Mr. Arnott, who was elected by the Royal College of Surgeons on the 4th of July, 1860, for five years. His time expired, therefore, on the 4th inst. He had sent in his resignation, a little by anticipation, in the early part of June, and was therefore not present at the last meeting of the Executive Committee on the 30th ult. His successor was elected by the College in the person of Mr. Cæsar Hawkins. Had the alternative been really *aut Cæsar aut nullus*, nullity would have been more desirable. The choice sufficiently shows that the College still desires to pursue a policy of obstruction in the Council. Other elections will also have to be made in the course of the year. For the University of London, Dr. Storrar was elected on the 9th of November, 1864, for one year; and therefore on the 9th of November, 1865, his tenure of office will have terminated, unless he be re-appointed. Dr. Aquilla Smith, representing in the Council the King and Queen's College of Physicians in Ireland, has always been appointed annually. He was first elected on October 18th, 1858; therefore on the 18th of October next his present term also will have expired. For the Apothecaries' Hall of Ireland, Dr. Leet was first appointed on the 2nd of October, 1858, for five years; since then the election has been annual, and he will cease to be a councillor on the 2nd of October next, unless re-elected.

"We cannot say whether these bodies are all so well pleased with what has been done in the Council as to desire to perpetuate the present state of things. We feel very sure that the Profession is not. At the last meeting of the Executive Committee on the 30th ult. the official announcement of the fact which we intimated a fortnight since was made—that 'Sir George Grey does not propose to introduce a Bill to amend the Medical Act during the present session.' We think it a grave administrative fault on the part of the Council that the consideration of the necessary amendment of the Medical Bill has been so tediously delayed; and we doubt whether, with the present constitution of the Council, as mainly representative of corporate bodies, the work of the Council can ever be accomplished in a satisfactory manner."

No. 9.

To VIGILANS.

SIR,—Physiology is so intricate a subject, and one point so constantly running into another, that it is difficult to select which to take up first. I commenced on certain sympathies and electro-vital phenomena as introducing the subject to your notice, but have by no means exhausted them. The first impression produced on the mind of the physiologist leads him to ask a thousand questions into the laws of life, over which every organ and every function of those organs have more or less influence. Their regularity in every particular, produces health with life; their irregularity, life without health: while a cessation of their duties causes death. The second of these propositions has called into existence the healing art, and those who profess it. Anatomy being the foundation-stone of the physician's studies, physiology naturally becomes the second. The one, a mere mechanical industry compared to the great mental problem of the other. We see the body in health performing physical acts of wondrous power and endurance. We find it in its mental duties almost superhuman. We view it daily to a large extent as a self-supporting world in itself, and all we know of its constant waste and reconstruction, though considerable, is yet far short of what science demands. What is the blood? Are we, for one moment, to believe all we read about it, and what is taught of it in the schools? We cannot do so; yet what we know of this and on all other matters, we have made

the basis of great principles in attempting to alleviate the sufferings of our fellow creatures ; but alas, how often do the very best and wisest of us fail ! How is it that we do not know how and why the sick are restored to health ; how or why we fail to bring this advantage about ; or how and why, with all our dogmas and systems, our patients die ? It is simply this : because there is so much we do not know. This is the great stumbling-block in our way. Are we to believe all secretions are made from the blood ? Certainly not. There are many pints of secretions and lubricating fluids in the body that are made within it, used by it, and becomes exhausted every day of our lives, which never came out of the blood and never go into it. What do we know of those mighty diluents that are so absolutely necessary to the life, health, and comfort of the body ? Is it possible even to conceive that organs such as glands, destined to secrete elements to be used again, can so far do this without having their precious stores, which are so concentrated and filled with elements of life, or even that they could fulfil their destined objects without being largely diluted ? Where, then, are these diluents to come from, where do they meet their principals, and how do they get mixed before they perform the duties marked out for them ? How, again, do we resist the pressure of the atmosphere upon our bodies, or how can we absorb so much oxygen into our systems, swallowing it with every mouthful of diet or drink, in such vast quantities, unless we had elements within us immediately prepared to neutralize it ? The mere act of our breathing oxygen is nothing compared to that which we swallow and absorb. The old and stubborn contests that were once carried on by the solidists against the humouralists, with an equal amount of acrimony and ignorance, show to us but a small amount of either philosophy or physiology. In this our time, we can afford to look back with some pity at their actual quarrels, and can, in a scientific vein ask, where were all the gases ? They were never taken into consideration. Can anyone deny we can exist without them ? There is no greater question in physiology than this :—Where do we get our gases ? Where are they generated ? What are they ? What influence do they exercise in the animal body ? What are their uses ? While living we seem to have no thought of them. When dead,—Bah ! What a dreadful presence they become ! Let us put the body out of sight, for the whole mass is turning into gas ! Gas the most poisonous ; every solid seeking fluid solution, and every fluid a gaseous one, till all is consumed, and a simple pint measure would, in years to come, contain all that is left of that wonderful organism, a living man in all the pride of health and strength. The living or vital spark, that wondrous agent which kept every solid, fluid, and gas together by wise and unerring laws, in all their changes and transformations, each in its place, yet all for ever amalgamating, had fled and left only what I have recorded. Let us think for a moment ; let us give this one passing thought. Did not these very same gases have a great, a marvellous, and a most predominating cause in making him what he was ? Has physiology yet touched upon this point in the way that it ought to have done ; and is there not here a great field to discover what we do not at present know or even dream of ? To treat the body in our office as physicians upon what we know, we may do much ; we lay the flattering unction to our souls that we do accomplish much ; but how much more may we not do, with greater knowledge in fields where the foot of man has not yet trodden. We have only skinned the surface. The duty of the present age is to search the depths for fresh pearls, for fresh minerals, for fresh knowledge of the hidden treasures that must be in store for all who inquire. These are not found in the ring fences of received authority, which only warp and contract the mind of the inquirer. These bounds must be overleapt. What do we know of the stomach and its first lieutenant, the duodenum ? What of the jejunum or small intestines ? What of the colon or large ones ; and what of their peristaltic actions ?—pretty imaginary phases for explaining what we do not exactly understand. All we know appears but very superficial. What do we know of the kidneys ? When our physiologists teach us that all the urine they secrete comes from the blood ; never was it so happily ignorant as when it relies on such a figment of a fallacy. Even the fat shares a common opprobrium to a physiological knowledge, and though performing duties of boundless use with wonderful precision and order, we pass it by and say, its fat, mere fat, and we think only of Christmas cattle-shows and proverbially fat aldermen. What do we know yet of those wonderful actions in the system of exosmose and endosmose, by whose means the most wonderful duties of life are carried on, and why there is no such thing as open vessels anywhere in the body, all its actions being carried on through the porosity of the whole living organs and structure, individually and collectively. Verily, Sir, there is much to be done yet before we can understand many things, and why so many things are still hidden from our view, but which we always have before us, awaiting only inquiry and research. The great difficulty is where to begin ; for there is not a point we can touch upon but brings another immediately in contact to be explained with it. As far, then, as I am able to disentangle this great mass of matter, I will endeavour to do so. If I should often mix my subjects, it will be because I have no power to unravel any single thread without breaking it off occasionally and rejoining it ; yet I hope to bring many important things before you for your consideration.

I am, &c., CYCLOPS.

THE TRIAL OF EDWARD WILLIAM PRITCHARD FOR MURDER.

(Continued from page 25.

never administered poison to her ; I did and do believe that she died from paralysis and apoplexy ; I have no further statement to make, and, by the advice of my agent, will make none, with the exception that I am entirely innocent of the charge preferred rgainst me.' Being asked by the Procurator-Fiscal whether he ever administered or caused to be administered, tartarized antimony to the said Jane Cowan or Taylor, declares—'My agent recommended me to say nothing further, and I decline to answer the question put, as I act under my agent's advice, it is unnecessary to put any further questions. All which I declare to be truth."

THE JUDGE'S CHARGE.

The Lord Justice Clerk, after referring to the great atrocity of the crimes laid to the prisoner's charge, and the singular means by which it was alleged he had perpetrated these crimes, said there were three things of which the jury must be satisfied upon the evidence :—In the first place, they must be satisfied that the deceased died by poison ; in the second place, that the poison was wilfully administered for the purpose of destroying life ; and, in the third place, that it was the prisoner at the bar who so administered it, or caused it to be so administered. Having gone over the Medical evidence in regard to the first question, he said the jury would consider whether it was possible to resist these conclusions—1st, that Mrs. Pritchard died from the action of antimony alone, administered in large quantities ; and, second, that Mrs. Taylor died from the action of antimony, either alone or in combination with the vegetable poisons of aconite and opium. In the case of Mrs. Pritchard, the evidence of the poison having been taken continuously for a period of months excluded the possibility of either accident or suicide ; and, therefore, it seemed impossible to resist the conclusion that the poison must have been administered by some one for the purpose of destroying her life. The character and conduct of Mrs. Taylor, and her general condition of body and mind, were such as not to suggest the idea of suicide in her case as a possibility at all ; and, whether she died through the influence of antimony administered in several doses clearly brought out, or whether her death was brought about immediately through swallowing some of the contents of the bottle of Battley's solution, it was very difficult to understand how her death was brought about

by accident. The jury would consider whether they could resist the conclusion that the poison by which Mrs. Taylor was deprived of life was also wilfully given for the very purpose of destroying life; the third question, which was one of vital interest in the case, was whether the prisoner administered, or procured to be administered, to either or both of the ladies, the poison by which their lives were destroyed. His lordship went minutely into the evidence relating to the illness and death of the two ladies, directing the attention of the jury to the fact, and characterising it as "a very remarkable circumstance" that throughout, whenever the prisoner had occasion to explain to anybody what he thought was the matter with his wife, he called it gastric fever, when all the symptoms indicated the very reverse of her being under fever. He also pointed out to the jury that the prisoner reported to the registrar that Mrs. Taylor had been under paralysis for twelve hours, which he knew was an absolute falsehood, and that the disease which immediately preceded death was apoplexy; while the Medical evidence had demonstrated that there was not a trace of apoplexy in the case. The jury would consider whether, in the case of a professional man like the prisoner, he could, under the circumstances, if his wife died under the effects of antimonial poison, be so far deceived as to believe she died of gastric fever; and after noticing the evidence as to the poisoned cheese, the egg-flip, and the tapioca, his lordship said it appeared beyond a doubt that some one had been practising a system of poisoning, and that in possession of the prisoner were the agents to carry it on. If he understood the theory of the prisoner's counsel aright, it was that Mary McLeod was the person who caused these murders, and that the jury must choose between her and the prisoner at the bar by balancing probabilities; but the prisoner's counsel did not seem sufficiently to advert to the possibility that both might be implicated, and if that was so, they could have very little doubt who was the master and who set on the other; but he (the Lord Justice Clerk) did not desire the jury to take this theory, and he thought it quite right that they should consider upon the balance of probabilities which of the two was the perpetrator of the crimes. Was it conceivable that a girl sixteen or seventeen years of age, in the position of servant-maid, could have herself conceived or executed such a design? And if she had conceived it, could she have executed it subject to the vigilance of the husband of her victim, himself a Medical man? That was very hard to believe, indeed. On the other hand, if the prisoner conceived and executed the design, it was not so difficult to believe that Mary M'Leod may have been the perfectly unconscious and innocent instrument of carrying out his purpose. If they were satisfied the murder was committed, only the parties who had access to Mrs. Pritchard could have done it. Some of them were plainly innocent, and in case of others the probability of guilt was reduced to two of these; one or two of them were guilty of the deed.

THE VERDICT.

The jury retired to consider their verdict, and returned in about an hour with an unanimous verdict of GUILTY of both charges.

The Lord Justice Clerk then sentenced the prisoner to be executed at Glasgow on the 28th inst., and in passing sentence said, that the verdict of the jury proceeded upon evidence which could leave no reasonable doubt on the minds of those by whom it was considered.

The prisoner, who had maintained great composure throughout the five days of the trial, seemed greatly affected when the verdict was pronounced, and leant slightly on the policeman sitting beside him; but while the sentence was being recorded he completely regained his composure, and after sentence was passed upon him he bowed to the judge and also to to the jury before leaving the dock.

MUNIFICENT BEQUEST.—By will of the late Mr. Richard Thornton, of Lloyd's, a sum of 90,000*l.* has been devoted to the principal London charities, in sums of 2,000*l.* each.

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH, GUILDHALL, JULY 7.

(Sittings at Nisi Prius, before the LORD CHIEF JUSTICE *and a Special Jury.)*

PERCY V. THE GREAT EASTERN RAILWAY COMPANY.

This was an action to recover compensation for the consequences of an injury sustained by the plaintiff through an accident which occurred to one of the company's trains while he was a passenger therein. The array of Medical men on either side indicated that this was one of the cases in which the question was as to the real extent of the injuries sustained.

The plaintiff (the son of Mr. Percy, who for many years was draughtsman or modeller to the Admiralty) is an artist, and at the time of the accident was drawing-master on board the school-ship 'Britannia,' at a salary of 400*l.* a year. This office he had held for above seven years, having been appointed to it in the year 1857. The office only occupied him 180 days in the year, and the rest of his time he applied to the pursuit of his profession. He had for many years been an exhibitor at the Royal Academy, and had made some hundreds during the past seven years by the sale of his pictures. He was about fifty-five years of age; he was married, and had seven children. His appearance in the box was that of a stout man, and although his countenance did not now indicate much vigour, he probably had been stronger, and, according to his own account, he had been always previously hardy and athletic, full of vigour and fond of exercise. He declared that he was naturally entirely free from nervousness or any nervous affections, and that he had always enjoyed excellent health. In the summer of 1864, he had been on a vacation tour up the Rhine, and had returned by one of the company's steamers; and on the 13th of July he was in one of their special tidal trains coming up to London. At a place called Bradfield, the train ran off the line and went down an embankment, and it was admitted that this was by reason of the negligence of the company's servants. The plaintiff described what took place —so long as he retained his senses—in the following way:— He felt, he said, a "sudden lurch," and found himself thrown violently to the right. He then lost consciousness, and when it returned found himself at the bottom of the embankment. He did not at the moment feel traces of any serious injury beyond a great trembling, and he was able to get up the embankment again and proceeded to London by the same train in the course of the same day. He felt on the journey some sensations which indicated that he had sustained serious injuries. There was pain in one of the legs, which turned out to be lame; the foot was very much benumbed, and when he tried to walk he seemed to have no sensation. There were traces on various parts of his person of his having sustained some great violence. There were bruises and cuts in several places, but there was no sensible and serious external injury, and the serious symptoms he described were those of internal injuries. He consulted the Medical attendant of his family, a Dr. Ryley, who practised homœopathy, and Dr. Yeldham, a Medical man of the same school (who is Vice-President of the Homœopathic College), and also Dr. Garth Wilkinson. By their advice he absented himself for some time from his duties, and, indeed, for about four months was quite secluded. He had leave of absence more than once, but at last the commander of the 'Britannia' intimated that his situation must be filled up, and accordingly in March he was finally discharged. Those Medical gentlemen being examined as witnesses, stated that in their opinion he had sustained a severe concussion of the brain and a severe nervous shock, and that he was suffering under paralysis; and both of them stated that they believed that he was not likely ever thoroughly to recover. He was still, at all events, precluded from following his profession, and was incapable of mental exertion. He himself described at great length, and with much minuteness, the nature of those internal sensations which were the chief, if not the sole symptoms of the injuries it was suggested he had sustained. He stated

that there was never sensitiveness in the region of the shoulder and the spine, where a mere touch gave pain. There was, he said, a "bruised senstion" at the "base of his brain," or at the back of his head, and at times a disagreeable sensation of "vibration" or fluctuation about the same region, as of some liquid moving, and also a "sensation of softness" there. At times he felt, he said, a sensation as of a great weight upon his brain, a feeling of oppression, accompanied sometime with the sensation of a number of minute points entering his brain. There was also a sort of stinging or burning at these points, on the top of his head, and at times there were noises in his head and various other unpleasant sensations; added to this, there was a cramped feeling about the head. On one occasion he said he lost his consciousness while reading, and on another occasion he stumbled and fell. The plaintiff went through his examination very well, but after he had left the court his attorney came back and stated that his client was taken exceedingly ill, and desired to be allowed to go home, which was allowed; one or two of the Medical men in attendance on behalf of the company first seeing him (at the suggestion of the Lord Chief Justice) in order to satisfy them that the illness was real. Apparently they were satisfied of this, for when they returned they made no communication to the Lord Chief Justice that they thought it was otherwise. The examination of his Medical attendants then continued, and they stated the symptoms which he had described, and gave it as their opinion that he had sustained a severe injury both in the spine and brain, from the effects of which he would never entirely recover. He himself, however, had admitted that several of his symptoms had of late been alleviated, and that in some respects there was an improvement, although, on the other hand, several of the most serious symptoms still remained. The cross-examination by the counsel for the company appeared to be directed chiefly to show that the injury was not permanent; but they insisted that it was so, and though pressed a good deal on that point, adhered to the view that there was severe injury of the brain and spinal chord. They both stated that a person who had sustained such an injury was liable on any supervening excitement to a recurrence of the worst symptoms—perhaps in a more formidable degree. Their evidence was confirmed by that of Dr. Garth Wilkinson, another homœopathic practitioner, who first saw the plaintiff in September, and had seen him often since. He said he found his patient labouring under a great degree of "nervous terror"—describing sensations of "clawing or griping up the spine, as far as the base of the brain, a feeling of numbness, and various other painful symptoms." There was in December, he stated, "numbness and partial paralysis on the whole of the left side," and there was then, he thought (six months after the accident), no material improvement. He considered the patient, he said, a "complete wreck," and declared that he never would regain his former vigour. The evidence of these witnesses was confirmed—at all events to a very great extent—by three eminent practitioners of the regular or "allopathic school"—Dr. Conway Evans, Dr. Russell Reynolds, and Mr. Ferguson—who, however, thought that the plaintiff might ultimately recover, though they thought it most probable that he would never completely do so. Mr. Coulson, Mr. Luke (surgeon to the London Hospital), and other eminent men had seen the plaintiff on behalf of the company, and several were examined to-day on their behalf.

The case for the company—as stated by their counsel—was in effect not that the injury was not serious and severe, but that it was not permanent. The learned counsel admitted frankly that the plaintiff had not exaggerated but had given his evidence very fairly and properly. But, on the other hand, he fairly enough relied on the admission by more than one of the most eminent of Medical men on behalf of the plaintiff, that he might probably recover, and he proceeded to call Mr. Coulson and other eminent Medical men to support that view of the case, and to show that there was a probability of recovery.

Mr. Coulson said that the plaintiff had very truthfully described his case, and that he had never met with a man who had less exaggerated his symptoms. There could not, Mr. Coulson said, be any doubt that the plaintiff had sustained a severe shock to the brain, and, probably also, to the spinal chord. Mr. Coulson, however, said he had seen him from time to time from the month of March to the present time, and that on all occasions there was a decided improvement. Having seen him last week he stated that he thought that all the symptoms, except the tenderness of the upper part of the spine, were no worse than they had been. There was, he said functional derangement, and there was an hysterical tendency, often seen in persons who had suffered a great nervous shock; but, on the whole, he thought him certain to recover. The paralytic symptoms, he said, had diminished, and would ultimately, in his opinion, disappear, and he believed that he would be able to resume the practice of his profession. He had seen, he said, persons brought into that court on a couch in a state of paralysis who had afterwards recovered and resumed the exercise of their vocation. He could not say in what time the plaintiff would recover, but he felt certain that ultimately he would do so. Mr. Coulson further stated, in answer to the jury, that he had seen the plaintiff after the attack he suffered to-day and thought no worse of his case on that account, as it was just such an attack as any one after so severe an injury might very probably sustain after any degree of excitement or exertion.

Mr. Skey, consulting surgeon of St. Bartholomew's Hospital, was called to confirm the evidence of Mr. Coulson. There was, he said, beyond all doubt, intense pain felt on pressure at particular parts of the spine, and it was, he said, quite inexplicable, though it was constantly observed in similar cases where the microscope could detect no injury. There was, he said, no injury—no sensible or observable injury. He could not positively say whether there was organic lesion, but certainly marked improvement in any material point was not consistent with any organic injury. He thought that a different treatment might have produced a more rapid recovery. He thought that, under favourable circumstances, he might recover in two years. He did not think there was concussion of the brain or injury to the spinal cord, but that there was a general shock to the system. He had the strongest impression, and saw no reason to doubt, that there would be ultimate recovery. Being asked, on cross-examination, to give the distinction between concussion and shock to the system, and though he said he could define it he did not. Being pressed whether paralysis was not a system of concussion of the brain, he admitted that it might be, but not necessarily so, and he thought that on the whole the symptoms of this case were not consistent with it. He thought the man's diet was defective in the absence of sufficient stimulants, such as wine. It was, he said, a most unfortunate state for a man to be in, but it was not organic disease.

Mr. Holmes Coote, surgeon at St. Bartholomew's Hospital, gave evidence similar in its general result and effect. There was, he said, "a severe shock to the nervous system," but not, he believed, any organic injury to the spine or brain, and there were symptoms of organic improvement. As to recovery, he said, it was a hard question to answer, and it might take years before recovery was complete; but, in the meantime, he thought that the plaintiff might to some extent follow his profession, though not as before. He had seen him, he said, to-day, after his attack, and said he was suffering under muscular pain in the small of his back through sitting so long in court, and also under hysterical affection caused by excitement. He did not think the worse of the case on that account. The symptoms of paralysis, he said, were partial, and the perfect memory and complete command of language which the plaintiff had shown in the witness-box were, he thought, not consistent with injury to the brain. He was still a remarkably clear-headed man, and this would not be the case if the brain were injured.

Dr. Jeaffreson, who had visited the plaintiff on the 4th inst., was likewise called on behalf of the company. There was nothing the matter, he said, with the heart, but there was certainly "diminished power on the left side of the

body." His opinion was that there was some damage done to the brain, but he thought that as some of the symptoms had diminished there was hope of recovery. At the same time, he admitted that the plaintiff was excluded from any great exertion or professional work. He observed, in the course of his evidence, that these railway accidents were exceptional, explaining, in answer to the Lord Chief Justice, that he did not mean that they were rare—unhappily they were rather the contrary—but that they had induced a new class of injuries or disease. The sudden shock occasioned by the occurrence of an accident while a train was going at the rate at which railway trains travelled, caused, he said, effects which it was difficult to elucidate or explain, The progress of recovery was slow and uncertain, and though, he said, he thought the plaintiff would recover in two or three years, he admitted that he should not be very much surprised at finding that he had not recovered. He was asked whether, being physician to several life insurance companies, he would advise that the plaintiff's life should be insured; and he admitted that he should not.

Mr. Samuel Solly, who had seen the plaintiff on Wednesday, gave similar testimony. The plaintiff, he said, had received an injury from which he had been gradually recovering, and would ultimately, he believed recover. He did not think that there was any organic injury to the substance of the brain, but that there had been some temporary effusion of blood, which had been gradually absorbed, and this, he thought accounted for the improvement; and he believed, from the experience of forty years at St. Thomas's Hospital, including a vast number of these cases, that if there had been a different treatment the plaintiff might have fared better, but he believed he would ultimately recover; and he could refer, he said, to the case of his own father, who had died at the age of eighty-four in the full and clear possession of his faculties though he had sustained a severe accident. He could not, he said, believe that there could in this case be any organic injury to the brain, with such perfect memory and command of thought. The plaintiff might not recover completely for three, four, or even five years, but still he believed he would recover. All the Medical witnesses described the case as most remarkable, difficult, and important.

The Lord Chief Justice, in summoning up the case to the jury, recounted the result of the Medical evidence as to the state of the plaintiff and the distant prospect of his recovery. Even taking the case on the showing of the Medical men called on the part of the company, it was, he said, a most serious case, and it was due to them to observe that they had not in the least attempted to disparage the plaintiff or his case. It was a mere balance of probabilities as to the chance of recovery; the party injured might fairly say that he was not to run the risk of that chance, but rather those whose negligence, it was avowed, had caused the mischief. But if the whole evidence fairly led to the conclusion that the injury was not permanent, but temporary, then, of course, the jury ought not to be led away by their feelings to give excessive damages. The misfortune in such cases was that there was no process by which the award of damages could be made contingent or conditional with reference to the time of recovery. There was in this case, happily, no undue exaggeration on one side, and no undue disparagement on the other; and as the Medical men on the part of the company had admitted the serious nature of the case, so the plaintiff, on the other hand, had admitted that some of the symptoms had abated. But, on the whole, some of the more serious symptoms seemed to continue, and to exist at this moment after a lapse of about a year. And, indeed, in the attack which had seized the plaintiff to-day there was significant evidence, at all events, of his enfeebled state; while, on the other hand, the clearness of his mind and memory, as evinced in the mode in which he gave his evidence, was deemed to show that there could be no organic injury to the brain. Mr. Ferguson, called on the part of the plaintiff, said that though he might ultimately recover, yet that probably he would not; and some of the eminent men called on the part of the company admitted that recovery might be postponed for some years—as many as five. The jury must judge upon the whole of the evidence whether indeed the plaintiff was an utter wreck, as represented by his counsel, or whether there was a fair prospect of his recovery; whether the injury was permanent, and amounted to total ruin, or whether it was limited for a period of years, and might be mitigated, if not repaired.

The jury, after a brief consultation, retired to consider their verdict, and at about six o'clock in the evening returned a verdict for the plaintiff for the sum of 6,300*l*.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—In the course of a few days the Poor-law Medical Officers of England and Wales will be called upon to exercise their elective franchise; allow me space, therefore, to beg of them that they will not promise their votes until they have communicated either privately or by letter with the candidates for their suffrage, and at least obtain a general promise that, when the questions of Poor-law Medical Relief come before the House of Commons, that they will give the subject their serious attention. I think the communication should be made privately and not on the hustings, for fear of exciting opposition from the guardians who are more numerous than the Medical officers, and consequently have more influence. Let them inform the candidates that the subject is one of vast importance, that the treatment of the sick poor in the workhouses, as revealed by the late inquests, by the Sanitary Commission of the 'Lancet' (see 'Lancet,' July 1, 1865), and by other evidence, is most lamentable. Tell them there are a million and a quarter of the labouring poor annually under the Medical treatment of the Poor-law Medical officers, who are about three thousand one hundred in number, and that the payments made to those officers do not average more than three shillings per patient, a sum so small that it is quite inadequate to the duties required of them.

Tell them that the resolution of the Select Committee, so far as Medical Relief is concerned, is not borne out by the evidence, as will be readily perceived by an examination of it, and that the single incorrect and unsupported evidence of Mr. Cane, an inspector of the Poor-law Board, has been allowed to outweigh all other evidence on the subject, even the statement of the Right Hon. T. Sotheron-Estcourt to the deputation of about one hundred Medical men and several members of Parliament, who waited upon him in 1859, when he was President of the Poor-law Board.

The right hon. gentleman said, "the matter ought not to continue in its present state, and if I continue in office I shall use the best means in my power to put the question on a better footing, and to make such arrangements as will be satisfactory both to you and to the public." Much more may be said in conversation on this subject so as to convince the candidate of the great importance, and, if the opportunity permit, the question of general Medical reform, and the grievances of the army and navy Medical men may be brought under consideration.

I am, &c.,

12 Royal terrace, Weymouth, July 3, 1865. RICHARD GRIFFIN.

P.S.—I take this opportunity to acknowledge the receipt of one guinea (the tenth subscription) from Dr. F. J. Brown, of Rochester, towards the expenses of the Association.

To the Editor of the Medical Circular.

SIR,—In answer to Mr. Griffin's of the 27th of May, I beg to inform him that the Guardians of the East and West Flegg Incorporation have for some years past paid their Medical officers at the rate of 5s. per case, and all extras for those cases specially allowed by the Poor-law Board.

On the 30th of May last, in consequence of a letter received from the Poor-law Board, it was proposed, seconded, and carried unanimously by the Guardians, that

the Medical officers should be supplied in future free of all cost with leeches, quinine, opium, and cod-liver oil, for the use of the paupers.

I am, &c.,
ANTHONY CRISP.
Medical Officer East and West Flegg Incorporation.

Martham, Norfolk,
July 6th, 1865.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 29th ult:—William Cunningham Cass, University College; John Cornelius Fonsworth, Tavistock street; William John Morgan, Burwood place, West; James Henry Worsley, Manchester; Edward Seymour Wright, London.

The following gentlemen also on the same day passed their first examination:—James Augustus Hayden, Charing-cross; George Lucas, St. Thomas's; Richard Matthews Pryce, University College; John George Randall, St. Mary's; Frederick William Young, University College.

EARLY-CLOSING ASSOCIATION.—Mr. Goschen has just presented to the House of Commons a petition, signed by two thousand persons, in favour of opening the National Gallery and British Museum from seven to ten P.M.

DEATH FROM FEAR OF HYDROPHOBIA.—A man of intemperate habits died last week at Manchester from fright consequent upon having been bitten by a Newfoundland dog, which he firmly believed to have been suffering from hydrophobia.

GARDEN GROUND FOR SOLDIERS.—A War Office return shows that, in the military districts of Great Britain and Ireland, forty-eight acres of garden ground have been allotted to troops, and sixty-one acres to individual non-commissioned officers and others.

ANIMAL VACCINATION.—A paper has lately been read in France, by Dr. Lanoix, on the above subject. The author described, in the first place, the results he had obtained during a period of six months with lymph supplied by heifers, and remarked that he had succeeded in 80 out of 380 re-vaccinations: he recorded the equally favourable returns forwarded to him by MM. Michel, physician of the Institution of Fontenay, a branch establishment of the College of Sainte-Barbe in Paris; Dheré, physician of a seminary for young ladies; Millet, Physician of the Agricultural Penitentiary of Mettray; Chipot, of Châteauneuf-sur-Loire; and Dr. Verrier, member of the Committee of Vaccination at Rouen. At Fontenay, characteristic pustules were produced in 76 out of a total of 400 re-vaccinated children. In 71 subjects between the ages of 14 and 20, re-vaccination succeeded in 31. In 200 adults aged from 20 to 40 years, the operation wns successful in 97. The proportion of successes between the ages of 40 and 50 was 36 per cent., and of 5 persons re-vaccinated after the age of 50, characteristic pustules were developed in 2. M. Lanoix remarked, in conclusion, that his personal experience and his meditations on the subject strongly confirmed his belief in the correctness of M. Négri's assertions. "With confidence equal to, or even greater, than that entertained by me six months ago," said he, "I now again declare before the Academy that the propagation of vaccine from heifer to heifer is always attainable, and in quantities sufficient for every purpose; that the lymph does not deteriorate, but preserves its activity for a longer time and with greater certainty, in its passage through the system of animals than through that of man; that first vaccinations are almost invariably followed by positive results, and that re-vaccinations supply an average of success more considerable than that obtainable with lymph gathered from the human subject; that vaccination with the matter derived from heifers is an easy operation, which, during epidemics of small-pox, affords a most valuable resource to check the progress of that formidable disorder on account of the large amount of lymph which can at will be supplied wherever it may be required." We should further add that, with the vaccine matter collected from heifers kindly given to us by Dr. Depaul at the Academy, we have obtained results which fully bear out every one of M. Lanoix's assertions.—'Journal of Practical Medicine and Surgery.'

MUSEUM OF THE COLLEGE OF SURGEONS.—The usual half-yearly exhibition of preparations about to be added to the above collection, and which Mr. Flower has introduced, is now on view in the theatre of the College, to those fellows attending the elections, and to the members generally who take an interest in these matters. They comprise, among others, finely injected specimens of epithelial cancer of the leg, tubercle of the lungs and testicle, foot, bladder, and multilocular ovarian cyst. The bladder and ovarian cyst are especially worthy of notice, the former of which was one of the illustrations of Professor Fergusson's recent lectures at the College on Lithotomy. This interesting preparation shows the venous plexuses surrounding the prostate which are apt to be wounded in the operation. The latter shows in beautiful distribution the bloodvessels in the walls of the cyst. Among the non-injected specimens may be mentioned a remarkable cartilaginous tumour of the lower end of the femur, a good and instructive case of elephantiasis scroti, a case of epispadias, fracture of the patella, rheumatic knee-joint, fasciculated sacculated bladder containing a very large calculus, specimens of talipes varus, with muscles and ligaments carefully dissected. These specimens have been mostly prepared by the assistant, Dr. James Bell Pettigrew. In the osteological series are fine specimens of the gorilla and chimpanzee, together with rare and valuable crania from different parts of the world. These additions are mostly donations from fellows and members.

OPENING OF AN HOSPITAL AT BRADFORD.—A handsome building, erected by public subscription in Bradford at a cost of nearly 6000*l.*, for the purposes of an eye and ear hospital, was formally opened on Friday week by the mayor. The building was declared free of debt.

EAST LONDON UNION.—The Board of Guardians of the East London Union have agreed to divide 100*l.* per annum amongst the Medical officers of the union, in addition to their ordinary salaries, in order to enable them to supply quinine and other expensive medicines without any pecuniary loss to themselves.

THE LATE HOT WEATHER.—The Registrar-General gives the following return from the large towns, showing the highest temperature registered in the shade in the week ending on Midsummer-day:—Birmingham, 87·8; Manchester, 87·7; London, 87·6; Bristol, 86·8; Leeds, 85·0; Salford, 84·5; Dublin, 83·8; Edinburgh, 78·0; Liverpool, 77·9; Glasgow, 77·6.

DEATH OF DR. FREEMAN DANIELL, F.R.C.S.—We regret to announce the death of this distinguished African traveller, who has contributed so much to the pages of this journal, the author of a valuable work on the Medical topography of the Bight of Benin and Biafra, and of many papers on botany and Materia Medica. He lately died at Southampton, having received the greatest kindness and attention from his old friend Dr. Wiblin.—'Medical Times and Gazette.'

ROYAL COLLEGE OF PHYSICIANS.—At the quarterly comitia of the College, held on June 26th, the following seven members were elected fellows: Dr. W. H. O. Sankey, Dr. W. H. Dickinson, Dr. T. B. Washbourn; Dr. G. Kennion, Dr. J. Braxton Hicks, Dr. F. E. Anstie, and Dr. W. Roberts.

MEMORIAL TO DR. JENNER.—The memorial to Dr. Jenner is now being placed in the south-west window of the Cathedral. The fixing of the glass was completed last (Saturday week) evening. The general subject refers to the acts of healing by our Lord in the course of his ministry. In the glass fixed the subjects depicted are:—Healing the man in the tombs, raising the widow's son, healing the issue of blood, the cure of the lepers, the raising of Lazarus, and the cure of the deaf. Three subjects are painted in each light. In the tracery are figures of angels, with crowns, and scrolls with "Alleluia." Much of the window is now obscured by the scaffolding, but, as far as we can judge, the glass appears

to be fine, and the drawing good. The stonework is of the latter part of the thirteenth century, and the new glass is as nearly in the style of that period as Messrs. Clayton and Bell can produce it. The glass appears to be remarkable for the variety of its tints and the richness of its whites, and promises to be among the best in the Cathedral. The Dean and Chapter have contributed 100*l.* towards the cost; the remainder is provided by subscription chiefly by the Gloucestershire Medical Society, and Dr. Evans is a most liberal contributor.—'Gloucestershire Chronicle.'

THE SERVICES OF ADMIRAL FITZROY.—We are glad to learn that attention is being called to the claims which the family of the late Admiral Fitzroy have to assistance from Government. Their case is a very strong one. Since 1825 three expeditions, each lasting five years, have been sent to survey the coast of South America. The second of these, under the command of Admiral Fitzroy, was most successful and important. It opened up the route now usual taken through the Strait of Magellan, by which the dangerous navigation of Cape Horn is avoided, and it led to observations and discoveries which have made it an epoch in the recent history of science. Those well qualified to pronounce an opinion say it may be compared to its advantage with any five years' survey in the records of the Admiralty; yet the expense to which the country was put by it was small. The first expedition to which we have referred cost 100,000*l.*, the last expedition 75,000*l.*, that of Admiral Fitzroy only 40,000*l.* He thus effected a saving to Government of from 35,000*l.* to 60,000*l.* This, however, he did in a great measure at his own cost, as many necessary expenses incurred on his personal responsibility were disallowed at the Admiralty. In obtaining proper surveying instruments, all absolutely necessary for the proper discharge of the work he had to perform, he spent 3,000*l.* Having no tender or small boat allowed him similar to those furnished to the other two expeditions, he was obliged to hire two small decked boats, of from seven to eleven tons, to execute the survey in small bays which his vessel, the 'Beagle,' could not enter. Their hire cost him 1,100*l.* Before receiving from the Admiralty any intimation of disapproval of the hire of these vessels, he purchased a schooner as tender to the 'Beagle.' He had her fitted up, and the cost of doing so, and the hire of the crew who manned her for a year, amounted to about 2,000*l.* His whole expenditure then, beyond the sum allowed at the Admiralty amounted to 6,100*l.*, for which he was never compensated in any way. He had to borrow money to discharge the liabilities he had incurred, and his losses involved him in difficulties which embarrassed him through life. Admiral Fitzroy rendered other valuable services to the country. The latest and the most important of these were of course his labours in the Meteorological Department of the Board of Trade. It is only necessary to allude to "Fitzroy's drum" to recall the advantages which have resulted from the extension round our shores of the means devised by him of forecasting the weather. The work was not accomplished without immense labour, and, indeed, it was to the over exertion of body and mind which it involved that we must attribute the premature loss of this distinguished officer. He remained at his post long after he should have abandoned it. But the value of his discoveries had been doubted, and he feared that the work he was so much interested in would suffer through the difficulty of finding any one competent to discharge his varied duties. Admiral Fitzroy died poor. His assets amounted to 3,400*l.*, his debts to about 5,400*l.*; and he has left a large family, many of whom are unprovided for. A better claim than they have to assistance from Government it would be difficult to imagine. We therefore trust that their case will meet with the consideration due to the memory of an officer who upheld the high reputation of our navy by his scientific discoveries, by the zeal and efficiency with which he discharged the difficult duties intrusted to him, and by the ability and energy he displayed in establishing a system of meteorological observations which has already been the means of an incalculable saving of life and property in all parts of the world.—'Times.'

ROYAL COLLEGE OF SURGEONS.—The annual meeting for the election of three Fellows into the Council of the College, caused by the resignation of Mr. J. M. Arnott, and the retirement in the prescribed order of Messrs. Quain and Shaw, was held on Thursday, when, owing to the unprecedented number of candidates offering themselves for the vacant seats, an unusually large number of metropolitan and provincial Fellows attended the meeting. At two o'clock the President, accompanied by the Vice-Presidents, Messrs. Wormald and Kiernan, entered the library, when the former gentleman explained the objects of the meeting, and called on the Secretary to read those portions from the charter and bye-laws relating to elections. This having been done, balloting papers, containing the names of the right candidates, were handed to the Fellows, from which list, there being but three vacancies, the Fellow voting was required to strike out the names of those for whom he did not intend to vote, taking care not to have more than three names remaining. The corrected papers were then handed to the President, and by him deposited in a box. It was not, however, until nearly five, o'clock that this process had been completed, when, having ascertained that all had voted, the President ordered the box to be opened, and, scrutineers having been appointed, the President handed to the Secretary the names to read over, and at the conclusion declared the choice of the Fellows to have fallen on Messrs. Quain, Turner, and Paget. The numbers polled by the candidates respectively were:—

Quain	. .	225,	including	55 plumpers.
Shaw	. .	58,	„	4 „
Turner	. .	141,	„	19 „
Wilson	. .	24,	„	2 „
Ure	. .	20,	„	2 „
Paget	. .	205,	„	6 „
Hewett	. .	118,	„	2 „
Hawkins	. .	47,	„	2 „

THE ROYAL COLLEGE OF SURGEONS.—At a meeting of the Council at the Royal College of Surgeons, on July 4, Mr. Cæsar H. Hawkins, F.R.S., of Grosvenor street, was elected the representative of the College at the General Council of Medical Education and Registration; Mr. John Hilton, F.R.S., of New Broad street, was elected an examiner of the College, in the vacancy occasioned by the resignation of Mr. J. M. Arnott; and Mr. James Luke, F.R.S., of Maidenhead, was elected a member of the Dental Board, in the vacancy also caused by the retirement of Mr. Arnott.

MEDICAL AMENDMENT ACT.—A meeting of the Executive Committee of the Medical Council was held on Friday last, and at this meeting an official communication from the Home Secretary was read, to the effect that he had no intention of introducing during this Session an Act to amend the Medical Acts. We have much reason to fear that this conclusion of the Home Secretary was arrived at, not from want of inclination to undertake a duty which he, in some measure, felt to be a necessity—not from want of time as regards the Session of Parliament, but simply from the difficulty created by the form in which the Council proposed to deal with the principal question before them—viz., a restriction on the assumption of Medical titles by those who had no legal title to assume them. In seeking to suppress one grievance, a far greater one would have been created in the monopoly which the amending Bill would establish, a proposal which could never have received the sanction of Parliament. This is a sad result of the time and cost involved in the lengthened discussions on the subject which have taken place, and it also adds another to the dreary catalogue of failures which have marked the existence of the Medical Council. "Experience teacheth," is an axiom in which some people sometimes find consolation; let us hope that it may be found to be so in the case of our Medical legislators, and that finding wisdom in failure, they may become wise at last.—'Medical Times and Gazette.'

THE ROYAL COLLEGE OE PHYSICIANS AND THE ARMY AND NAVY MEDICAL SERVICES.—At the quarterly comitia

of the College held on June 26, a report was received from the President and Censors, to whom the Fellows at a previous meeting had referred the consideration of how far, and in what way, the College could best use its influence for ameliorating the present position of Army and Navy Medical officers. The report recommended the addressing of a letter by the College to the Secretary of State for War, and to the first Lord of the Admiralty; and concluded with the draft of a proposed letter, which met with the unanimous approval of the meeting. The letter stated that it was well known that a deep-rooted discontent existed among the Medical officers of the Army and Navy. It was no less true that the Royal Warrant of 1858, had at once given universal satisfaction; and that, trusting to our promises, many of the best-educated and most talented members of the Profession had been induced to enter the army. There could be no doubt that a return to that Warrant, and to the Navy Warrant of 1859, would be followed now by a like result. The College, therefore, hoped that the propriety of such a course would be duly considered. The report of the President and Censors was adopted without dissent; and the President was requested, in the name of the College, to transmit the letter, of which the draft had been read, to the Secretary of State for War, and a similar letter, *mutatis mutandis*, to the First Lord of the Admiralty.

LADIES' SANITARY ASSOCIATION.—The Committee believing that by far the greater part of the debility, disease, and premature mortality in this country results from preventible causes, and from ignorance of the laws of health have endeavoured to extend and popularise sanitary knowledge. For this purpose they distribute simple, interesting tracts on sanitary and domestic subjects; arrange for the delivery of popular free lectures in working men's clubs, &c.; establish loan libraries; form branch associations (ten branches have already been formed); hold meetings for various purposes (from these on over-work the London Dressmaking Establishment has arisen); form gymnastic classes; send out park parties twice in each week during the summer months, giving bread to hungry children (29,000 children from the ragged schools were sent out last summer). The Committee wish not only to continue this work but to increase it, by offering prizes for clean and tidy rooms; by encouraging flower shows; establishing nurseries for motherless babes; by employing sanitary missionaries, &c., &c.; but the funds at the disposal of the Committee on March 31 amounted to 12*l*. They therefore ask assistance, by annual subscriptions or donations, to carry out these objects.

ST. ANDREW'S CONVALESCENT HOSPITAL.—The first stone of this hospital was laid on Tuesday week by the Bishop of Oxford. It is situated at Clewer, near Windsor.

LEEDS SCHOOL OF MEDICINE.—It is in contemplation to remove the Leeds General Infirmary to a new site near the School of Medicine.

THE CHOLERA AT CONSTANTINOPLE.—Three cases of cholera having occurred, foul bills of health are issued to shipping.

AN OFFICER OF HEALTH FOR BRIGHTON.—The Town Council of Brighton are about to appoint an officer of health, as in other important towns.

ROYAL INSTITUTION OF GREAT BRITAIN.—Thomas Henry Huxley, Esq., F.R.S., has been appointed Fullerian Professor of Physiology.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JULY 12.—Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, JULY 13.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, JULY 14.—Operations at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, JULY 15.—Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, JULY 17.—Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JULY 18.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Half-Yearly Abstract of the Medical Sciences, Vol. XLI. London: John Churchill and Sons, New Burlington street.

On the Successful Treatment of Flatulence by a Novel Use of Charcoal. By A. Leared, M.D. London: John Churchill and Sons.

A Course of Practical Chemistry. By W. Odling, M.B., &c. Second Edition. London: Longman and Co.

The Journal of Mental Science, No. LIV.

The Social Science Review, New Series, No. XIX.

On Traumatic Keratitis; with a Report of Nineteen Cases treated at the London Ophthalmic Hospital, from December, 1862, to May, 1856. By Spencer Watson, F.R.C.S.

The Endoscope as an Aid in the Diagnosis and Treatment of Disease. By F. R. Cruise, M.D., &c. Dublin: Fannin and Co.

The Ophthalmic Review for July (No. VI.) London: R. Hardwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross post-office.

GRANULAR EFFERVESCING CITRATE OF BISMUTH.—This form of administering bismuth has been introduced by Messrs. Savory and Moore, of New Bond street, and is, we understand, an entirely new preparation. The metal bismuth has usually been employed in Medicine as a sub-nitrate, which, being insoluble in water, requires to be suspended in some mucilaginous fluid, but the effervescing citrate of Messrs. Savory and Moore is both soluble in water and agreeable to the taste. The dose of the salt is one teaspoonful in a third of a tumblerful of water, and this quantity contains one grain of oxide of bismuth in solution; but it is not equivalent to a full dose of the sub-nitrate, as is stated on the label, the latter being given, as is well known, in quantities varying from five to ten grains for a dose. One grain of the oxide is, in fact, equivalent to 1·3 grain of the sub-nitrate.

X. Y.—It is very difficult to define by a description the meaning of suppressed or retrocedent gout, and the diagnosis can be made only by a careful comparison of all the symptoms, both special and general. We do not, however, altogether disbelieve in the existence of the so-called gout in the stomach.

A YOUNG BOTANIST.—There is undoubtedly a general correspondence between the external characters of plants and their physiological properties in relation to man; but the principle thus admitted must not be pushed too far, as there are numerous exceptions to the rules laid down by the advocates of this theory.

QUESTIONS AND ANSWERS.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—Is it ETIQUETTE for a young practitioner, A. B., just entering on practice, to call on C. D. and E. F., old practitioners of the place, or vice-versâ? H. F.

[It is usual for the new-comer to call upon the elder practitioners.]

SIR,—A. B. and C. D. are practitioners at the same dispensary; each have their districts. A. B. goes into the country for three days, and leaves no one to look after his patients, and C. D. is called upon to attend E. F., a patient of A. B.'s; C. D. at first declines, and afterwards attends; when A. B. returns he refuses to take charge of the patient, and quarrels with C. D. for attending without A. B.'s permission. Was C. D. in the wrong? H. F.

[No.]

SIR,—A. B. was called upon to attend a patient of his in her confinement, and waited on her within an hour. The case being urgent, C. D. was called in, and the child was born just as A. B. reached the house. C. D., knowing the patient was A. B.'s, charged the patient one guinea. A. B. was called in to another case just in the same way for another practitioner, and confined his patient of twins, but made no charge, and was thanked by the other. How does etiquette stand in these cases? H. F.

[If the Medical gentlemen are acquainted with one another, the attendance on each other's patients ought to be a matter of civility between them. In the first case described, C. D.'s conduct, although not transgressing the rules of Medical etiquette, might be called rather sharp practice.—ED. MED. CIRCULAR.]

THE ANTI-QUACKERY ASSOCIATION.

20 KING WILLIAM STREET, W.C.

The Anti-Quackery Association deem it their duty to the public, as well as to the Medical Profession, to *caution* persons against the multifarious modes of quackery pursued by unprincipled pretenders to a knowledge of the Medical Art, and to expose the means they take to accomplish their nefarious ends:—1, by pretended specifics; 2, by spurious lectures and "Museums;" 3, by promises of self-cure; 4, by exciting the fears of the timid; 5, by the invention of cured cases and testimonials.

Before replying to suspicious advertisements, persons will do well to address the Secretary of the Anti-Quackery Association, who will be able, in most cases, to furnish the past histories of the quacks and pretenders from whom they emanate.

N.B. The letters of "Detector." entitled "Revelations of Quacks and Quackery," are now reprinted, and may be had at the Medical Circular Office, price 1*s.* 6*d.*; or, by post, twenty stamps.

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ORIGINAL COMMUNICATIONS.

PECULIARITIES OF THE DEAF AND DUMB AS REGARDS MEDICAL TREATMENT, AND THEIR IDIOSYNCRASIES.

By Charles Delachrois Purdon, M.A., M.B. Dub., F.R.C.S.I.; and Henry Purdon, M.D., L.R.C.P. Edin., L.R.C.S.I.

The Education and Training of the Deaf and Dumb.

In the year 1846, the Ulster Society for the Education and Maintenance of Deaf, Dumb, and Blind removed to their new establishment in Belfast. The office-bearers of the Society consist of a committee, chaplains, physicians, principal, matron, and teachers. No child is admitted into the Institution as a boarder except between eight and thirteen years of age, and none either as a boarder or day pupil until the parents or friends shall have returned satisfactory answers to the several queries contained in a printed form supplied by the secretary.

The following extract from the report may not be uninteresting:—"At the close of 1863, your pupils numbered 126—viz., 105 deaf and dumb and 21 blind. Thirty-six new pupils have been admitted during the year 1864—viz., 24 deaf and dumb and 12 blind, making a total of 117 deaf and dumb and 31 blind. During the past year, the Institution has been free from any epidemic complaint, and the health of the inmates good. The alterations in your new school-rooms have doubtless contributed largely to the improved sanitary condition of the establishment. The old school-room has been appropriated to an exercise-room for the boys, and some excellent gymnastic appliances have been fitted up in it, which should promote the physical health of the inmates."

For the following remarks upon the education and disposition of the deaf and dumb we are indebted to the Rev. Mr. Kinghan, the accomplished Principal of the Institution.

The children contained in the Ulster Institution have been taken indiscriminately from the nine counties of Ulster, and are receiving a good English education, some of the blind being taught music. As these children grow older, they are instructed in various trades, so as to give them a means of earning their livelihood. As regards the peculiarities of deaf-mute instruction, I may be allowed to commence the following brief remarks by stating, that to be born deaf, or to lose the sense of hearing before the power of speech is attained or confirmed, or the stock of language so copious as to impress the memory, is invariably followed by dumbness. It is not usual that dumbness proceeds from any malformation of the organs of articulation, or from any other cause than that of deafness, or which is sometimes from want of intellect. Deprivation of speech is not the only calamity which want of hearing involves, for, in the case of young persons, it usually entails a train of evils which few can rightly conceive. I have met with many who vastly underrated the extent of the privation under which deaf mutes labour, and who believed that, if the deaf and dumb were only put in possession of a method of giving expression to their ideas, all they required had been obtained. For example, it is often imagined that, if the deaf and dumb were only taught the manual alphabet, they could spell out words and sentence, and that they could then of necessity comprehend the ideas that were thereby expressed. This, however, is very far from the fact. Congenital deafness is one of the sorest calamities that can befall a human being. The dispensation of Providence, that closes the ear of a child against the admission of sounds, shuts his mind up in a cell where scarcely a ray of intellectual or moral light dawns on his miserable solitude.

A deaf-mute may exhibit many of the traits of character that are possessed by his more fortunate fellows, and to the eye of a superficial observer there may seem little to distinguish him from others; still, he is a different being. Not only is his knowledge of the common affairs of life bounded by his own limited and imperfect observation, but his mind is a complete blank with regard to the momentous realities which concern him as an immortal being.

There is a notion very common amongst men—as common as it is unfounded—that deaf mutes are much quicker of apprehension than others, and that when Nature takes away one sense, she supplies the one next to it in importance with greatly increased power; and so they conclude that the deaf and dumb must be easily educated. But this is a delusion, for the deaf and dumb, as a class, are neither quicker nor duller of apprehension than others, and that there is in reality no compensating power in either the mental or physical endowment of these children, except in so far as this, that being so dependent on the use of the eye, there may be liveliness and quickness about it which is not so manifest in others; but, notwithstanding this, the mind in its operations through the organs of sight possesses no augmented perception. The great object of educating the deaf and dumb, then, is to take for a season these children of the stranger—these aliens in the country of their birth—from among the sons and daughters of the land, and we seek to naturalise them by a diligent development of their mental faculties, and by a judicious moral and religious training, in preparation for that world in which they are destined here below to dwell; and above, all we seek is to enrol them in holy citizenship with the saints of light.

Sanitary and Dietetic Management.

We have frequently had occasion to remark that deaf and dumb children, when confined to the house, say from wet weather, in one room, even when large and well-ventilated, occasion a very peculiar, heavy smell; but anyone, having once experienced this odour, will easily recognise it again. Now, these children do not perspire more than others, so that it cannot be caused by immoderate sweating, and as their clothes are frequently changed, as well as the use of the bath insisted on, it cannot be ascribed to neglect from this cause.

Latterly, in the Ulster Institution, this peculiar smell is not often experienced, owing to the system of ventilation being of a first-class order, and only a few children sleeping in one room; but, nevertheless, put a few children in one room, and this curious phenomena will be evident.

Moderate gymnastic exercise is very useful, as it tends towards developing the weak and flabby muscles which these children usually have; but after admittance into the Institution, their physical strength seems to be much the same as that possessed by others. Baths occasionally are highly beneficial, especially when combined with brisk friction, and conduce not a little to health.

The dietetic treatment of mutes is a very important subject, and from our experience, the food should be of a plain, wholesome, easily-digested character, and of a solid rather than fluid kind. A mixed diet, containing a large proportion of easily-assimilated, farinaceous material, is one of the best.

As nearly all the children on the sick-list suffer from scrofulous affections, and to which we shall again refer, we shall only here mention the system of dietetic management which is pursued in the Institution.

The following appeared in the May number of the 'Dublin Quarterly Journal of Medical Science,' 1865.

For some years, various plans of treatment had been tried for the purpose of preventing the ravages of scrofula, but without any success. In the year 1862, it was determined to try linseed, as in the manner hereafter mentioned, it being well-known to contain a large amount of oil and excellent nutritive matter for producing fat, as is to be seen in cattle fed on this substance.

In 1862, as before mentioned, linseed was first tried as a dietetic agent, combined with bran. Now, it has been

estimated that as much as 12 per cent. of nutritious matter is contained in bran, and this matter is commonly called by chemists gluten; but M. Mège Mouries has found this substance to consist of a vegetable ferment, a metamorphic, nitrogenous substance, and which he has named *cerealin*, and another vegetable substance, *casein*.

Cerealin, which we may call the active principle of bran, is obtained by washing bran with cold water, in which fluid it readily dissolves, and may be precipitated by alcohol. As contained in bran it is an active ferment on starch and glucose, producing the lactic and butyric changes, but never alcohol.

This substance, then, being a special solvent of starch and gluten, is contained in flour; and a good tonic, as also stimulant to weakened digestion, it increasing the dissolving properties of pepsine, was, on account of the reasons, combined with linseed, as in the following formula for one quart of the soup:—

Take of linseed, half an ounce; fine bran, one ounce; water, one quart. Boil for two hours, and strain; then add beef, from half a pound to one pound, and make into a soup with vegetables, groats, &c.

This soup is given at dinner five days in the week to the inmates of the Ulster Institution, and since its use chest affections, as also dyspeptic attacks, are not so frequent as formerly.

Another excellent article of diet, but rather expensive for hospital use, is arrow-root, which is obtained from the Maranta Indica, a native of the East Indies, but cultivated also in the West Indian Islands. The substance used as a dietetic agent is the fecula of the tubers, its chemical composition being $C_6 H_5 O_5$. Now it appears that all amylaceous substances, when taken into the animal economy, go to form fat, and produce animal heat, by means of the consumption of the carbon and hydrogen that they contain; and arrow-root being one of the richest and most nutritious of the starchy substances, it will be evident that in diseases accompanied by much emaciation it will prove very serviceable. The following is a good manner of using it. Let two dessert-spoonfuls of arrow-root be well mixed with a little water, and then add boiling milk, as much as will make a stiff jelly, sugar and some flavouring ingredient being also required.

DISEASES TO WHICH DEAF AND DUMB CHILDREN ARE VERY LIABLE.

One thing which is extremely useful to the physician attending to an institution for the deaf and dumb, is a knowledge of the mute alphabet; and of alphabets we have two kinds — viz., the one-handed and two-handed alphabets. The former is the one in use at the Ulster Institution, and has been found more convenient, as by it only one hand is required, the other hand at the same time can be employed at something else.

Having a knowledge, then, of the alphabet, the physician can for himself find out the various symptoms peculiar to diseases, and has not to trust to the uncertain account of bystanders, &c.

In the course of our practice we have had occasion to remark the peculiar liability of mutes to some forms of disease more than others; whether this, as well as mutism, arises from too close marriages, we never had an opportunity of knowing.

The following diseases are very frequently met with:—Scrofulous complaints, catarrh, phthisis, dyspepsia, and bronchitis. These are the diseases which we are most frequently called upon to treat, but of course such complaints as measles, scarlatina, &c., occasionally occur.

One disease which we have met with, and which is extremely rare in Ireland, is bronchocele, or Derbyshire neck. We do not intend to enter into any theory of its being a disease, in this part of Ireland, peculiar to deaf and dumb, but bearing in mind the great liability of these children to strumous affections, may it not be owing to this cause, just as in the same manner as in scrofulous subjects the different glandular bodies become affected? We are quite aware that in chronic cases the veins covering the tumour become varicose; but may this not arise from pressure occasioned by the tumour on the deeper vessels? Purpura hæmorrhagia is another disease rare here, but we have met with, it especially amongst new arrivals.

Strumous affections manifest themselves amongst mutes in nearly every possible form, such as enlarged lymphatic glands, especially of the neck, ulcerations, affections of the conjunctiva and edges of the eyelids, eruptions behind the ears, affections of the joints, disordered bowels, protrusion of the abdomen, periosteal tumours, &c.

In catarrhal attacks, the greatest caution as well as prompt treatment is necessary, as we have often remarked phthisis supervening very suddenly upon a "common cold," no symptoms previously existing. Phthisis usually runs its course rapidly.

In 1858 and 1859, bronchitis was very prevalent, as also strumous affections.

MEDICAL TREATMENT OF THE DEAF AND DUMB.

From what has been said in the foregoing, it will be seen that scrofulous affections are the most common. These complaints are to our mind best treated by careful dietetic management, the medicinal agents that are most useful being cod-liver oil, syrup of the iodide of iron, and the other anti-strumous remedies. As it would be unnecessary to enter into a description of the medicinal treatment required in the various diseases which have been enumerated, we shall only offer a few suggestions which have from time to time occurred to us:—

1. In all diseases occurring in mutes, we prescribe a stimulating plan of treatment, keeping up the strength as far as lies in our power.
2. All depressing remedies are usually injurious.
3. Laxatives are usually sufficient to procure evacuation of the intestinal contents without having occasion to use those powerful medicines.
4. Great attention should always be paid to the digestive organs, as sudden derangements of the stomach and liver are apt to occur.
5. Affections of the chest are very liable to supervene from the slightest cause, frequently phthisis.
6. A flannel or chamois leather-waistcoat ought to be worn next the chest, especially during winter.
7. When called on to administer expectorant medicines those of a stimulating, rather than depressing, nature should be used.
8. Stimulants, both medicinal and dietetic, are very useful.
9. Tonics, especially the light vegetable and iron preparations, are of great value.

SCIENTIFIC ARTICLES.

MR. FERGUSSON ON OPERATIONS AND PRACTICE OF SURGERY.

Throughout the history of our Profession, from the earliest date to the present time, distinctions have been drawn between Surgery strictly and Physic. The wisdom or necessity of drawing such distinctions is very questionable, particularly since the passing away of the dark ages of surgery, when an inferior class acted under the orders of those who themselves could know but little of the art. As our Profession gets older, the custom becomes less apparent, although in large towns and populous districts there will always be those who devote themselves specially and respectively to these departments. This, in my opinion, depends upon, and is determined by, natural habits and tastes rather than upon any actual necessity that the two should be disjoined, or that a union of skill in both is incompatible with man's mental and physical powers. I cannot myself see why there may not, should not, or why not, be such a combination. Most of our legislative enactments on education seem to infer that our degrees or diplomas of the best stamp can be secured by those only who have acquired, and can display, a competent knowledge of each; and the impression seems to get strong

that whilst a physician must be all the better for a good knowledge—aye, even power—in surgery, the surgeon will be a poor practitioner who has not a thorough knowledge of physic. One of our greatest lights in surgery, Sir Benjamin Brodie, who has but recently passed from amongst us, was as much distinguished in this respect as for his power in surgery properly so called, and the professional reputation of Abernethy was as much based on blue pill and black draught as upon tying great arteries, opening abscesses, or any other surgical proceedings with which his name was associated. In fact, the term "pure surgery" should, in my opinion, be banished from our vocabulary. The term is one of sheer affectation. One hears of a "pure surgeon" every now and then, but I declare I have never known such an animal in my life! If anyone endeavoured to realise in his own person the man of surgery, as one working with his hands alone, he would be left high and dry in his "purism;" a stranded wreck, of little use either to himself or his fellow-creatures. In these days of rail and electricity the strictly "pure surgery" required in Great Britain might be done by a dozen men, who, like the herniotomists and lithotomists of old, should travel from place to place, as their services might be required. But fortunately, surgery in the present day stands on a more extended base, and we are delighted to call into use all the appliances to our art which raise it to a science. Without attempting to draw a line of distinction between the physician and the surgeon, as has often fruitlessly been done, I shall prefer to state that, in my opinion, so long as our Profession exists there will doubtless be distinctions; and so, in the character of a "Simon Pure," I must limit my observations to matters "purely" surgical.

Now, with all the affectation referred to, it is a curious fact and feature in our department, that so long as a young man who has the diploma of a surgeon does not attempt operations on the living body, he may pass as a clever fellow, possibly as a clever surgeon. If he tries his hand and fails, he must be content in future to work chiefly with the pen. If he succeeds, and acquires reputation, he is, for a time, well-nigh worse off than a bungler. Enemies and friends say, "Ah, yes! he is very good with his hands, but he knows nothing else. He knows not when an operation should be done, nor can he treat a case properly either before or after." Yet throughout all my experience the best operators have generally been the best pathologists, and as competent in practice otherwise—aye, even more so, than those who have been able to cope with them in handicraft. The judgment of all pertaining to good surgery has been evinced as much, or more, by one as by the other, and the operator has held the superiority of both judging and acting. To deride a young surgeon because he displays great powers with his hands is as unreasonable as to abuse an artist for superior skill with pencil and brush. Happily for the artist who excels, he gets credit for having a head to guide his hand, but the rising surgeon who shows skill in operations has to plod his way through obloquy until at last he fairly wrings out the admission that he is good in other respects also.

Whatever opinion may be held on these matters, one thing is certain—that surgery and operations cannot be separated. Our skill has not yet enabled us invariably to treat disease and accident so as to cure without operation. Nature, despite man's efforts, will still hold on in diseased action; and accidents involving serious injuries and necessitating surgical operations must happen to the end of time.

It may be called a great surgical crisis when the question of an operation arises; equal, if not greater perhaps, to the important time when the operation itself is to be performed. Supposing that the decision is for an operation, and that the time for action has come, I think that I may fairly appropriate part of this lecture to a subject which my experience leads me to believe is often much neglected.

Occasionally an operation remarkable for its bungling succeeds; again, one which might be done in a couple of minutes may extend its tardy course over a hundred, and yet do well: but because such instances succeed they ought not to be the rule for the future. They ought rather to serve as landmarks or beacons, to point a better way. There is a carelessness and awkwardness evinced by many in the performance of surgical operations, hazardous to the patient and derogatory to the character of surgery. In every art perfection or improvement is aimed at, but I regret to have to make a partial exception as regards our own. Happily, the examples are most numerous wherein men really have such objects in view; but some in high places have been careless—aye, incompetent in such matters. Yet what can be better for suffering and for surgery than that, when an operation is needful, it should be done with all that pre-arrangement, forethought, judgment, coolness, and decision which constitute perfection.

I have repeatedly seen surgeons proceed to operations with preparations signally deficient. No sponge, no lint, no strapping, no bandage, no dressing. I have seen, as stated in a former lecture, a flap in amputation of the leg made before it was discovered that there was not a saw in the apartment. I have seen lithotomy performed with a common catheter for a guide; and the same operation has been resorted to with a common hair-curling iron, instead of forceps, to extract the stone!

It is in dealing with hæmorrhage that the greatest defects are observable. The absence of good clean sponges in sufficient number is enough to mar the appearance of an operation even in the best of hands. I have heard a surgeon about to engage in such work say to the landlady or maid, "Have you such a thing as a sponge in the house?" I need not here dilate on the elegance of a domestic article of the kind; suffice it to say that I have looked with disgust at its application to a wound. Sponges are as essential to the satisfactory performance of an operation as plenty of water. The case cited by Sir Astley Cooper of a surgeon throwing down his knife and decamping in the middle of an operation is fortunately a solitary one; yet great embarrassments frequently arise, and chiefly among those who make little or no preliminary arrangements. He who has not calculated on what vessels may possibly be cut, will be the least prepared to meet emergencies; and I have generally observed that those with forethought have had least trouble on such occasions.

When blood flows, and that freely, I consider it characteristic of a good surgeon, that besides dealing with it promptly and decidedly, he should manage to conceal all traces of it as much as possible. There are some who seem to delight in the show of blood: thus, besides letting more flow than need be, they seem to take a pride in displaying it in all directions. They seem to calculate the brilliancy and magnitude of the operation by indications of blood being everywhere about. If the body-clothes and bed-coverings of the patient can be spotted all over or saturated, it is good; but better if, in addition, the blood finds its way through a mattress or two, and drips on the floor! A spirt here and there on the walls will be impressive; and if the operator and assistants be spattered from head to foot, so much the better! The man who glories in such sights, or takes no heed to prevent them, is likely to be pleased with a large display of white about the patient's dress, coverings, bed, or couch; and I have heard of such a one, not content with using towels for his hands, actually seizing the white bed-curtains and wiping his bloody paws. It seems a glorious thing in the estimation of such an operator that servants should carry away basins or pails full of water, tinged, at least, with blood. Clots, of course, have an additional effect; and I have known many a simple operation, involving the loss of but little blood in reality, estimated on a very large scale from the circumstance that the tinged fluid has all been taken for blood. Hence it is no uncommon thing to hear, from friends, of a patient having lost quarts—even gallons—of blood, when Mr. So-and-so performed the wonderful operation! Now, all these things I hold to be contrary to the best characteristics of good surgery. My impression is that all the horrors of our art should be concealed from common observation as much as possible. Happily, in most of the important operations this can be perfectly done, in as far as the patient is concerned, under the benign influence of anæsthesia; but, whether as regards patients, friends, or onlookers, I consider it of importance to the character of

surgery that such matters should be attended to. I remember, when venesection was practised more than in the present time, that the operator was considered a bungler if he let a drop of blood be seen after the basin was taken away; and I have often thought that it would be well if such an idea could be impressed on those alluded to, who seem as it were to gloat on the sight of blood. He may consider himself a happy man who can boast of clean hands in this world of turmoil. One would think that a surgeon, in this part of his duties, might at all events set to work with a clear conscience in this respect. Yet I have seen a man of fame proceed from one operation to another with his hands covered with the first patient's blood.

Demeanour is an operation I hold to be of great consequence as characterising good surgery on such occasions. I remember being early impressed on this subject. Of two surgeons of great reputation as operators, one could not proceed a step without speaking to or consulting some one near. Even a pupil was appealed to, if no one of higher rank was by. The other would begin and finish without reference or a word to any one. On witnessing such scenes more than once, an impression arose that the one had no confidence in himself, but that the other was eminently endowed in this respect. There was in reality no lack of courage, knowledge, or skill with the one, but his demeanour was bad; and I need scarcely tell you that the other became the general favourite. No doubt even the greatest surgeons must every now and then deem it requisite to consult or to meditate during an operation; but the less the better for the character of surgery and the surgeon. A consultation during an operation detracts sadly from both. Yet a moment's hesitation will sometimes display the great master under emergencies! On such a pause I have seen the whole course of an operation altered, and, where for an instant all seemed chaos, a brilliant result effected. There has been no consultation, only a self-communing. The knowledge acquired in years has flashed through the mind, and the pause has been the crisis of a well-deserved success.

No operation can be perfectly done without efficient and well-trained assistants. The surgeon's style may often be judged by that of his assistants. I am far from holding myself as a perfect model regarding all these features that I have been referring too; yet I hope for pardon when I state, that I considered it one of the highest compliments ever indirectly paid to me, when a practitioner, who had been present at a somewhat lengthy operation, asked privately if there had been any quarrel between myself and assistants. When desired to give a reason for such a strange question, he stated that he had remarked during the operation that scarcely a word was exchanged amongst us! That was just what had been pre-arranged; and I have a recollection to this day that the operation was well performed by all of us.

The very attitude of a surgeon during an operation will often indicate his superiority, or the reverse; but this, I think, will be best illustrated by a reference to hospital practice. The most extraordinary difference will often be seen in the operating theatre. The style here must needs be peculiar; for not only has the operator to seek the best light for his patient's sake and his own, but he has to make the best display he can for the sake of pupils and onlookers. His own front, his face and hands, must almost invariably be towards the benches; and my own impression is that it almost amounts to a separate study to do that in the operating theatre, to the satisfaction of a large number of onlookers, which might be admirably done in private before half a dozen assistants and witnesses. The non-professional public cannot be expected to understand the phases between good, bad, and indifferent teaching; and I doubt if it is thoroughly appreciated even in professional ranks. No corporation should be more thoroughly interested in such matters than this College; indeed, some legislation has been made recently on the subject of operative surgery, giving it more importance than heretofore in professional education; and I hope that I may not be going beyond my province as Professor of Surgery here when I call attention to the manner in which operations should or might be done in public.

Whilst all the points I have already referred to merit as much attention in public as in private, there is a necessity for display, if I may so call it, in the operating-theatre, which is not required in a private house. The display is, in other words, a demonstration of the operation, and he who shows this to the greatest perfection is most likely to get the reputation of being the best operator—the best practical teacher.

A bad operator, who thinks little of what he is doing, often stands in his own light as regards the sun, but he just as frequently commits as great an error in standing between the patient and pupils. Lithotomy is amongst the few operations in which the position is sanctioned; I have often thought that pupils might see and learn as much by looking in the surgeon's face as at the breach of the patient. —'Lancet.'

HYDROPHOBIA.

By HENRY MAC CORMAC, M.D.

In certain inquiries we shall sometimes arrive at a solution by looking at the problems to be solved from a different point of view from that commonly taken. And this, I conceive, is the case in respect of hydrophobia. Here, we have a disease ensuing from a communicable *zumé*, or ferment. We do not know the first origin of this zumé, but we do know that it is capable of reproducing itself when introduced into the torrent of the circulation of any warm-blooded animal. In dogs, especially, and next to them in foxes, wolves, cats, hydrophobia may ensue, as we say, spontaneously. That is to say, it ensues or may ensue in them, owing to causes with which we are in a great measure, if not entirely, ignorant. Indeed, there is some reason to believe, if we can credit certain statements, that it ensues in man spontaneously. At least reputed hydrophobia, it is said, has happened in man apart from any known or presumable contact with rabid animals.

Hydrophobia, it is stated, has not been known to occur in certain localities where dogs, nevertheless, are very numerous. There is no hydrophobia, we are told, in the West Indies. I never heard of it in Constantinople. Among the Portuguese, dogs also run as it were wild, and, yet I never knew of hydrophobia among them. If heat had anything to do with hydrophobia, the disease ought to prevail in Africa, but I never at least met with it there. Now, what is the difference in the condition between dogs here and dogs in the places I have named—places where it seems there is no hydrophobia? Where dogs run wild, as it were, the natural proportion of the sexes subsist, *but, here and elsewhere, where hydrophobia prevails, the males are very greatly in excess of the females.* Certain inferences flow from this, but whether they justify the relative prevalence, or want of prevalence, of hydrophobia, is more than I am quite prepared to assert.

However it may be with spontaneous hydrophobia, we are all, I believe, willing to admit that hydrophobia from inoculation is by very much the most frequent source of the disease. If we could prevent inoculation we should be almost justified, should we not, in anticipating the extinction of hydrophobia? Now, I conceive we might prevent inoculation, if we cared to try. If we could not, I think it would be better to extirpate the entire canine race than to incure a single case of hydrophobia. But I do not think this alternative inevitable, at least not if the grounds which I allege be well founded. We all, I suppose, have a weakness for dogs, and would repent the necessity which should deprive us of companions at once faithful and devoted. Nevertheless, some change, nay, a very great change, is needed in respect of the dog republic, otherwise, we shall remain subject to hydrophobia as before.

It is very noteworthy that bitches are not liable to hydrophobia. I do not mean to say that if bitten by a rabid dog they will not contract rabies. But they do not, I conceive,

manifest spontaneous hydrophobia. It is expressly stated in the Paris Commission on hydrophobia, that bitches were rarely rabid. In point of fact, bitches seldom bite and are seldom bitten. It is the dogs which fight and the dogs which bite, and if any among them be rabid, communicate the disease. If dogs did not bite, or if they could be prevented from biting, there would soon be no hydrophobia. In fact, all their fighting and biting is about the bitches, immediately or remotely. It is a manifestation, let us reflect, of the sexual instinct, one which makes every dog regard every other dog as a possible rival, and therefore to be exterminated if possible. The peculiar odour of the bitch in heat will subdue the fierceness of the fiercest dog, a circumstance of which burglars, wiser in their generation than some naturalists, not unfrequently avail themselves. The male dog does not, indeed, want to bite the female. In fact, as a rule, he does *not* bite her, or she him, at all. *Therefore it is that, practically speaking, hydrophobia is entirely propagated by the male dog, and not by the female or bitch.* When dogs subsist in a state of nature, with an abundant supply of bitches, they fight far less, if not at all indeed, than in what we may call civilized dog-life, where the supply is limited, and where, consequently, dog-fights are going on constantly in some place or other.

If the foregoing statements have any foundation in fact, it will be very easy to put a final stop to hydrophobic disease. Instead of keeping dogs proper, let us rear bitches. The female dog, for all ordinary purposes, if people must keep dogs, is just as useful and as endearing as the male. Bitches do not fight, neither do they bite, at least as a general rule. Make people aware of these particulars, and let a dog-tax, proportionably heavy, be levied on male dogs. I am, I suppose, as fond of dogs as is any one. But, at the present time, and as at present managed, dogs are an intolerable nuisance. It is impossible to ride, or drive, or even walk, without being annoyed by them. They fill every place with dirt and clamour. They are an element of extreme danger. *At this very moment there are a certain number of dogs in which hydrophobia is latent, and no one knows when or where he may encounter this dreadful malady.* Sometimes the rabid dog inoculates man, his master, with the disease by biting him; sometimes he has done so without intending to hurt, by licking him, the poison gaining admission into the system by some casual scratch or wound. Nay, the excrement of dogs, everywhere dried up and scattered by the winds, or swept into drinking waters, serves to propagate the eggs of cystic worms. Cystercici * from this source, at this moment, desolate Iceland, and, certainly, are not inoperative here. As a rule, dogs should nowhere be suffered to run at large, unless in attendance on their owners. What are they in this state but wild beasts very partially reclaimed? Under such circumstances, the poisoned sausage, giving due warning to dog owners, employed by the Turks, should be ruthlessly resorted to. It would be better for the poor half-starved swarms of mangy curs that now infest our streets, it would be infinitely better for ourselves. No one ought to be suffered to keep savage dogs on any terms. People might just as well house a lion or a wolf. Even cats, although the risk be less, are not entirely exempt from risk, as possible and actual vehicles both of rabies and of tænia. Better constructed houses would lessen the amount of vermin, and usefully diminish the necessity of keeping cats. Even in a financial point of view, the gain from lessening the dog population would be very great. If we suppose there is half a million dogs in Ireland, and if we say they only cost a penny a day, or 750,000*l.* a year, it is rather too much, is it not, thus to throw away?—'Dub. Med. Press.'

Belfast, June 21, 1865.

* Cystercici, or rudimentary tapeworms, according to Schleisners and others, are excessively prevalent and destructive in the lungs of the inhabitants of Iceland.

ON THE EFFECTS OF ABSINTHE.

M. D. Decaisne, on the question of the effects of absinthe, arrives at the following conclusions:—

1. Absinthe, in the same dose and of the same degree of alcoholic concentration as brandy, produces more disastrous and more strongly-marked effects on the economy.

2. In an equal dose absinthe produces intoxication much more rapidly than brandy. The conditions that have been described under the names of acute and chronic alcoholism are much more readily developed under its influence. It must, however, not be forgotten, that the amount of alcohol in absinthe is generally very great.

3. The effects of absinthe on the nervous system are more marked than those of brandy; and closely resemble the effects caused by a narcotic-acrid poison.

4. One of the greatest dangers of absinthe consists in the adulterations to which it is subjected.

5. Absinthe, of good quality, in moderate doses (a glass or two daily), is never unattended by danger, but always produces, in time, disorder, especially of the digestive functions.

6. Absinthe ought to be entirely banished as an article of consumption.

It has been stated by many writers that there is a poisonous principal in the officinal absinthium. This opinion has not been fully accepted; but there can now no longer be any difference on the subject. M. Marcé has laid before the Academy of Sciences a communication which seems to prove positively the existence of such a poison. A series of experiments on dogs and rabbits, which animals were made to take by the mouth the essence of wormwood, showed that this plant possesses poisonous properties. The essence, in doses of two or three grammes, produces in these animals trembling, stupor, sluggishness, insensibility, and all the signs of great terror. In doses of from three to eight grammes, it produces chronic epileptiform convulsions, with involuntary evacuations, foaming at the mouth and stertorous breathing. These symptoms are transient, and do not lead to death. These results prove, according to M. Marcé, that the liquor, known as "absinthe," has a double poisonous action on those who take it in excess—viz., the action of the alcohol and that of the essence of the wormwood, the latter being characterised by stupor, sluggishness, terrific hallucination, and intellectual weakness, all setting in with great rapidity. According to the same author, the liquor sold as absinthe contains about five drachms of essence of absinthium in one hundred quarts of alcohol.—'Social Science Review.'

CASE OF EPILEPSY (PETIT MAL) CURED CHIEFLY BY MEANS OF ICE.

By JOHN CHAPMAN, M.D., M.R.C.P.

In July, 1863, a report was published of six cases of epilepsy which I had treated successfully, chiefly by means of ice applied along the spine. As two years have now elapsed since that report was written, and as each of the six cases referred to was mentioned within the compass of a few lines, I think it desirable now to publish the particulars of each case, its nature, the treatment adopted, and, so far as I have been able to learn it, the permanent result of that treatment. The following is one of the cases in question. (No. 6):—

June 10th, 1863.—S. G., male, aged fourteen, had, nine months ago, rheumatic fever, during which his nervous system was especially affected. He lost his power of speech so decidedly as to be half an hour bringing out a word; the capacity of uttering sound at all was also greatly impaired. He continued in this state about three weeks. His voice is still somewhat feeble. Shortly after recovering from the fever he went up Ludgate hill to school, and, passing by the Old Bailey, saw a woman (Mrs. Wilson) hung, was frightened, and on returning home his right leg was drawn up, the foot being powerfully flexed, as in *talipes equinus*. This condition lasted four or five weeks. The leg is still weak, and becomes stiff after the patient has been sitting at the

piano or laying down a considerable time. About three months ago he was first observed to have "a wild staring and twitching of the eyes," which lasted a second or two, and recurred several times a day. Each attack now begins by a sudden spasmodic shriek, something like the bark of a dog. He has been attended privately by two eminent physicians in succession, but without deriving any benefit, and has since been a patient at the Hospital for the Paralysed and Epileptic during six weeks. When he began to attend at the hospital he had many little fits daily. Large doses of bromide of potassium were prescribed, and at the end of three weeks the attacks ceased entirely during a few days. They then recurred, and have since continued at the rate of about twelve a day. During the fits consciousness is quite lost. The feet and hands are habitually cold; the nose is very irritable, and considerably inflamed; back of neck very hot; pulse 96; bowels irregular.

I ordered the spinal ice-bag to be applied along the cervical, dorsal, and lumbar vertebræ, until the ice should melt, five times each twenty-four hours, and the following medicine:—Potassii bromidii, ammonii bromidii, āā, gr. iij, ter die. I also requested that the mind should be regularly exercised, and that dumb-bells should be used several times a day.

17th.—Had only three or four fits on the 11th inst., and these were without any cry; has had no fit, and has shown no indication of a fit since. The feet and hands have become quite warm—the feet "burning hot in the evening." The irritation and inflammation about the nose have wholly disappeared; bowels open daily; pulse 80; voice still somewhat feeble. To enclose ice-bag in a merino stocking, and then to continue it as before; to rub the throat vigorously several time every day, and to double the dose of the medicine already prescribed.

24th.—Has had no fit; feels quite well, except that his feet are uncomfortably hot. To enclose the ice-bag in a worsted stocking, and to continue in all other respects the same.

July 1st.—Has had no fit. After having a cold bath during twenty minutes seven days ago, he became languid, and has continued so, but feels much better this morning. He has been "over sleepy;" his nose has bled three times—the last time very much; is pale; pulse 72; the tongue is slightly furred; bowels regular. To apply only two bags of ice daily, each being enclosed in thick worsted, and instead of the medicine already prescribed, to take acidi sulphurici diluti, ℥ v.; quinæ disulphatis, gr. ¾, b. d.

8th.—Has had no fit; is no longer languid or "oversleepy;" the nose has not bled again; pulse 88; bowels regular; feels well in all respects. To continue as before.

September 10th.—He went into the country at the end of August. Before he went I ordered him to apply cold spring water in the bag, without covering it with woollen, twice a day during a fortnight; then to leave it off, but to continue to sponge himself all over with cold water each morning. He did so, and left off the medicine a fortnight ago. He has had no fit, feels and looks extremely well, and his father says he never saw him in better spirits in his life. The hands and feet continue quite warm; pulse 84; the tongue is a little furred; bowels open daily. To squeeze a stream of cold water from a sponge down his back each morning, and to take infusi calumbæ, ℥ss.; ammonii bromidii, gr. ij.; potassæ bicarbonatis, gr. v., bis die.

October 17th.—Reports himself still quite well, the bowels, however, being sometimes slightly confined. Ordered an alterative aperient pill to be taken occasionally.

July 1st, 1865.—I have seen this patient at various times since last date. During the two years that have elapsed since I began to treat him he has never had a fit, and continues well.—'Medical Times and Gazette.'

THE ELECTIONS AND THE PROFESSION.—Mr. W. J. Clement, F.R.C.S., has been elected M.P. for Shrewsbury. Mr. Mitchell Henry has been defeated by a small majority at Woodstock.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 13.

Dr. ALDERSON, President.

A PAPER, by Dr. A. WYNN WILLIAMS, was read on

TUBERCULOSIS: ITS TREATMENT BY THE LOCAL APPLICATION OF IODINE; WITH A CASE OF PULMONARY AND LUMBAR ABSCESS DEPENDENT ON CARIES OF THE VERTEBRAL COLUMN.

The Author, after alluding to a paper read before the Society in 1860, wherein he recommended the application of a weak solution of iodine, covered with impermeable cloth, in scrofulous diseases of bone, &c., stated that he had since treated tuberculous deposits in a similar manner when situated in any or every part of the body with more beneficial results than he had seen produced by any other means, using for the purpose flannel wetted with a solution of iodine, ℥iij. of the compound tincture of iodine to ℥viij. of water, covered with an impermeable material, the object to be attained being the permeation of the iodine into the tissues of the body. This plan need not interfere with the administration of other suitable remedies as a rule, excepting in tuberculosis within the cranium and periosteum. The tuberculous diathesis does not bear the internal administration of iodine or its salts. Mercury in any form is injurious. The Author stated that he considered the tuberculous diathesis to consist in the diminution of the red particles and an excess of fibrine. When such is the state of the blood it requires some local irritation whereby hyperæmia is induced, some of the fibrine is obstructed, and becomes the nucleus of the grey tubercle, which is thus from its commencement of low vitality. He pointed out the changes Nature herself sets up in tubercle, showing that the grey or transparent tubercle is at first under the influence of the circulating fluids, but is soon converted into the opaque or yellow. The cause of the opacity of tubercle and ultimate removal from the influence of the vital current—in fact, its death by pressure—is the imbibition of liquid material from the surrounding parts, evidenced by the great increase in oil globules; it is questionable whether the oil globules are deposited as such, fibrine being converted by certain substances, as alcohol, into an oily matter. There is also a great increase in the calcareous matter, the lime, when first imbibed, being probably in a liquid, transparent state, becoming opaque by combining with carbonic and phosphoric acids, products of the decomposition of animal matter. As the case proceeds, the liquid and gaseous matter would appear to be removed by exudation, nothing but a calcareous mass remaining. In some cases also the oil globules are converted into a crystalline or putty-like mass. Then follow extracts from Dr. Williams's work on the 'Principles of Medicine,' showing the destructive influence of tubercle during the different stages of its growth, softening and formation of vomicæ, with the injurious influences caused to the system in the shape of night-sweats, colliquative diarrhœa, &c., &c. In the treatment necessary to counteract the tuberculous diathesis, the aim of the Physician must be to maintain a due balance of power amongst the various constituents of the vital current. If the democratic or poorer elements should be in excess, their influence must be counteracted by encouraging the formation of the richer or more aristocratic. The Physician must endeavour to promote the removal of the fibrinous deposit of grey tubercle in its earliest state before it becomes aplastic; and this is best attained, in addition to remedies calculated to strengthen the system, by applying a weak solution of iodine, covered with an impermeable material, over the seat of the deposit. That iodine does remove this deposit the Author has no doubt. The want of success in the use of iodine in this country he attributes to three causes: 1stly, the employment of the salts of iodine instead of iodine *per se*; 2ndly, the administering it internally, and in too large doses; lastly, its being applied externally in

too concentrated a form. Iodine, when applied in the manner recommended by the Author, acts as a rubefacient over a larger or smaller surface, and can be modified at will; and is not limited to the cutaneous surface, but penetrates the deeper tissues, increasing the action of the parts around the fibrinous deposits, promoting their absorption and preventing their conversion into fatty matter. It combines also with the lime, forming a soluble salt of lime readily eliminated from the system, preventing the transparent cacoplastic tubercle from being converted into the opaque aplastic one. The beneficial influences of iodine are not limited to the first stage of tubercle, although the same advantages accrue to any fresh crop. It exerts a powerful influence over the yellow tubercles, preventing their increase in size by removing the materials from which that increase takes place—the oily and calcareous matter. In the stage of softening and formation of vomicæ and abscesses, a most important property of iodine comes into play,—that of a disinfectant—rendering the noxious gases powerless to affect injuriously, not only the parts in contact with the tuberculous masses, but, by their absorption into the circulation, the whole system. The author remarked that he had only appended one case to the paper, observing that the following passage in 'Lugol on Scrofula,' by Dr. Ranking, warranted his doing so:—"I am not acquainted with a single well-authenticated instance of the cure of lumbar abscess arising from caries of the vertebral column."

OBSTETRICAL SOCIETY OF LONDON.

JUNE 7TH, 1865.

Dr. BARNES, PRESIDENT.

Dr. J BRAXTON HICKS showed a uterus from which a large fibrous tumour had been expelled in a sloughing state a few days before death.

DR. HICKS also read a case and showed a specimen of Extra-uterine Fœtation, the abstract of which will appear in our next report.

DR. ROBERT BARNES, M.D., read a paper

ON THE DYSMENORRHŒA, METRORRHAGIA, OVARITIS, AND STERILITY ASSOCIATED WITH A PECULIAR FORM OF THE CERVIX UTERI, AND THE TREATMENT BY DIVISION.

The author described and figured the form of cervix uteri which projected into the vagina as a conical body, the vagina appearing to be reflected off at a point nearer the os internum than normal. The os externum was usually minute, scarcely admitting the uterine sound. This (the os externum, was the real seat of constriction. The os internum normally was a narrow opening; and in these cases of dysmenorrhœa and sterility it was commonly found to be of normal calibre. It was, therefore, unnecessary to divide it. It was, moreover, dangerous to divide it, on account of the close proximity of the large vessels and plexuses running into the uterus on a level with it. The author maintained that this form of cervix was a cause also of retro and peri-uterine hæmatocele, and of peritonitis. All these consequences might arise in single women. In the married state the evils enumerated were aggravated, and new ones arose. Women with this peculiarity were generally sterile; and if they became pregnant it was early in life, before the further consequences were developed. These were flexions, deviations, inflammation of the cervix and body, hypertrophy. Discussing the question of treatment, the author showed that dilatation was unsatisfactory; that incision of the os internum, as practised by Dr. Simpson's single bistourie caché and by Dr. Greenhalgh's double bistourie caché, was unsafe and superfluous. He objected to the latter instrument, especially, that it must cut as it was set—that it was too much of an automatic machine, not leaving scope for the judgment of the operator. His (Dr. Barnes's) own instrument, constructed like a pair of scissors, acted on the same principle as Dr. Sims's: it divided only the os externum, so as to open the cavity of the cervix; the part to be cut being first seized between the two blades, the operation was perfectly free from risk; the hæmorrhage was usually slight; and a good os was made. He had performed the operation many times, both in hospital and private practice, and was well satisfied with the results. One advantage of incision over dilatation was, that it relieved the engorgement and inflammation. In illustration of the behaviour of the conical cervix uteri under labour, two cases were narrated. In one, the cervix and os uteri had returned to their original state, although a fœtus of four-and-a-half or five months development had been expelled through them. In the other case it was necessary to open the cervix artificially by means of the author's cervical dilator and incisions in order to deliver a full-grown child. In both cases pelvic cellulitis followed labour.

Mr. BAKER BROWN thanked Dr. Barnes for having brought the subject forward. He agreed with most of what had been stated in the paper; was opposed to dilatation as being inefficient and temporary. He described his mode of operating, which was to place the patient in the lithotomy position, and, having introduced a bent speculum, he seized the os with a pair of forceps, and divided it with Simpson's hysterotome. He never divided the internal os; always used a plug of oiled lint to prevent hæmorrhage. He regretted that the operation had lately been condemned by a high authority, but believed it was the only efficient and permanent remedy for these painful affections.

Dr. GREENHALGH was surprised to hear the President's opinion that the seat of stricture in these cases was mostly at the external os. He (Dr. Greenhalgh), on the contrary, expressed his conviction that in the great majority of cases the stricture is situate at the internal os, and consequently he recommended division of the internal as well as the external os. After division he usually introduced one of his bilateral expanding stems, which keeps up steady dilatation, and prevents contraction. As regarded hæmorrhage, which some appeared so to dread, he had never but once met with it, though he had operated in nearly one hundred cases. He always used his own bilateral instrument, which cuts both sides at once. The advantages of his plan of operating were, he believed, extreme exactitude, facility, painlessness, and the avoidance of any personal exposure. He expressed his surprise at the remark of Mr. Brown that he never divided the internal os, when he (Dr. Greenhalgh) had seen him on several occasions freely incise the internal os in the cases under consideration.

Mr. BAKER BROWN, in answer to Dr. Greenhalgh, said that that gentleman must be mistaken in what he had seen at the London Surgical Home. He repeated that he never in cases of dysmenorrhage cut through the internal os. Dr. Greenhalgh was evidently confounding this operation with that for fibrous tumour, retroversion, retroflexion, &c., of the uterus, in which he (Mr. Brown) incised freely, and generally through the internal os.

Dr. ROUTH fully confirmed Dr. Greenhalgh's view. For his own part, he believed in by far the majority of cases the obstruction was at the *inner* and not the *outer* os; although he did not deny that in some cases of connoid cervix it was present at the external os. He agreed with Dr. Gream in believing that Dr. Sims's plan of operation would occasionally leave a deformed cervix for life; and he did not think it was necessary to cut through the entire cervix. The instrument Dr. Greenhalgh had invented obviated all danger from hæmorrhage. The same was true of his (Dr. Routh's) instrument, which he, however, preferred, because on the bend, and, therefore, more easy of application in *flexion* cases. A little bleeding was salutary. In most of these cases there was a complication of congestion, which the very incision by the subsequent hæmorrhage relieved. But there was no doubt that such incisions, however, freely made, had a tendency to contract again. Hence, it was necessary to keep the cut made patent by some internal uterine pessary, and for some time, it might be for months, so as to allow it to become properly lined with mucous membrane and incontractible. He knew several persons now walking about London with these. In other cases their removal had been followed by conjugal relations and pregnancy, though previously sterile for years. Of the use of sponge-tents and other modes of artificial dilatation, in these cases, he spoke disparagingly.

(Continued at page 50.)

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 19, 1865.

THE MEDICAL AND SCIENTIFIC EVIDENCE ON THE PRITCHARD TRIAL.

The confession of Edward William Pritchard has put an end to all doubts, if any ever existed since the trial, as to the guilt of the accused, and we have no desire to exaggerate, by any observations of ours on the general features of the case, the horror of the criminal's position. But it is quite competent for us to examine some of the points brought out by the Medical and scientific evidence, with a view to the future guidance of the Profession in case such a horrible history should ever be re-enacted, which we emphatically say, may God forbid!

It will be recollected that the scientific evidence given by Dr. Douglas Maclagan, the Professor of Medical Jurisprudence in the University of Edinburgh, and by Dr. Penny, Professor of Chemistry in the Andersonian University of Glasgow, proved that both Mrs. Pritchard and Mrs. Taylor, the wife and mother-in-law of the convict, were poisoned by antimony, the metal having apparently, been administered in small doses for a considerable period, thus keeping up a constant irritation in the system. It would also appear that Mrs. Taylor was further poisoned by tincture of aconite, administered in combination with Battley's sedative solution of opium.

Tartar emetic, in small doses, although well-known to produce depressing effects upon the human system, and used for that among other objects in the practice of Medicine, has hardly been considered a poison, in the general acceptation of the word, until rather recent years, when it has been discovered that a diabolical system has been pursued in some quarters of administering this salt in minute quantities for the purpose of murder, the continual repetition of the dose producing a chronic condition of ill-health, undermining the powers of the constitution, and eventually, though gradually, effecting the death of the destined victim. The fact of the administration of this drug, however, can be conclusively proved after death, and it will be in the recollection of our readers that some convictions have taken place, in cases where this subtle poison has been thus feloniously administered. We should observe that the special symptoms of this kind of poisoning during life are not very characteristically marked, and what is still more extraordinary, it appears from the evidence in the Pritchard case, that the appearances after death are quite insignificant. Tartar emetic, in its toxicological relations, belongs to the class of irritant poisons, and it might be expected that signs of inflammatory action would be noticed in the alimentary canal, but such was not the case in the recent instances of poisoning of Mrs. Pritchard and Mrs. Taylor. We are told, on the contrary, that there was very little redness in the stomach and intestines, and no other morbid indication such as we are led to anticipate in cases of antimonial poisoning. But the evidence of the existence of the poison itself in the organs and tissues of the bodies was full and complete, for the metal is absorbed into the system, and reveals its chemical properties by unmistakable indications. By the separation of the oxide of antimony, in the first instance, from the organic matters with which it was associated, and the subsequent application of Marsh's and Reinsch's tests to the metal, abundant evidence was afforded to Drs. Penny and Maclagan, not only as to the presence of the poison, but as to the quantity in which it was deposited in the bodies of the murdered ladies.

In the case of the aconite, which seems also to have been given to Mrs. Taylor, because, perhaps, the antimonial poison was too slow in its operation, the evidence as to its administration was of a totally different character to that adduced in the case of the tartar emetic. Antimony, in fact, being a metallic poison, is readily to be detected in the organs and tissues of the victim, but such is not the case with many of the vegetable poisons, and especially with aconite, which really affords no chemical indications, so far as we are are aware, of its existence. It may perhaps be remembered, that in commenting more than a year since on a case of suicidal death from tincture of aconite, we expressed our very strong doubts as to that portion of the Medical evidence (given before a coroner's jury), which announced the discovery of aconite, or its alkaloid aconitina, by chemical tests, and these doubt are amply strengthened by the late evidence of Dr. Penny, who states that he failed to detect, by any chemical tests, the presence of aconite in the body of Mrs. Taylor. But the physiological tests were more successfully employed, and the examination of a bottle found in Pritchard's possession, and labelled Battley's sedative solution, led to the discovery of the fact that the bottle contained tincture of aconite in combination with the preparation of opium. This result was obtained by observing the effects produced on the human subject and on the lower animals by the contents of this bottle, and by repeating the experiment by means of mixtures of tincture of opium and tincture of aconite in different proportions, and noticing the results obtained. All these experiments, coupled with the evidence as to the symptoms observed in Mrs. Taylor, and the manner of her death, prove conclusively that aconite was one of the poisons administered.

After thus briefly adverting to the very lucid and masterly manner in which the chemical evidence was adduced at the trial, we come to the less satisfactory task of noticing some portions of the purely Medical evidence, by which we mean the testimony afforded by the Medical gentlemen who attended the deceased ladies during their life.

In a few observations we made last week, when the full report of the trial had only just been made public, we briefly alluded to the evidence given by Dr. Gairdner and Dr. Paterson, both gentlemen holding prominent positions

as Medical practitioners in Glasgow, the former being the Professor of Medicine in Glasgow Unlversity, and well-known for his scientific writings, and the latter having formerly been Professor of Midwifery in the Andersonian Medical School. Dr. Gairdner clearly appears to have been ignorant of the real cause of Mrs. Pritchard's sufferings, and he admits as much in his evidence. Dr. Paterson would have us believe that he knew she was being poisoned by antimony, but that he withheld this knowledge from everybody on the grounds of "Medical etiquette." We repeat the opinion we expressed, that the difficulty of forming a diagnosis in such a case is very great, and that Dr. Gairdner may well be excused in having missed the true explanation of the anomalous symptoms presented by his patient. But, on the other hand, we plainly tell Dr. Paterson that we cannot attach much importance to his statement, that he formed a positive opinion that Mrs. Pritchard was being poisoned by antimony. Such cases have hitherto been too few to enable any person to determine positively the symptoms which would be present; and as we do not know that Dr. Paterson has had any special experience in such cases, we cannot admit the correctness of his diagnosis. If he *knew* that such poisoning was being perpetrated, no pretext whatever should have induced him to withhold his knowledge. We firmly believe that he did *not know*, whatever he may have *suspected*, of the antimonial poisoning, and that, like Dr. Gairdner, he was puzzled by the symptoms. He would have done better if he had, like the latter gentleman, confessed his ignorance, instead of admitting, and indeed boasting of his knowledge, and at the same time excusing himself for having kept that knowledge to himself.

SUMMARY OF THE WEEK.

THE ELECTIONS AND THE MEDICAL PROFESSION.

As far as matters go at present, it cannot be said that the Medical Profession has gained much strength by the results of the General Election, and yet there are a few circumstances which ought to give us encouragement. Mr. Mitchell Henry has been unsuccessful at Woodstock, owing, no doubt, to the great influence of the Duke of Marlborough, against whose nominee Mr. Henry had the courage to offer himself as a candidate for Parliamentary honours. Mr. Alfred Smee has also been unsuccessful at Rochester, but this result has certainly neither surprised nor disappointed us. Apart from any Medical claims which Mr. Smee may possess, he has made himself unpopular with both of the great parties who are struggling for the government of the country, and after being a member of the Reform Club, he has offered himself on the Conservative side of politics. He has thus placed himself between the two stools in politics; while, on the other hand, his advanced views on some theological questions have alienated from him a large section of the religious community, without conciliating the good offices of any of the rest. Besides all this, we learn that he has made himself personally unpopular with the Rochester electors, so that his return was never anticipated. But we may claim a positive gain in the election of Mr. Clement at Shrewsbury, that gentleman having openly avowed himself as the champion of the Medical Profession, of which he is himself a distinguished member, while his social position and high personal character will give weight to his opinions. A good practical man like Mr. Clements, working in his Profession, and advocating its claims, is worth a dozen of others who, although nominally in the Profession, are not actuated with the true *esprit de corps* which ought to characterise us. At the time we write, the success of Sir Charles Locock in the Isle of Wight is matter only of conjecture. Among the minor incidents of the election relating to the Profession, we may congratulate the electors of Finsbury in having chosen in Mr. Torrens a very fitting representative of that large constituency, and we may observe that Mr. Torrens is very favourably disposed towards our own body, the members of which exerted themselves very strenuously to secure his return. It is now probably too late for us to urge upon our Medical brethren the necessity of impressing upon candidates the claims of Medicine to recognition in the Councils of the State, and we can only hope that this has already been done. It is very well to deprecate class-legislation, and when any vital questions are at issue regarding the rights or liberties of our country, such limited interests ought of course to give way to the general good; but at present there are no great questions to be determined, and there is no reason whatever why the Medical Profession should be neglected in the Houses of Parliament, while the Army, the Navy, the Church, the Bar, and the mercantile world have each their strenuous advocates.

THE HIGH PRICE OF MEAT.

There is a very serious question now pressing itself on the attention of all classes of the community—namely, the high price of meat, which has become so scarce that the middle and lower ranks of life are at the present moment receiving an insufficient supply, especially the lower, who are almost deprived of this great article of consumption altogether. We, therefore, in common with many of our contemporaries, would suggest to those who are in affluent circumstances, the propriety of diminishing, as far as possible, their own consumption of meat, in order to afford a greater quantity to the humbler ranks. It is the habit of many persons, to whom expense is no object, to eat meat two or three times every day, and to allow their servants to do the same, and as long as the supply is abundant and cheap, there can be no great objection to their doing so; but at the present time, when the lower classes are positively suffering from the want of animal food, it becomes a public duty to limit the consumption of meat to the actual necessities of each case. Surely the use of meat once a day is sufficient under the present extraordinary scarcity; and even if persons in good circumstances were to abstain

from meat entirely for one or even two days in each week, no harm could ensue, while such a course would leave a larger quantity available for the general public. The use of veal and lamb should also, as far as possible, be discontinued, for the slaughtering of the young animals cuts off the prospective supply of beef and mutton, while this kind of meat really affords a comparatively in-nutritious and unsatisfactory diet, however it may be prized as a luxury.

PHOTOGRAPHS OF EMINENT MEDICAL MEN.

We have just received the first number of a proposed series of photographs of eminent Medical men of all countries, with brief analytical notices of their works. The editor is Dr. T. Herbert Barker, who is already well known to the Profession for his numerous contributions to Medical and sanitary science, and the photographic portraits are taken from life by Mr. Ernest Edwards, B.A. Cantab. The present number contains the portraits, together with accompanying biographical notices, and analytical remarks on the works, of Dr. Thomas Watson, Professor Owen, and Sir Charles Hastings. The likeness of Dr. Watson is very good, that of Professor Owen is still better, but that of Sir Charles Hastings is by no means felicitous, and if the fact were not mentioned, we should not have known for whom the photograph was intended; besides which there is here a defect common to many photographs—namely, that the hands, legs, and feet, are out of all proportion, as to size, with the head.

This series of photographs appears likely to supply a want which must have been often felt by the members of our Profession. Persons, eminent in all other callings are presented copiously to the general public in portraits and biographies, while the magnates of our own body are known to us only by their published works, or by the scattered information which may be picked up by hearsay. It is very natural that we should wish to observe the forms with which we have been familiar as our guides and instructors perpetuated by the hand of the artist, or that we should desire to become thus introduced to, and familiarised with, those great men whose actual forms are unknown to us. But although the publication of photographic illustrations is easy enough if the requisite physical means are at hand, it is a far more delicate task to compose biographical notices of persons still living, and to avoid immoderate and undeserved eulogy on the one hand, or undue detraction on the other. Many who have risen to the highest places have perhaps owed their advancement more to their good luck than to any intrinsic merits of their own; while many others who are pursuing a humbler or more laborious career are probably more deserving of success than their more fortunate competitors. Hence the person who undertakes such a work is surrounded with difficulties which will require the greatest tact and skill to surmount. The remarks made in the last sentence have no application whatever to any of the portraits and biographies in the present number, but are offered in general terms in reference to the scope, object, and manner of execution of such works, in the production of which the editor has to steer his way cautiously but firmly, so as to avoid the rocks and shoals in his passage. We are bound to state that Dr. Herbert Barker has acquitted himself most creditably in his task, so far as we can judge by his present number. The biographical record of each of the three Medical men is perfectly fair and sufficiently copious; while the analytical notices of their works are drawn up with the discernment and the learning which we might have expected from Dr. Barker's antecedents. As a specimen of the letter-press, we extract the following passages from the biography of Sir Charles Hastings:—

"Six or seven years after the commencement of this century, if anyone had seen a playful schoolboy, by no means very fond of books, but rejoicing in rambles along the pleasant river Teme, and watching grayling rising for flies, it would have seemed too improbable to predict that the truant would, some day, be known as the most eminent Medical man in his county, and as the founder of an association destined to raise the character of the Medical Profession. The boy who loved rambles in the Teme valley better than school books was the sixth son of the Rev. James Hastings, rector of Martley, and was born at Ludlow, on the 11th of January, 1794. He attended the grammar-school at Martley, where, as we have intimated, he made no great progress in learning, and was soon afterwards sent to study medicine under the care of Messrs. Jukes and Watson, of Stourport. After a few months of comparative indolence, a passion for study and a resolution to rise in his Profession were almost suddenly developed in him, and his subsequent conduct proved how easily he could redeem what had seemed lost time in his boyhood. At the early age of eighteen, he was elected to the office of House-Surgeon to the County Hospital, and fulfilled its duties so well as to win the confidence of those who, on the ground of his inexperience, had opposed his election. In this situation he had the good fortune to become acquainted with Dr. Wilson Philip, by whom he was employed in making a series of experiments on the functions of the cerebral, spinal, and ganglionic systems of nerves, and, especially, on the effects of galvanism in producing the results of nervous energy. However inconclusive these experiments might be, with a view to confirming Dr. Philip's theory of the identity of galvanism with nervous energy, they served to foster the love of science and to develope powers of observation in the young student.

"These studies served also to give Mr. Hastings some status in the University of Edinburgh, where he matriculated in 1815. It so happened that, on the first evening of his attendance at the Royal Medical Society, the subject of discussion was so closely related to his recent course of experiments, that he was able to speak upon it so as to deserve attention. He now industriously attended several courses of lectures, and was favoured with the friendship and esteem of Dr. Monro. After a short interruption of studies, on account of delicate health, he returned to Edinburgh, and devoted himself to microscopic observations with regard to the several doctrines of physiologists on the irritability of the blood-vessels. At that time, he was the only student in the University who made use of the microscope in such investigations, and, subsequently, when he read before the Royal Medical Society a paper giving the results of these observations, the paper was censured by certain authorities, because it was founded on microscopical data, which were declared to be inadmissible!

"Meanwhile, he had served as clinical clerk to Dr. Home, and had been unanimously elected President of the Medical Society (1817). In his thesis, written near the close of his academical career, before receiving the doctorate, he adhered to his favourite subject, "*de vi contractili vasorum*," and gained the recommendation of the professor of anatomy. A proposal that Dr. Hastings should succeed Dr. Gordon as teacher of anatomy and physiology, was declined on the ground of delicate health, and to escape from the harsh winters of the north, Dr. Hastings removed, in 1818, to Worcester. In the same year, he was appointed Physician to the hospital in that city, and continued ably to discharge the duties of that office during the extraordinary period of almost half a century. His leisure hours were occupied in revising his observations on the action of the blood-vessels, and in recording and studying the numerous cases of affections of the mucous membrane treated in the course of his practice. As the results of these studies, he published, in 1820, 'A Treatise on Inflammation of the Mucous Membrane of the Lungs,' with introductory essays entitled respectively, 'An Experimental Inquiry into the Action of the Bloodvessels,' and 'An Inquiry into the Nature of Inflammation.'

"Soon afterwards, Dr. Hastings succeeded to a great part of the practice of Dr. Wilson Philip, and, in 1823, married the eldest daughter of Dr. Woodyatt, of Worcester. Years

of prosperity followed this happy union, and, amid the engagements of a well-established practice, Dr. Hastings found leisure to turn his thoughts to the general interests of the Profession, especially in the provinces. He had long observed, with regret, the want of efficient means of promoting union, for both scientific and social objects, among provincial Medical men. His first endeavour to supply this want was by the publication of a quarterly journal, under the title of the 'Midland Medical and Surgical Reporter' (1828). It was well supported by contributors and subscribers, and its founders published in its pages, among other papers from his pen, an essay 'On the Medical Topography of Worcestershire.' A change of plans, however, was soon suggested by the failure of the publisher of the 'Reporter,' and Dr. Hastings was now led to contemplate something more than a journal. He proposed the formation of an association for the promotion of the following objects:—the collection and publication of recent Medical information; the study of Medical topography in connection with endemic and epidemic diseases; the advancement of Medico-legal science; and—last, but most important—the maintenance of the honour of the Profession. This proposal issued in the formation of the Provincial Medical and Surgical Association. Its first meeting was held in Worcester on the 19th of July, 1832, when Dr. Hastings delivered the inaugural address. Shortly afterwards, the first volume of 'Transactions' was published, and, in 1840, the weekly periodical of the Association was published under the title of the 'Provincial Medical and Surgical Journal.' Meanwhile the Committee had prepared memorials to Government, and petitions praying for the introduction of measures to provide for the better organisation of the Profession, and recommending uniformity of primary qualifications, equal rights of practice, and the adoption of the representative system in the formation of councils. Such were the plans that have resulted in the establishment of our British Medical Association of the present time."

We wish Dr. Barker success in his undertaking.

MEDICAL GOSSIP. By VIGILANS.

No. XXIX.

THE BLOT OF ALL BLOTS—THE GLASGOW MURDER—MURDER WILFUL AND NOT WILFUL—DEATH AFTER AN ATTEMPT TO REDUCE A LUXATED HIP—THE ELECTIONS: SMEE'S DISCOMFITURE—NOTE FROM "PHILO"—"CYCLOPS'" TENTH LETTER ON PHYSIOLOGY.

Of all the blots to which I have had to call the attention of my readers as affecting the Profession since I wielded my pen to expose and eradicate them, none is more to be regretted by the craft, than the atrocious crimes of Dr. Edward William Pritchard. To the end of the year the pages of the 'Medical Register,' of the 'Medical Directory,' the College of Surgeons, and the Society of Apothecaries, must be disfigured by his odious name, and to show how abhorrent even Medical schools are of students who disgrace them, the Sub-Secretary of King's College has written to the 'Times' crying "no child of ours." I think there must be some mistake here, and that the writer forgot to append to his negative, King's College, Aberdeen. I suppose that ancient corporation does not recognise the mushroom King's College, London, of which school the convict was stated to be, and undoubtedly was, once a member. In confirming this disputed fact, the Editor of the 'Medical Directory,' in his letter to the 'Times,' very properly relieves the school of any disgrace by remarking that his student life might have been, as I believe it was, remarkable for great zeal, industry, and propriety of conduct. The Profession of which he is a member might feel shame at having such a criminal among them, but not the Medical school of which he is no longer a member. Murders I verily believe, are rife enough among us, but happily not *wilful* murder—though, I have heard men, distinguished men too, say that ovariotomists are no better than wilful murderers. I don't agree to this, but if it could be proved against any one of them that he operated for the sake of operating, and the poor woman died, such a man should be placed by the side of Dr. E. W. Pritchard on the 28th inst. I was once present at a murder—it was called an accident, but many who witnessed it thought it murder, and singularly enough it was done by antimony, tartarised antimony. I will tell the sad tale, premising that the surgeon, now dead, who directed the proceedings was a man remarkable for humanity, but he could not bear to fail in anything he undertook—hence the catastrophe. It is this bugbear of "failure" which causes many a murder among us.

"*Death, after an attempt to Reduce a Luxated Hip;—the Mind Depressed,—Lowering Agents Employed.*

"This was a stout young man, twenty-two years of age, who had luxated the thigh bone, the head of which rested on the pubes. Two unsuccessful attempts had been made to restore this part to its natural position in the acetabulum—one, the day succeeding to the accident, the other, three weeks afterwards.

"In a consultation, it was decided that a third trial should be made, which was carried into effect about seven weeks after the accident. It was premised by bleeding, the warm bath, and a tobacco enema; the last rapidly produced faintness, when the extension commenced, the patient on his side, exactly after the manner of Sir Astley Cooper,—and continued very slowly, with the utmost caution, for about half an hour, when a vain, though a skilful attempt was made to raise the head of the bone over the edge of the acetabulum.

"The faintness from the tobacco had vanished, and a grain of emetic tartar given,—the extension kept up, but not increased, for ten minutes, when, as no nausea was produced, another grain of tartar emetic was swallowed. Soon sick,—the extension increased in force,—another vain attempt to reduce the bone,—patient complaining,—extension slightly relaxed, and then renewed,—he vomited. The skin had a cold, clammy feel, pulse feeble, countenance pale, the voice a whisper, but complaining and wishing the operation to be discontinued. It was discontinued, after another failure to raise the bone into its socket; but the poor fellow did not recover the shock.

"It is reasonable to suppose, that great, long-continued, and severe operations, occurring in various kinds of constitutions, will sometimes destroy life, in spite of the exertions of the humane and skilful surgeon. There must be an uncertainty in the event of such trying examples of human suffering, more especially as there are few whose experience, on such rare occasions, will enable them to predict how much individual constitutions can safely bear. Yet, if we make the most of our experience, much information may be gathered on this interesting point. The powers which endure, and those which inflict punishment, should be carefully balanced by the eye of the greatest possible experience, and the most acute and profound observation. The power of the mind in steeling the body against the wasting effects of pain, must be well-known to those who have studied the character of the North American tribes, or a lamentable portion of the history of our own country. It should also be known, to the practical surgeon, that a man with a timid and unwilling mind, will never bear what one of high courage, and full of confidence, will sustain with impunity; although it should never be forgotten, that there are operations, whose severity will pull down the stoutest, as seen in the example of the old soldier. The man who feels not courage, has no confidence in himself; and, to use the striking language of the ring, on so grave an occasion as the present, 'he is already licked.' To such a person who enters the operation-room, the inflicting or subduing agents should be most cautiously proportioned; in fact, the question would be, should the operation be for an old or great luxation, whether he is not reduced or subdued enough, whether he is not already in that state of lowness, into which you wished to place a patient about to submit to the hip operation? If so, any additional constitutional treatment, professedly to weaken the powers of life—to deprive the muscles of tone—must be highly dangerous.

"There can be no doubt that the subject of this case was

unusually alarmed and nervous during the last attempt. The memory of past sufferings, probably, was fresh and appalling. He had also been bled in the warm-bath, and the nauseating agents in the stomach still further reduced the power of the brain, already sufficiently overwhelmed by a depressed and foreboding mind. Moreover, that most uncertain and dangerous agent, the tartar emetic, acted severely just at the critical moment, when the mind and the body were most exhausted. And yet the surgeon, one of the most humane in the exercise of his Profession, did not violate the rules of art; but, on the contrary, carried them all into action, with that steadiness, gentleness, and firmness, which mark the man of science and the conscientious practitioner.

"The safest and most steady constitutional treatment, to reduce muscular strength in these terrible cases, is bleeding, proportioned to the age and strength of the patient, the warm-bath, and previous limited diet."

Very few among us have the courage to report our failures, not even our most successful men, who could well afford to do so. By-the-bye, this remark brings to my recollection a creditable instance of such courage, highly creditable I may say, because the gentleman cannot be said to have reached eminence, though fairly on the road to it. I allude to the case of death at King's College Hospital, after Holt's stricture operation, reported by Mr. Henry Smith. The failure of the operator in the case, honestly related, was calculated to damage this new mode of treatment, and has stimulated Mr. Holt to accumulate reports of success by a large number of operators all over the kingdom. These reports are now collated into a pamphlet, which is being gratuitously circulated. Under other circumstances, I should denounce the sending about of pamphlets as *a blot*, but Mr. Holt is more than justified—the credit of an operation, even its safety, was in question, and it became a duty to himself, to the Profession, and to the public, to redeem its character in every point of view. Thus it is that, in my opinion, the Profession may thank Mr. Henry Smith for his courage, and for setting so good an example in reporting a failure, and Mr. Holt in reasserting that the operation is not to blame, and substantiating its claims to general recognition by the testimony of others.

The election returns give us the pleasing intelligence that our old friend Brady is *in* for Leitrim, and Mr. Clement for Shrewsbury, and that Smee is *out* for Rochester. The reasons of his failure are shown in a note just received from one of my correspondents. As I expected, Mr. Mitchell Henry has failed at Woodstock. How could he expect to thwart a Duke on his own domain? If Locock is discomfited at the Isle of Wight, my prognostication will have proved correct in every instance. Doctors are not yet in the ascendant, and will not be for fifty years to come:—

"Chatham, Sunday Evening.

"DEAR VIGILANS,—I send you a copy of our local press, which will verify your prognostications as to the chance of success Mr. Smee had of being returned member of Parliament for Rochester. He was only taken up by the tail of the Conservative party, and most of them deserted him when they found that he did not intend to be lavish with his money, which was all that they wanted with him; for they full well knew that he had not a shadow of a chance of being returned from the first. Smee's party took to lying and abuse, which turned all respectable people away from him.

I dare say, that altogether he has dropped 500*l.* or 600*l.* for his lark. Yours, &c., PHILO.

No. 10.

To VIGILANS.

SIR,—The object of these letters is not to make you or the MEDICAL CIRCULAR the medium of receiving a work on physiology in weekly parts, but to record the observations of thirty years diligence in my Profession. This will save all misconception. Anatomists have, by the rarest diligence, discovered the most unerring position of all organs, as well as the vessels going to them, whether arteries, veins, absorbents, lymphatics, or lacteals, and have given the general course of all the nerves, whether motor or sentient, with a general construction of the whole frame, with many other matters incumbent on all to know. The Physiologist, on the other hand, has endeavoured to find out the duties and functions of all these wondrous parts which his brother, the anatomist, has laid before him; so that, starting from this point, I have to record my doubts on many of these physiological points on the one hand, and to express my own ideas of them on the other; feeling that I have a just right to broach new thoughts on any topic, and even to disbelieve as much as I like of what is said or written, leaving the same thing open to others to doubt or disbelieve whatever I may say.

Let us then begin with the blood, and ask what is its true use in the body? Physiologists say it is the great supporter of life, and all or almost all secretions are made from it. This I am inclined to think a great fallacy, because upon consideration I cannot see how it can do anything of the kind. It appears to me to stand in the same position to the fluids as the skeleton does to the solids. It is one of the grand supporters of power and a nourisher of the organs themselves, for without it they would fail partly or entirely. We see this in anæmic patients, and in those who have suffered large losses by hæmorrhage from any cause whatever. Therefore it is that the blood is recognised as a great power in the body; but we have just as good grounds for saying that all muscular and such like soft solid structures are derived from the bones, as that all secretions or fluids are derived from the blood. It seems impossible to believe that the immense amount of fluid elements which the body contains can all come from the blood. If we have a severe cut, many small blood-vessels are divided, but are not veins, lymphatics, absorbents, and lacteals cut through also? Is not muscle, fascia, and skin divided, and do not the secretions from all these sources help to swell the quantity of fluid lost? Can any one say it is all and entirely *bonâ-fide* blood? I think not. Is, for instance, the bleb of a burn or a blister, large as they are sometimes, made so from the gravitating fluids beneath the skin, by their own laws drawing fluid particles from all surrounding parts? Are these fluids derivatives of the blood? We see they are not. If we trace the arteries to given organs, such as the glands, surely we cannot believe for a moment that all the secretions from these organs are made from the blood sent to them. If this were so, an ingenious mathematician might calculate the amount of blood required for each gland, how much of its elements were taken away to make so many pounds of saliva, and then how much was carried away by the veins of what was not wanted for the first purpose. The secretion of the gland would then be found so great, in proportion to the blood sent to it through the arteries, and what the veins carried off as excess, that he would come at once to the conclusion that the gland had some powers of its own somehow or somewhere to enable it to secrete and excrete in such quantities. The next thought would be that, probably, the true use of the blood was to keep the gland structure itself in its integrity, as an organ under constant waste, and requiring immense repair; and it would then be found that the blood had quite enough to do in accomplishing that most important object. Later physiological discoveries as to the periosteum illustrate the fact that if periosteum be so transposed in parts where bone is not required, that bone would nevertheless be its product; showing that the periosteum is nourished and sustained by the blood, only for that organic structure to fulfil its own peculiar duty of forming bony matter. It therefore got its own support as an organ from the blood, but derived and made its structure by its own resources and from the preserve round about it of other elements. Blood, again traversing through bony structure, seeks only deeper-seated tissues, in order to nourish them, such as the inner membranes, which, in their turn, secrete the marrow, synovia, &c., in the same way. Even in the damages to various parts of the body from accidents, it is not to the blood alone that we must look entirely for repair, but to other resources and other fluids, no doubt equally valuable

in products and properties, to effect the given end; and therefore I say that it is not to the blood alone we ought to refer all regenerative acts. When there is excess of forces in these damaged parts we have excess in the healing processes, and the physician regulates this by diet or medicine; when there are deficient forces he endeavours to supply the deficiency. If, however, he depends on diminishing blood power alone on the one hand, or on the blood products alone on the other, he is wonderfully deceived and meets with those disappointments which he cannot account for. He wants to decrease power in one case and to increase it in the other, but does not know exactly where to get it. He tries to do it through the blood elements, and fails to find these alone sufficient for his purpose, simply because he believes in a fable. The balance of blood in the body is kept up through its two great streams, the arteries and the veins; yet only a small portion, in comparison to the whole arterial current, is exhausted at each pulsation of the heart, as there is always the greater mass present. That which is sufficient for all renewal of structure is taken; the residue is carried into other channels, namely the veins. Let us, then, observe how exhaustion of blood takes place in its first stream, the arterial. There is not an organ or part to which it goes but is renewed by it. It is through this blood to a great extent that all the structures themselves are kept up. Is not a gland different to muscle, muscle to bone, bone to cartilage, cartilage to nails, and so on through every part? Arterial blood, then, is the great reviver of structure; but even here I do not admit that it is so entirely. The gases made in the body must help even this, and so do the fluid elements which are independent of the blood. Nevertheless, here we see quite enough for the blood to do when we find a certain exhaustion of it in this process. Let us confine our thoughts entirely to structure. Do not let us now consider what that structure does, whether it comes under the name of organs which secrete a product to be used again in the animal economy, or another to be got rid of either as an excrement, or a thing that, if it remained in the living organism, would be injurious to it. Let us then suppose that arterial blood makes and upholds structure alone under whatever designation. It traverses everywhere, and its elements being so numerous and inscrutable, there exists a power to make muscle, a power to make its fascia, a power to make cartilage, bone, sinew —in fact, every distinct thing, organ, or structure, or whatever the anatomist's scalpel has traced and called by a different name, because of its being a different body with a different character. I say, then, that the arterial blood, if we look at its character and quantity, has quite enough to do to make and uphold structures of such variety and bulk without having much to do with the secretions of organs. We see an evident exhaustion in the capillaries, but what else do we witness? Why, that a large mass, after passing through the capillaries, gradually enlarges into even greater streams called the veins. Take a pound of arterial blood by weight, how much can we calculate has been abstracted from that by the system, and how much venous blood is left? If we had not a very large balance of this, what would be the use of the veins? According to the present opinion of the uses of the arterial blood, at least two-thirds would be exhausted in its flow. Then where should we get the venous blood? We are, at all events, on the horns of a dilemma; we become fixed if we cannot account for the large venous circulation, and I do not see how we are to get out of the difficulty unless we give up the duty of the arterial blood as an element from which all secretions are made, and remain satisfied that the call upon it would be too great for structural purposes and the formation of secretions as well. If we only take the former, we can account for the large residual mass. Now, let us look after this for argument's sake, for a balance must be kept up. What is the venous blood? I answer, It is a very large residual mass, having once formed part of the arterial. But what becomes of it, and what are its duties? It is not considered an organic element like the arterial, yet it contains precious and vital elements. It is evidently so necessary to the system that without it that system would soon perish; therefore, it at once shows itself to be a sustaining power, and must act in the body, both as a reservoir and a diluent, as it evidently furnishes a large portion of the next made arterial blood. But all the venous blood from the abdominal organs goes into the liver to form bile. Arterial blood may, then, be considered to all intents and purposes an organic element, and in such light physiology has justly placed it; but venous blood cannot be so considered; neither can bile, from which it is made, though it is a useful chemical element. It is patent, then, that a large quantity of venous blood from the general circulation, and some residue from the portal blood, again much reduced in its elements, finds its way to the vena cava. It is only the venous blood of the upper and lower extremities that comes again into the circulation not robbed of any of its elements. It is evident that the large proportion going to the liver, amounting to half, or nearly so, of all the venous blood in the body, would be an immense loss to the system if the mass was not made up by other sources. Here, then, is a point in physiology in which we are obliged to break a link, to rejoin it at another time, in order to speak of the uses of other organs and other supplies, whose influences are very large and elaborate. I am, &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letters.]

THE GENERAL MEDICAL COUNCIL.

THE following observations on the General Medical Council are from the pages of the 'London Review':—

We see that the Medical Corporation had three grand aims, which it proposed to accomplish in the following manner:—To elevate the Profession by improving the methods of education; to facilitate the practice of prescribing by publishing a single pharmacopœia; and to prevent quackery by the registration of duly qualified practitioners, and the prosecution of those who, though carrying on the profession of Medical men, had not their names upon the "Register."

The Council entered upon what was hoped would be a career of usefulness with brilliant prospects. It was endowed with immense powers and with ample means, and was composed of men who had passed their lives in the investigation of the questions of professional education. Everything appeared to promise great achievements; a grand future seemed to dawn upon the Art of Healing; but alas! experience has shown us that the consummation so "devoutly to be desired" is as far off as ever, that the dreams which we indulged in 1858 are no nearer realisation than they were at first. The Council commenced operations, but "how not to do it" seems to have been their guiding maxim, and, as a consequence, "as you were" has been the *mot d'ordre* which has *practically* been issued to the Medical men of Great Britain. Let us, however, in justice to the Council, glance at the fruits of its exertions. First, it insisted upon a preliminary examination being held. All students who were about to enter upon the pursuit of Medical learning should show that they possessed a good general education. And how did the Council effect this? Not by framing a rule that candidates should be acquainted with the writings of a certain number of Greek, Latin, French, and English authors; that they should be familiar with elementary mathematics, and that they should have an intimate knowledge of the languages in which they were examined. There was no attempt made to lay down a uniform system of preliminary examination; but instead of that, the Council enforced the holding of these examinations, while they left their character to be determined by the licensing bodies. What was the result? Each institution formed its own code as to what a general education should be; and while in some cases an examination equivalent to that for an Arts degree was required, in others the student was merely obliged to show that he could construe a few lines of Virgil, and understand two or three of Euclid's propositions. Was this uniformity? Was this the proper means of elevating the educational standard? In regard to final or professional

examinations, literally nothing was effected. The licentiate of the Edinburgh College of Physicians held still the same legal status as the graduate of the London University, and on the impropriety of such a condition of things it is unnecessary for us to comment. Passing, then, from the question of improved education, what good has either the public or Profession derived from the "Register"—that vaunted offspring of the new act which was to effect such marvels for the professors of medicine? No uniformity having been established as to the *Professional* examinations, we find that apothecaries, surgeons, physicians, and doctors have the same privileges and immunities. Will anyone assert that an apothecary's claims upon the public as a member of the Medical Profession, are equal to those of a graduate of a university? Yet, though the Council has done nothing to elevate the apothecary to a level with the graduate, it protects him from the innovations of the *herbalist*, without protecting graduates from his innovations. The "Register" presents us with a huge list of the names of persons whose Medical titles proceed from nearly a dozen different classes of licensing bodies, holding examinations of the most varied character.

We have traced the operations of the "corporate body" from its birth to the year 1864, and it now behoves us to say a word or two as to the result of its last conference. In April last the sitting extended over a fortnight, and was characterised by a good deal of noisy discussion, which, to make matters worse, extended rather to *minutiæ* than to principles. Indeed, this desire to avoid generalities and to squabble over detail is quite a marked feature of this body. We cannot say they have done much during the session. A rule has been drawn up to the effect that in future every student, prior to registration as a student, shall forward to the Registrar a certificate of having passed a preliminary examination in Arts recognised by the Council; and that "the several licensing bodies be requested not to admit to examination after October, 1869, any candidate for license or degree whose name does not appear on the authorised list of medical students." From this it would seem that the previous regulations has not been strictly carried out, and certainly, from the wording of the present rule, there does not appear to be any decided probability of its being more rigidly enforced than its predecessor. A resolution has also been passed that "no license be obtained at an earlier period than after the expiration of forty-eight months subsequent to the registration of the candidate as a medical student." The object of this apparently is to compel young men of ability to spend as much time in procuring a knowledge of their profession as those whose powers are of an inferior stamp. We congratulate the Council upon its wisdom. It has arranged that the professional examination shall in future be divided into two parts; this is of course to be approved of as offering more facility to the student, but as an important alteration it is unworthy of notice. We come now, however, to the most serious resolution which we think the Council has yet framed; it is this—all persons who in future shall either practice medicine or surgery, or use any medical title or degree, unless registered, shall be liable to a penalty not exceeding 20*l.* for every such offence. This is a very grave and serious resolution, and fortunately has to come before Government before it can be acted upon. It places all licensing bodies under the entire control of the "Council," and virtually deprives all bodies of the privilege of granting licenses; for if no licenses be legal save that which obtains the recognition of the Council, and if the latter has the right of refusing this recognition, its power for good or evil will be most unlimited.

We would urge, therefore, upon the Profession the propriety of appealing to Government to have the Council reconstructed, for it seems to us that *sauve qui peut* is too much the order of the day. Indeed, apart from the charge of sacrifice of important principles to petty interests, it seems to us that some of the members are hardly qualified to deal with all the questions which come before them. In one of the discussions, a gentleman informed the meeting that the examination of the Apothecaries' Company "included mathematics, natural philosophy, Latan, *and, if volunteered,* Greek. When he underwent his examination, he thought it a most respectable one, and he was proud to have passed it. He could only say now that if he were subjected to the examination that young men have to undergo at the Apothecaries' Hall he should certainly be rejected. . . . . As long as he had a voice in the appointment of examiners he would see that those gentlemen were thoroughly qualified for their task." Now, without commenting upon the possibility of a member of the Medical Council being "plucked" at the Apothecaries' examination, we have a right to ask how such a person could possibly decide whether examiners are competent or not.

MEDICAL SOCIETIES.

(Continued from page 43.)

He had seen cellular abscess and death follow their use. They should be used with the greatest caution. He also believed cases of dysmenorrhœa were more common than was generally supposed. Not only was the seat of obstruction more frequently at the *internal* os than the *external*, but, indeed, in many cases, the external os was patent and abnormally so, as shown by Dr. Henry Bennet. And there were many, and by far more numerous, cases of dysmenorrhœa which were in no way due to stricture at either os. As these cases were not, however, referred to by Dr. Barnes, he did not allude to them further.

Dr. SAVAGE laid before the Society an injected preparation of the Virgin Uterus, and detailed with great minuteness its several dimensions and the shape of the various parts. The vaginal portion varied considerably in length and size, the orifice sometimes scarcely admitting a probe, at others being a considerable slit. He then described the arrangement of the vessels, and drew the following deductions from an examination of the preparation:—1. Except in cases of irregular vascular distribution, which happen far from seldom, the vaginal portion of the cervix could be divided without risk of hæmorrhage; division beyond this would endanger the lower cervical arteries. 2. An incision laterally deeper than one-eighth of an inch at any part of the canal of the cervix would be unsafe. 3. An internal os surrounded by a ring of muscle, as asserted by Mr. Wells, does not exist; it is surrounded by muscular fibres subjacent to the mucous membrane, but the complete identification of the latter with the rest of the uterus, and the extremely oblique decussation of the former, could not contribute to the formation of a so-called inner os. The uterine isthmus could never form a stricture. 4. The instruments vaunted for surgical dilatation, most fortunately for operator as well as patient, did little else than divide half through a vaginal portion of the cervix, and even this not efficiently; the complete division of the vaginal part of the os required the scalpel or scissors. 5. The least bending of the isthmus would cause obstruction without organic constriction. In all these conclusions he was borne out by experience. He believed the obstruction was generally due to curvature. He could not understand Dr. Sims's denunciation of mechanical dilatation; but agreed with Dr. Gream that it was quite as safe and efficacious as division. The nature of the operation which Mr. Wells had said he was in the habit of practising under the bed-clothes, unless it were the same as that introduced by Dr. Simpson or Dr. Greenhalgh, Dr. Savage said the preparation entirely failed to elucidate. Mr. Wells did not perform them at the Samaritan Hospital.

Dr. GRAILY HEWITT thought that the two questions of the treatment of dysmenorrhœa and of sterility by means of incision of the cervix uteri had been too much mixed up together. He would say a few words first respecting dysmenorrhœa. He believed that in bad cases of dysmenorrhœa the condition present was frequently retention of the fluid in the uterus, and that this retention caused the pain; and he had been at some trouble to prove this. But, on the other hand, he also thought that the condition

was capable of being relieved, in most cases, without resort to mechanical treatment of the cervix uteri. The great thing was to diminish the flow of blood, and this could be regulated by general measures; but that there were a few cases in which such general measures were useless he admitted. He differed from the President in reference to the most common seat of the constriction; for although there were cases in which the os uteri was congenitally extremely small and narrow, yet in the larger number of cases of dysmenorrhœa the impediment was situated at the junction of the cervix with the body of the uterus. With regard to the best method of applying mechanical relief when such was required, he thought that cases must be treated on their own merits. Where the cervix uteri was hard and dense, the cutting operation was most indicated, the difficulty being here the greatest; but under other circumstances he preferred the use of tents as dilators. The sea-tangle tent was, he considered, a perfectly safe means of dilating the cervix uteri; but, he would repeat, the cases were few requiring this treatment. As to the mode of incising the cervix or os uteri, here again the operation must be selected according to the case: no one operation could be suited to all circumstances. He would next say a few words on the subject of sterility. It was undoubted that in certain cases the cure of sterility could be effected by dilating the cervix uteri, and much had been said as to the superiority of one mode of dilatation over another. The fact was, that so long as the canal of the cervix was a little enlarged, whether by incision or by dilatation, the necessary end would be served. The great object was to secure a tolerable patency of the canal at about the menstrual period, when conception was most likely to occur. Supposing the sterility to be cured, the dysmenorrhœa which might be associated with it would be also, in all probability, permanently relieved.

Dr. WYNN WILLIAMS remarked that he thought no one would deny that surgical interference was required in some few cases of dysmenorrhœa, but that he considered they might be reduced to almost a minimum by proper therapeutic treatment. He remarked that cases were frequently operated upon without benefit, and related the case of a patient who had been so operated upon, but with no good result, the neck of the uterus forming two large protruding lips. The patient was suffering from an enlarged and congested state of the uterus due to gout. By free leeching, rest, and the injection of a weak solution of iodine and appropriate constitutional remedies, she got rid of her troubles. He considered that the seat of the stricture might be in any part of the uterine canal, and that in advanced cases it was difficult to decide where the stricture was first situated, as in most cases the uterus became flexed upon itself, with enlargement and thickening above the seat of flexure, which thus formed a stricture. These cases would frequently get well by leeching, rest, the injection of iodine, lotions, and appropriate constitutional remedies. In the few cases where incision was necessary, the incision should be made to commence at the seat of the upper stricture, and gradually enlarged to the external opening. Dr. Williams remarked that, as no surgeon would think of cutting through the whole of the tissues of the penis for stricture in the male urethra, so he considered it quite unnecessary and unjustifiable to cut through the tissues forming the neck of the uterus, though it may be necessary to keep the incision distended by means of tents or dilators.

Dr. MARION SIMS was surprised at the great difference of opinion expressed by previous speakers as to the seat of the obstruction, but he agreed with those who thought it was at the lower orifice. He then went into some statistical details of his own practice, and laid great stress upon the frequency of curvature of the cervix as a cause of obstruction at the internal os. Though it might, he thought, lead to an actual narrowing of the canal, yet he believed this was an extremely rare occurrence. But in cases of induration and conoidity the os tincæ was abnormally contracted in every case he had seen. Indeed, a conical indurated cervix was incompatible with a normal os tincæ, the existence of the one almost necessarily implying that of the other. With regard to cases referred to by Dr. Gream and Mr. Wells, in which the tissue of the cervix had been too largely incised, so that the lips of the os were everted and rolled backwards, he had never seen any such after his method of operating, but had witnessed that result after the use of the metrotome caché; and he attributed it to this—because it cut deeper into the sides of the supravaginal portion of the cervix, and so divided the circular muscular fibres, which are naturally antagonistic to the longitudinal fibres. By his (Dr. Sims's) plan of operating, the incisions upward were more superficial, though the opening of the os was about the same in both methods.

The PRESIDENT, in closing the discussion, said that he only directed attention to one class of cases of dysmenorrhœa—that, namely, associated with the peculiar projecting form of cervix uteri, and usually attended by sterility. This was the form that required treatment by incision. The obstruction that required division was the os externum or vaginal portion. The os internum normally was a narrow canal. Dr. Greenhalgh passed his instrument through it as preliminary to his operation. If it admitted this instrument, the os was of full normal size, and could not require cutting. His (the President's) instrument and operation were perfectly safe and efficient. He thought, after hearing Dr. Sim's remarks, that he had underrated the importance and frequency of flexion at the neck as a cause of obstruction.

HARVEIAN SOCIETY.

MAY 4TH, 1865.

President, Dr. J. C. LANGMORE.

Dr. SISSON read a paper on the

REMEDIES FOR DROPSY.

The author stated that many physicians at the present day, like the ancient Greeks and Romans, considered dropsy a very fatal disease. He, however, was himself unwilling to subscribe to such an opinion, seeing that many dropsies were functional and curable, whilst many others were fatal from the disease alone upon which they depended. Having briefly mentioned the causes of dropsy, the author stated that tonics and stimulants were as much entitled to be considered remedies for dropsy as emetics, cathartics, diuretics, and diaphoretics; and he quoted cases in which a cure had been obtained by the former remedies alone, after the latter had been tried in vain. With regard to the moot point, "Are diuretics admissible in renal dropsies?" he (Dr. Sisson) considered them necessary in all cases unattended with active congestion in the kidneys, and in these latter, after the employment of counter-irritants and cathartics, or diaphoretics, and amongst the latter remedies he considered the wet-sheet packing as one of the best. The author thought that the true action of digitalis was not generally understood. He agreed with those who believed that it possessed the property of rendering the contraction of involuntary muscular fibre more firm and powerful, and in this way he thought its use in hæmorrhage, delirium tremens, &c., could be best accounted for. By this action of the heart more blood was sent to the kidneys, and it thus acted indirectly as a diuretic. The author considered diuretics by far the most efficient and useful remedies in dropsy, since they could be used for almost any length of time without injury to the patient, an advantage not possessed by other drugs. Puncturing the anasarcous limbs was frequently a necessary prelude to obtaining their full action. The author concluded by apologising to the Society for the barrenness of his paper, which was, he stated, but the sprat thrown out to catch a mackerel.

Mr. SEDGWICK remarked that it was difficult to lay down any general rule for the treatment of dropsy, since it arose from so many different causes. In scarlatinal dropsy, the use of a warm bath was all that was required for a cure in most cases. There had been much controversy as to the effects of digitalis; he had found this drug most useful in menorrhagia and dropsies of debility.

(To be continued.)

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 6th inst :—John Bradley, Liverpool ; Isaac Thomas Bridgman, Camberwell ; Charles Arthur Brigstocke, Carmarthen ; Thos. Henry Whitehouse Davies, Chalford, Gloucestershire ; John Hackney, Royal Free Hospital ; Henry Reginald Hatherley, Derby Infirmary ; Robert Arthur Jones, Carnarvon ; Paul Quick Karkeek, Pen Treve, Truro ; Edward Coldridge Roberts, Exeter ; Jabez Thomas, Swansea ; James Wells, Nailsworth ; Charles James Wills, Park crescent, Stockwell.

The following gentlemen also on the same day passed their first examination :—George Bainbridge, Leeds School of Medicine ; William Brown Holderness, St. George's ; Frederick Hopkins, General Hospital, Birmingham ; John Williams, Guy's.

DR. PRITCHARD.—The following account of this notorious criminal, who is left for execution on the 28th inst., will probably be read with some interest at the present moment. Edward William Pritchard is the son of Mr. John White Pritchard, a captain in the Royal Navy, and was born in 1825 at Southsea, Hants. After going through the usual preliminary education, he was apprenticed, in September, 1840, to Messrs. Edward John and Charles Henry Scott, surgeons, of considerable practice in Portsmouth During his apprenticeship, he is stated to have assiduously studied the elementary branches of his Profession, and conducted himself with great propriety. On the completion of his apprenticeship he came to this metropolis, and entered on his hospital studies at King's College in October, 1843 ; these also he prosecuted with great zeal, and his friends being desirous that he should enter the naval service of his country, he memorialised the authorities at the College of Surgeons to be allowed to offer himself for examination at an earlier period than was at that time allowed ; his application having been granted, he appeared before the Court of Examiners on the 29th of May, 1846, and, after the usual examination, was admitted a member of the College. He then underwent an examination before the Navy Board, and was duly gazetted an assistant-surgeon in Her Majesty's Navy, and has several relatives in the combatant branch of that service. Those who know what the position of the Medical officer in the Royal Navy was at that time, and which is not much improved at the present time, will not be surprised that a highly-educated and accomplished surgeon should endeavour to emancipate himself from such thraldom. He, therefore, embraced the first opportunity, and resigned all connection with the Royal Navy, and determined on seeking private practice. Finding it was necessary to possess a double qualification, he presented himself before the Society of Apothecaries, and, having passed the examination, was admitted a licentiate of the hall. He had previously obtained (it is believed by purchase) the "M.D." of Erlangen. He then proceeded to Glasgow, where he practised with great success until his apprehension for a crime, second only in atrocity to that of the notorious William Palmer. While waiting for practice he sought amusement and profit in the use of his pen, and became a laborious contributor to ths advancement of general and Medical science ; many of his papers are distributed through the pages of the 'Medical Times and Gazette,' and the 'Lancet,' the Transactions of the Pharmaceutical, Obstetrical, and King's College Medical Societies. He was the author of 'A Visit to Pitcairn Island,' 'Observations on Filey as a Watering Place,' 'The Guide to Filey and its Antiquities,' 'Coast Lodgings for the Poor of Cities,' &c. Dr. Pritchard was a fellow and member of nearly twenty learned societies and institutions in the United Kingdom, and Medical officer to several life assurance offices. In personal appearance, the convict is a tall, slightly-built man, about 5ft. 10in. or 11in. in height, with sharp-pointed features, aquiline nose, and does not appear older than the age stated—viz., forty-one years. [The above account, which, however, contains several errors of detail, is from the 'Times.']

THE PRITCHARD MURDER.—Dr. Paterson, the Medical man whose conduct in regard to the Pritchard case has been the subject of severe strictures, has addressed a long letter to the 'Glasgow Herald' in his own defence. Determined, if possible, to save Mrs. Pritchard's life, he refused, he says, to certify the cause of Mrs. Taylor's death, and addressed the following letter to the registrar, upon which he contends that official ought to have at once acted : —"6 Windsor place, March 4, 1865.—Dear Sir,—I am surprised that I am called on to certify the cause of death in this case. I only saw the person for a few minutes a very short period before her death. She seemed to be under some narcotic, but Dr. Pritchard, who was present from the first moment of the illness until death occurred, and which happened in his own house, may certify the cause. The death was certainly sudden, unexpected, and to me mysterious. I am, dear Sir, yours faithfully, JAMES PATERSON, M.D. To Mr. James Struthers, registrar."—To have denounced Dr. Pritchard at that stage would, Dr. Paterson says, have been ruin to him, for Pritchard could have brought forward three Medical men, all Edinburgh graduates, not one of whom suspected that Mrs. Pritchard was being poisoned by antimony. Even if he had not written the above letter, the registrar ought to have known that no Medical man would have refused to sign the death certificate of any member of a Medical brother's family whom he had seen on the deathbed, unless he suspected foul play. He fully expected the registrar would act on his letter, and had he done so Mrs. Pritchard's life would have been saved. His first visit to Mrs. Pritchard was on the day of her mother's funeral ; the next day he consulted in confidence with one or two of his professional friends, and they all came to the conclusion that Mrs. Taylor had been poisoned by opium, and that Mrs. Pritchard was being dosed with antimony. He would mention, he says, the names of these gentlemen "were it not that the public might fix upon them as the source from which proceeded the anonymous letter sent to the authorities, and which led to the apprehension of Pritchard." They all thought that the refusal of the certificate and the sending of the letter would lead to a judicial investigation, and when Pritchard called subsequently at his house at an unseasonable hour, he (Dr. Paterson) quite believed that Pritchard had been scared from his purpose, and that Mrs. Pritchard would be safe.

MEDICAL DEFENCE ASSOCIATION.—It has long been felt by the members of the Profession generally that it would be a desirable thing to have some association in existence, which should be able to render efficient and timely help to any Medical man who might suddenly find himself exposed to a vexatious or vindictive charge, laid against him by some designing or hysterical person. At such a trying moment pecuniary support is often as essential as the sympathy of his brethren. A few members of the Profession have recently met for the purpose of promoting the formation of such a society as that indicated by the title, and which shall have for its principal object the defence of Medical practitioners against actions of a class which has unfortunately become very frequent lately. The names of Adams, Bowen, Horton, Goss, Semple, Fraser, Andrews, Waters, and others, need scarcely be mentioned to show that no man, whatever his professional and social position may be, is entirely free from the possible annoyance of charges which are as easily made as they are difficult to refute. The adjourned meeeing of the Provisional Committee will be held on Friday, July 21st, at 14 Southampton buildings, Holborn, and we have been requested to state that they will be glad to receive the names of any gentlemen willing to aid them in the furtherance of the object which they have in view.

THE CHOLERA IN ALEXANDRIA.—It is satisfactory to state that this terrible disease is steadily diminishing.

CHARING-CROSS HOSPITAL.—Mr. Thomas Farrance has bequeathed 50*l.* to this institution.

ROYAL COLLEGE OF SURGEONS.—At a late meeting of the Council, Mr. Thomas Wormald, Surgeon to St Bartholomew's Hospital, was unanimously elected President of the

College for the ensuing year in the vacancy occasioned by the retirement of Mr. Hodgson. Messrs. Richard Partridge, F.R.S., Surgeon to King's College Hospital, and John Hilton, F.R.S., Surgeon to Guy's Hospital, were unanimously elected Vice-Presidents for the ensuing year. Mr. Kiernan, who during the past year has filled the office of Vice-President, had, in consequence of the state of his health, declined to be again put in nomination for that office. At this meeting Messrs. Quain, Turner, and Paget, the recently elected members of the Council, were sworn in, and took their seats.

HANWELL SCHOOLS INFIRMARY.—An infirmary in connection with the London Central District School at Hanwell has been erected.

HOMŒOPATHY AND IMAGINATION.—An amusing anecdote showing how the effects of the imagination may be confounded with those of homœopathy is related by M. Latour. A highly-distinguished French physician was the subject of severe angina pectoris, which gave rise to frightful suffering, and for which he had in vain consulted every man of eminence. At last, besieged by the importunities of his friends, he consented to a visit from—not the high-priest of homœopathy, for he had died, but from his wife. The lady came, consoled, encouraged, and prescribed for him. Next day M. Latour called upon him, and, to his great surprise, found him up, free from pain, and smiling. "I have passed such an excellent night," exclaimed the patient, "and have not had an instant's suffering since yesterday, after the visit of Madame Hahnemann. She is, indeed, an amiable woman, possessed of powerful energy, for her very presence assuages pain. I took not a drop of what she prescribed, but had I swallowed a single globule the coincidence of the cessation of pain would certainly have puzzled me." The intermission was but a brief one, the patient, indeed, dying at no remote period.

UNIVERSITY OF MELBOURNE.—Mr. Neild has been appointed Lecturer on Forensic Medicine in this institution.

YUEN MIN YUEN.—This wonderful exhibition, the property of Captain de Negroni, opened on Saturday last to the public, having been removed from the Crystal Palace, where it was exhibited for a short time during the spring. Among its almost fabulous treasures there are many curiosities of interest to Medical practitioners.

SEDATIVE BELLADONNA PLASTER.—M. Bretonneau, a dispensing chemist of the city of Paris, communicated last December to the Medical Society of his district, the formula of a plaster devised by Dr. Boulu, Physician in ordinary to the Emperor, as a substitute for the various paper plasters in common use. The following is the compound proposed by Dr. Boulu:—℞ Empl. plumbi, ℥xvj., extract pini sylvestris, and extr. belladonnæ, ā ℥jss. Spread evenly, over fine, strong linen, so that every square inch should contain two grains of the active ingredient incorporated in the plaster. The abdomen of a patient affected with rheumatic enteritis was entirely covered with this appliance, which was renewed every week, and the pains gradually subsided, the motions became less frequent, and in the course of two months without the exhibition of any internal medicine whatever, a complete cure was effected. The 'Union Médicale' further remarks that, encouraged by this success, Dr. Boulu has since frequently resorted to this plaster for the relief of neuralgic and articular pain; a lady, for instance, liable to gastralgia, derived considerable relief from the application. It has been found useful in children for the treatment of bronchitis, and in one of the Emperor's footmen severe periodical pain was immediately alleviated. In a case of intercostal neuralgia, the plaster proved equally beneficial. A very distressing lumbago was thus cured in the course of two days, and in sciatica and pains in the joints, the good effects of the plaster were also promptly apparent. From these and other cases, the 'Union Médicale' infers that the new plaster is probably invested with more sedative characters than the other analogous preparations in use at present, especially if previously to its application, the skin is stimulated by frictions or mustard poultices.

THE CHOLERA AT ALEXANDRIA.—Extract of a letter from Alexandria dated the 27th of June:—"My Egyptian excursion, as you will see, has led to my being caught in a trap. Alexandria, under present circumstances, is neither a very desirable place to be in nor a very easy one to get out of. The example of a precipitate retreat, led by the Viceroy, on the very first alarm of cholera, seems to have caused a kind of panic among the Levantines, Greeks, and Italians; and they have been flying from the place by thousands. The Maltese, too, I suppose, are abandoning the country for their own little island. I hear conflicting reports about the quarantine which Malta has placed on Alexandria; some make it seven and others twenty-one days. The cholera has not attacked many Europeans, which I am rather surprised at, as many of them are half dead from fright. It has committed great havoc among the population of the poor Arab districts, which might have been expected from the filth they live in. It is hard to get at the real mortality, since the official account of the number of deaths occurring daily is not the whole truth. The full extent of the mortality is not revealed, in order not to increase the public alarm. The following is the official account for the last few days of deaths from cholera only:—19th, 94; 20th, 101; 21st, 159; 22nd, 145; 23rd, 159; 24th, 141; 25th, 183; 26th, 193. I know from a reliable source that on the 24th, when the official number was 141, the real number of deaths from cholera was 258, and I have no doubt the present death-rate is above 300 daily."

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, JULY 19.—Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, JULY 20.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, JULY 21.—Operations at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, JULY 22.—Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, JULY 24.—Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JULY 25.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Parturition and its Difficulties. By J. Hall Davis, M.D. New Edition, revised and enlarged. London: R. Hardwicke, 192 Piccadilly.

Photographs of Eminent Medical Men of All Countries, with Brief Analytical Notices of their Works. By Dr. T. H. Barker. London: John Churchill and Sons, New Burlington street.

Lecture on the Treatment of Gastric Ulcer. By B. W. Foster, M.D. London: T. Richards, 37 Great Queen street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross post-office.

THE OBSCENE QUACKS.—Since the commencement of our present volume, we have referred all communications respecting the obscene quacks to the Anti-Quackery Association, who, we believe, will shortly present a report on the subject.

A QUESTION IN PHYSIOLOGY.—It is not denied that the meat of young animals is nutritious and easy of digestion; but the mode of slaughtering calves is very objectionable, the blood being drained out of the body at death, and the meat being thus deprived of much of its nutritive quality.

N. P. (Liverpool)—The amount of the fee must depend entirely on the circumstances of the patient and the value set upon the opinion sought, and the pecuniary arrangements ought to be made beforehand. It does not appear to us that the charge made is excessive.

DR. C. shall receive a private note.

A SUFFERER.—The gentleman named is in every way worthy of Professional confidence.

NEMO should consult a surgeon of one of the hospitals or dispensaries, for which a letter can be obtained without any great difficulty.

X. Y. Z.—Bael is the fruit of the Ægle Marmelos, a plant belonging to the natural order of Aurantiaceæ.

THE JOURNAL OF PRACTICAL MEDICINE & SURGERY

FOR JUNE IS NOW READY,

AND CONTAINS—

Wound of the Vena Innominata; Academy of Medicine; Aphasia; Localisation of the Cerebral Functions; Vaccine Lymph Supplied by Cows; Decision of the Courts at Châlons; Disturbances of the Digestive Functions in Early Infancy; Remarks on Green Diarrhœa; Senile Gangrene; Dislocation of the Shoulder; Urethral Calculus; Adenoid Tumours of the Breast; Wounds of the Eye; Remarks on Iritis; Professor Bouisson's Procedure of Median Lithotomy; Treatment of Paraphymosis; Sea-bathing; Treatment of Asphyxia from Drowning; Bad Effects of the Sudden Cesssation of the Habit of Smoking; Hæmostatic Virtues of Cotton Wool; Poisonous Emanations from Flowers and Fruit; Treatment of Dysentery; Strangulated Hernia; Sedative Belladonna Plaster; Liebig's Food for Infants; Treatment of Colliquative Perspiration; New Application of the Ophthalmoscope; Injurious Effects of Cast Iron Stoves; Cancer; Secret Remedies; Thoracentesis in Children; Opium in Strangulated Hernia; 'Annual Dictionary of the Progress of Medical Science,' by P. Garnier, M.D.; 'A Treatise on Mineral Waters,' by G. Delacroix, M.D., and A. Robert, M.D.; 'The Waters of Uriage, Pougues, Pierrefonds, Salins, and Salies,' by Various Authors; Hydrophobia; Meningitis in Austria; Accidental Poisoning;—Obituary: Messrs. Bonnet, Morel-Lavallée, &c.

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The Medical Circular.

SCIENTIFIC ARTICLES.

ON THE CHEMICAL COMPOSITION, AND ON THE PHYSIOLOGICAL PROPERTIES OF THE SCILLA MARITIMA.—(From 'Schmidt's Jahrbücher.')

By Dr. C. D. SCHROFF.

In a long and elaborate paper on the Scilla Maritima, published in the 'Wiener Wochenblatt,' Dr. Schroff proposes a series of questions in reference to the medicinal characters of that plant. He first discusses the question whether the squill-bulbs of commerce are derived from one or two species, and he comes to the conclusion that, although a red and a white bulb of the squill are known, yet that they belong to the same species, and that the colour depends upon the nature of the soil and the place of growth. The colour appears to be the chief distinction between the two bulbs, but the red bulb has a more strongly bitter taste in its external and middle layers; and the raphides occur in the red somewhat less abundantly, but rather larger in size than in the white. Among other slight differences between the two, the coats or layers of the bulb are more closely and firmly adherent to one another in the red variety than in the white. Exposure to the sun, superficial poison, a higher station, and greater distance from the sea, appear to produce the white colour; while a deeper position in the ground, the proximity of the sea, and the greater covering of earth, develop the red. Transitions from one variety to the other are often to be observed; and Dr. Schroff has had specimens of the white squill, in which the greater part of the most external coats exhibited a more or less light-red colour. Among other investigations as to the relative activity of the two varieties of the squill, and of the different parts of the same bulb, Dr. Schroff observes that the most external coats, which are tasteless and without parenchyma, are admitted to possess no active properties, and therefore the middle coats, or those which are relatively external in position, are preferred for use, and that the red bulb (as was known to Pliny) is more active than the white.

In reference to the physiological action of squill, the experiments of Dr. Schroff confirm the opinion hitherto entertained, that this plant stands in a peculiar relation to the respiratory and urinary organs. In the animals employed for the experiments, the kidneys were congested with blood, and the urine was very much increased in quantity, and mixed with blood. The more the acrid principle contained in squill prevailed in quantity in the preparations used, the more violent was the action on the lungs; while the *scillitin*, which had but little taste, occasioned more of the phenomena of narcotism. Squill ought therefore to be placed among the narcotico-acrids, near hellebore and colchicum. From aconite it is particularly distinguished, from the circumstance that it acts immediately on the kidneys, and produces an increased determination of blood to those organs; while aconite, like digitalis, acts first of all by its effects on the cardiac movements, by a change of the force of the circulation. Colchicum and squill, on the other hand, agree with one another in these respects, that their principal action is directed to the ganglionic system, and by its means to the organs of secretion and excretion; and that they both possess an acrid principle, together with their active bitter principles, *colchicin* and *scillitin*, and in addition to their narcotic property. Squill acts, however—and especially by its acrid principle—much more immediately on the kidneys than colchicum. The narcotic property of both plants is only of subordinate therapeutical value, and is chiefly important when the object is to act upon the ganglionic system, and to increase the process of excretion, as in rheumatism and gout. In this respect, colchicum is to be preferred, but squill ought to be resorted to when, in especially suitable conditions, a powerful expectorant and diuretic is required. Compared with cantharides, squill appears a much milder diuretic; and, in order to develop hyperæmia of the kidneys, much larger doses of the latter are required than of cantharides.—Dr. SEMPLE'S "Report on Materia Medica," in 'Brit. and For. Med. Chir. Review.'

THE ABUSE OF ALCOHOL.

In a paper communicated to the French Academy of Medicine by M. Lancereaux, on the changes produced by the abuse of alcohol, he observes that, since 1858, he had been engaged in tracing out the specific anatomical characters due to the action of certain agents. Last year he did this with regard to the poison of syphilis, and now he gives the results of his investigations on alcohol. Accidental or acute alcoholism is found connected with special forms of ordinary affections. Thus, Tardieu has referred to its agency certain cases of hæmorrhage of the membranes and ventricles of the brain and of the lungs; and some of the inflammations with rapid suppuration of the lungs and liver, and more rarely of the brain, derive their rapidly fatal character from the absorption of too much alcohol. But it is to lesions connected with prolonged abuse of this fluid that M. Lancereaux especially directs attention, and these he thinks may be conveniently considered under two principal heads. In one of these the organic connective tissue is principally concerned, giving rise to affections analogous to the adhesive inflammation of Hunter: and in the other special modifications of the functionary element are produced, giving rise to lesions generally known as fatty degeneration.

The first of these alterations spares but few organs, invading the recesses of the parenchyma or developing itself on the surface of the membranes; but the liver, brain, kidneys, and serous membranes are the portions of the frame especially attacked. The liver may be taken as the model organ for exhibiting its effects, and the changes operated in it have been characterised by the English writers under the term cirrhosis. In thirty-five cases M. Lancereaux has always observed precisely the same characters, differing only in their degree of evolution. A very analogous alteration is observed in the brain, this organ diminishing gradually in size, the convolutions undergoing atrophy, especially at the upper portion of the hemisphere, the brain also becoming colourless, and acquiring a firmer consistence. The arachnoid and pia mater are usually at the same time infiltrated, thickened, and strewed with whitish points or plates. The kidneys sometimes exhibit a condition analogous to that of the liver; but M. Lancereaux has not observed the condition of chronic pneumonia described by Huss. The mucous membranes of the stomach and cæcum are especially characterised by injection and hæmorrhagic punctuation, appearances also observed in the bronchial and especially the laryngeal mucous membrane. Finally, the coats of the vessels which especially come into contact with the products of absorption exhibit deposits capable of contracting or even obliterating their cavities. This is the case with the vena portæ and the pulmonary artery.

The alterations of the second class are characterised by the presence of fatty degeneration; and here, too, the liver is especially the organ affected, assuming an augmented size, but in its antero-posterior direction, which gives it a cubic form distinctive from other forms of fatty degeneration. The kidneys, pancreas, the salivary and gastric glands, the bronchial epithelium, and even the spermatic canals, may all exhibit this degeneration; the muscular fibre, bones, and cartilages participating in the change. The relative frequency of the two orders of alterations is not constant; for while fatty degeneration may be said to be constant in certain organs, as the liver, chronic adhesive inflammation has only been met with thirty-five times in 130 cases; but one point is observable, that while the adhesive inflammations have for the most part been

therefore, cannot be regarded as cholera cut short by art, but which are, in fact, identical in all respects with the diarrhœa which prevails more or less, according to the rise and fall of temperature, in summer throughout Europe.

It is commonly believed that summer diarrhœa is mainly caused by the eating of fruit, which is, of course, much more abundant in summer than winter. It is probable that in numerous cases this is an *exciting* cause of the malady; but I venture to assert that, if this exciting cause were equally operative in winter as it is in summer, it would be very far from equally *efficient*, and that its efficiency in summer depends almost wholly upon the hyperæmic state of the nervous centres generally along the back, and specifically of those presiding over the nourishment and functions of the alimentary canal. These, by the excess of blood in them, are predisposed to abnormal excitement. Then, and not until then, fruit taken into the stomach may readily become an exciting cause of diarrhœa. Moreover, thousands of persons who abstain from fruit, and who are wholly incapable of accusing themselves of committing irregularities of any kind in respect to diet, are, nevertheless, attacked with summer diarrhœa. They are at a loss to account for their sufferings; and hence ascribe them either to the influence of some mysterious, inscrutable agency, or (and indeed very commonly) to the action of the great heat in summer in some way unknown. This widespread adumbration, or instinctive notion of the cause of the malady, is almost as remarkable and interesting as the complete empirical anticipation by the Swiss mountain guides of what I have designated vaso-motor therapeutics.

If the proximate cause of the two kinds of diarrhœa now in question be what I allege it to be, the hyperæmic state of the vaso-motor nerve centres induced by the heat must affect a diminution in the amount of blood in the *peripheral* arteries—not only of the bowels, but of the whole body; for the contractile force exerted upon the arteries generally will lessen their diameters, and will thus lessen the blood currents supplying the capillary vessels throughout the system. It follows, necessarily, that the pulse will become feeble, that textural nutrition being lessened the animal functions will be impaired, and a sense of weakness and lassitude will be induced, and that, as the vital chemistry in every part of the structure proceeds less rapidly than before, because the lessened blood-currents supply less chemical materials than before, the amount of heat evolved will be lessened, and consequently the temperature of the surface of the body will fall. As a matter of fact, a feeble pulse, weakness, and chilliness, are ordinary features of diarrhœa. They are summed up by Dr. Copland as follows:—"At an advanced period the pulse is usually small, weak, and somewhat accelerated: the countenance being pale, the body somewhat emaciated, the strength diminished, and the skin dry and very sensible of cold." The bowels being the chief seat of disturbance, it is intelligible that the whole of the abdominal segments of the body, including the walls of the cavity, should be especially affected. Hence not only the "very disagreeable sinking sensation in the abdomen" mentioned by Dr. Wood, but the sense of cold which is especially felt in that region, which causes sufferers to resort to the use of hot stomachic stimulants, and which in Sweden, where diarrhœa is peculiarly prevalent, has led the peasants to adopt the plan of wearing blacksmith-like long leather aprons, which cover the breast and reach to the knees.

Those forms of diarrhœa which, as I believe, will be most correctly denominated with reference to their several causes as follows—viz., *diarrhœa originated by motion* (as in sea-sickness), *diarrhœa originated by nervous irritation* (as in cases of dental irritation, offending ingesta, or the inhalation of noxious effluvia), *and diarrhœa originated by emotion*—I am precluded by the want of space from discussing on this occasion; I can only state, therefore, that I am led, by what seems to me valid reasons, to the conclusion that, though their *primary* causes are different from those of diarrhœa premonitory of cholera, and of summer diarrhœa, yet that the *proximate* cause of all the kinds of diarrhœa in question is precisely the same—viz., *hyperæmia, more or less excessive, of those nervous centres which preside over the bowels, and notably, therefore, of the superior and inferior mesenteric plexuses.*

Treatment.—Assuming the foregoing conclusion to be established, it follows logically that if we could exercise a sedative influence over the nervous centres in question by lessening the amount of blood in them, we should be able to avert or cure diarrhœa. Considering the secluded position of the mesenteric plexuses, placed as they are within the abdominal cavity, it seems, at first sight, improbable that we should be able to influence them by means of external applications. As a matter of fact, however, it is possible to lessen the amount of blood in nervous segments along the back at a considerable distance above or below those particular segments over which ice is applied. It is, indeed, a physiological fact, so regular in its recurrence that it may be denominated a law, that when one nervous segment is rendered either anæmic or hyperæmic, the adjoining one will assume a like condition, though in a lesser degree; while those further removed will, in proportion to their nearness, also participate in the state impressed on the one first affected. It is, therefore, easily conceivable that nervous centres placed in a direction inwards from the point where ice is applied, may be influenced indirectly in the same manner as are those dorsal segments above or below the point of application. Moreover, as there is good reason for believing that the spinal cord itself and several of the dorsal segments of the sympathetic as well as the splanchnic nerves are intimately related functionally to the abdominal viscera, a direct sedative influence is, if this be the case, capable of being exerted by the application of ice along approximate segments of the spinal region, while that influence is propagated indirectly to the mesenteric plexuses, and thus the whole nervous centres involved being supplied with less blood than before, are thereby rendered incapable of continuing those præternatural actions on which the production and continuance of diarrhœa depend. These considerations led me to treat diarrhœa by the application of the spinal ice-bag along the lumbar and lower dorsal regions in all cases; and when the cerebral and thoracic conditions are such as to permit the exertion of a sedative influence along the cervical and upper dorsal region, to avail myself of the great additional power which may be exercised by applying ice in each cell of the bag at once along the whole spine. The application, in cases where there are no especial reasons to forbid it, should be continued as long as the diarrhœa lasts, and should afterwards be repeated two or three times daily until the patient's strength is quite recovered.

I freely recognise that this method of treatment requires a long-continued trial before it can be regarded as an established curative agency of the high scientific order in which I confidently hope it will ultimately rank, and as yet my own experience in thus treating diarrhœa is comparatively slight. I have, however, as stated in my pamphlet on sea-sickness, ascertained by experience that the diarrhœa which sometimes accompanies that malady is arrested by means of ice; this fact has been proved in several cases. I have also treated several cases of summer diarrhœa in like manner, and with like success; and the infantile diarrhœa, occasioned by dentition can, as I have also experienced, be subdued with wonderful rapidity in the same way.

I append a report of the treatment of two cases of summer diarrhœa which have just occurred:—

July 22, 11 a.m., 1865.—Mrs. J., aged about sixty, was suffering from diarrhœa. Her bowels had been already moved that morning four or five times. She complained of feeling excessively "low," and of slight pain in the bowels. She was remarkably pale, and looked very ill.

I ordered ice to be applied in each cell of the spinal ice-bag, and to be continued until the symptoms should subside. Ice was applied forthwith, but only during one hour. From the time the bag was applied until 8 p.m., the bowels were never moved, and no pain was felt.

Meanwhile, she was extremely excited and troubled by hearing a piercing scream from a lady in the same house who had been seriously hurt. At 8 p.m. the diarrhœa recurred, the bowels being moved again three times. At 9·30 the patient went to bed, and again applied the spinal

ice-bag. She lay upon it, and fell asleep; it was removed when the ice had melted, and from that time she slept continuously till 6 o'clock the next morning.

July 23.—Between 7 and 11 a.m. the diarrhœa returned vehemently, the bowels being moved six or seven times; the arms and hands broke out into a cold sweat; the face was sunken; and the patient felt so ill as to be seriously alarmed, and to propose telegraphing for me from the country, whither I had gone on Sunday.

At 11 a.m. ice was again applied as before. During the first ten minutes the sense of cold which had been experienced during the morning, before the ice was applied, seemed to increase; but at the end of that time the patient suddenly became "hot." "I felt," she says, "a glow of heat all over me, which has continued ever since" (until this date, July 26, 1 p.m.) Meanwhile, she has had no return of the diarrhœa, and, except that she has been weakened by the attacks, has felt quite well in all respects.

July 24, 1865.—C. J., aged forty-four, has not felt quite so well as usual during the last few days, and the bowels have been open more freely than usual. This morning he had a decided attack of diarrhœa. A three-celled spinal ice-bag was applied along the whole spine. At the time of its application he felt an urgent need of relief to the bowels by another motion; but the first effect of the ice was to cause that urgent feeling to subside. Only in half an hour afterwards were the bowels again moved; and from that time he has not experienced another unpleasant symptom.

I have not space, of course, on this occasion to develope my views concerning the origin, proximate cause, and rational treatment of cholera. I have, however, in the foregoing paper given what I confidently believe to be the key which will reveal the whole mystery of that hitherto inscrutable and irremediable disease. I hope shortly to explain my ideas on the subject, but will at once append here a summary of the doctrines which I hold.

1. That the *primary* cause of cholera is, as a general rule (liable to exceptions which will be indicated), the excessive heat of hot climates, and of temperate climates in summer when cholera prevails.

2. That the *proximate* cause of cholera is of precisely the same nature as that of summer or choleraic diarrhœa, but that it is far more developed, and, consequently, that its action is proportionately more powerful and intense.

3. That the general arterial contractions effected throughout the system by the vehement operation of the cause in question—viz., *extreme hyperæmia of the spinal and sympathetic nervous centres*, by depriving the capillary vessels in all parts of the body of their wonted supply of blood, induce the muscular debility, tremors, vertigo, impairment of respiration, cold breath, sense of faintness, coldness of the whole surface of the body, coldness and lividness of the lips and tongue, blueness of the entire surface of the body, the sunken and appalling countenance, and the fatal collapse characteristic of the disease.

4. That the nausea, vomiting, copious discharge of the well-known "rice-water stools," cold sweat, and peculiar odour from the body, are due to the combined action of the hyperæmic spinal cord and sympathetic nervous centres, in the same manner as they induce phenomena of the like kind, though less in degree, in cases of summer diarrhœa, and of sea-sickness, when it is accompanied with diarrhœa. (See my exposition of the pathology of sea-sickness.)

5. That cholera is neither contagious nor infectious in any sense whatsoever, except through the depressing influence of fear.

6. That cholera may be completely averted, and, when developed, cured by the persistent application of the spinal ice-bag along the whole spine so long as any symptom of the disease continues.—'Medical Times and Gazette."

REVIEW OF BOOKS.

A Course of Practical Chemistry, arranged for the Use of Medical Students. By William Odling, M.B., F.R.S., &c. Second Edition. Pp. 241. London, 1865.

The present edition of Dr. Odling's little book is a great improvement upon the original work, which has been out of print for several years. It contains four chapters, the first treating of chemical reactions and manipulation, which is quite new; the second relating to general analysis, which has been re-written; and the third and fourth treating respectively of toxicological and animal chemistry, which have been carefully revised. To maintain its adaptability to the wants of the Medical student, the old scale of atomic weights has been retained, but the more recent modifications of formulæ and nomenclature have been introduced, and unless that portion of the first chapter which treats of chemical reactions is carefully studied and completely mastered, these modern views, although generally accepted by all advanced chemists, will probably form a great impediment to the general utility of this excellent little book. For example, the student who has not had the advantage of attending the lectures of an advocate of the modern views, will find some little trouble in translating several parts of the following passages into his own formulæ and nomenclature:—

"Acids in which only one atom of hydrogen can be replaced by metal, are called monobasic. The principal monobasic acids with which the student will have to deal are the following:—

HCl . . Hydrochloric	$NaCl$ . . . . Chloride of sodium
$HClO_3$ Chloric	$NaClO_3$ . . Chlorate of sodium
HBr . . Hydrobromic	$NaBr$ . . . . Bromide of sodium
HI . . . Hydro-iodic	NaI . . . . . Iodide of sodium
HNO_3 Nitric	$NaNO_3$ . . Nitrate of sodium
HBO_2 Boracic	$NaBO_2$ . . . Borate of sodium
$H_4C_4O_4$ Acetic	$NaH_3C_4O_4$ Acetate of sodium

"Acids in which two atoms of hydrogen can be replaced by metal are called dibasic, the most important of which are:—

$H_2C_4O_8$ Oxalic acid	$NaHC_4O_8$ Acid oxalate of sodium
	$Na_2C_4O_8$ Neutral oxalate of sodium
$H_6C_8O_{12}$ Tartaric acid	$NaH_5C_8O_{12}$ Acid tartrate of sodium
	$NaKH_4C_8O_{12}$ Rochelle salt

"Acids in which three atoms of hydrogen may be replaced by metal are called tribasic, the most important of which are:—

H_3PO_8 Phosphoric acid	KH_2PO_8 Monopotagric phosphate
	Ha_2HPO_8 Disodic phosphate
	Ca_3PO_8 Tricalcis phosphate

H_3AsO_8 Arsenic acid	Ag_3AsO_8 Arseniate of silver
$H_8C_{12}O_{14}$ Citric acid	$Ca_3H_5C_{12}O_{14}$ Citrate of calcium." [Pp. 7—8

For the due understanding of the preceding extract, it should be mentioned that Dr. Odling starts with the following simple and now generally-accepted definition of an acid—namely, "an acid is simply an hydrogenised body which, when treated with hydrate of potash, can exchange hydrogen for potassium with simultaneous formation of water." We are far from wishing to blame Dr. Odling for the introduction of these innovations, the knowledge of which is essential to the comprehension of any of our recent chemical memoirs and treatises. We merely think he would have eased the troubles of the student if he had briefly noticed the differences between the old and new systems, instead of adopting the latter without a word of explanation. Unless the sums of the various elements are

counted up, it is hardly obvious at a glance that our old acquaintance, phosphate of soda 2 Na O, HO, PO_5 is identical with disodic phosphate Na_2 H PO_8.

Taken as a whole, Dr. Odling's work is an excellent one, its main fault being its brevity. The chapter on "Animal Chemistry" is especially to blame in this respect. For example, many of the rarer animal products, as leucine, tyrosine, &c., are not even mentioned; no reference is made to the various fallacies to which Pettenkofer's test is exposed; nor is there any information regarding the detection of colouring matters, the alkaloids (quinia, for example), in the urine.

The Half-Yearly Abstract of the Medical Sciences: being an Analytical and Critical Digest of the Principal British and Continental Medical Works Published in the Preceding Six Months. Vol. XLI. January—June, 1865. London: Churchill and Sons.

The present volume of this abstract fully maintains its character as a faithful chronicle of the progress of Medical science. It is divided, as usual, into the three departments of Medicine, Surgery, and Midwifery, and it concludes with a series of reviews and bibliographical notices of some of the more important works and Medical papers lately published. The multitude and the variety of contributions to Medical science in all parts of the world, in the present day, render the duties of compiling such a record a very onerous task, but the editors have performed it with their accustomed diligence and zeal.

The Climate of San Remo, and other Winter Stations of the Mediterranean; including Nice, Mentone, Cannes, and Hyères. By M. Prosser James, M.D., Senior Physician to the City Dispensary. Pp. 26. Churchill and Sons.

Those who are acquainted with the magnificent scenery displayed on the coast line extending along the shores of the Mediterranean, from Marseilles to Genoa, will not be surprised to learn that many of the spots in this favoured region are no less salubrious as health-resorts than charming to the eye of the traveller. The author of this brochure, while making a tour of several of the winter stations of the Mediterranean in 1862-3, was so favourably impressed with the natural advantages of San Remo, that he resided there for the whole of the subsequent winter, and he describes the climate and meteorology of that town from his daily observations. His descriptions of the other health-resorts are written with a view to discriminate the comparative value of each in the alleviation of the sufferings of the invalid.

Notes on Spa, or Observations on its Chalybeate Springs. By Thomas Cutler, M.D., Resident Physician at Spa. Seventh Edition. Brussels. 1865.

A little book which has gone through seven editions requires but little notice at our hands, but we may mention the fact that it offers a very pleasant description of the town of Spa and its neighbourhood, together with analyses of the waters, and a reference to the cases which are likely to be benefited by their use. There is also an account of the geological features of the district, and a short abstract of its botanical regions.

Sympathetic Ophthalmia; its Symptoms, Diagnosis, and Treatment: with Illustrative Cases. By George Lawson, F.R.C.S., Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields, and the Middlesex Hospital. Pp. 42. London: Hardwicke. 1865.

The substance of this pamphlet has already appeared as a paper published in the pages of a contemporary journal. The subject of which it treats is a very important one—namely, the irritation of a sound eye, by the presence of disease in the other; and the author strongly insists on the necessity of removing the diseased organ in order to preserve the integrity of that which remains. He states that, in no instance has he seen sympathetic ophthalmia *originate* in an eye after the other had been removed on account of an injury.

Herbert Fry's Shilling Guide to the London Charities, for 1865-6: *Showing in Alphabetical Order the Name, Date of Foundation, Address, Objects, and Annual Incomes, Number of People Benefited by, Mode of Application to, and Chief Offices of Every Charity in London.* The third Annual Edition. London: Hardwicke. 1865.

This excellent compilation is exceedingly cheap, and must prove very valuable to many of the suffering classes of the population, including not only the very poor, but many of the middling ranks, to whom the gratuitous education for youth offered by some of our wealthy companies is extremely acceptable.

The following defence of Dr. Paterson is better than any that Dr. Paterson ever wrote for himself:—

A VINDICATION OF DR. PATERSON IN THE PRITCHARD CASE.

LETTER FROM H. CANDLISH, M.D.

SIR,—When Dr. Paterson's services were first solicited, it was to visit Mrs. Taylor, whom he thought moribund from what he considered narcotic poisoning, and whose death he could not avert. She was dying—of that he had not the slightest doubt; and the symptoms were like those which would result from narcotic poison. He could, and did, suspect this to be the case; and he did not hush his impression. He refused to certify as to the cause of death (although written to by the Registrar); consulted and took the advice of his professional friends, as to the best and most decided course to adopt; and with characteristic boldness, and with promptitude most praiseworthy, not only refused the certificate, but accompanied that refusal with a letter full of candour and significance, stating that the death of Mrs. Taylor was sudden, unexpected, and mysterious, and underlined these words to give them additional effect and importance. He also distinctly mentioned in that note "that she seemed to be under some narcotic." More than this he was not entitled, nor could be expected, to do. All that he could affirm was, that the old lady appeared to be suffering from the effects of narcotic poison, and that there was room for the suspicion of foul play. This he did with the view of saving Mrs. Pritchard's life, from whose appearance his professional glance gleaned signs of antimonial poisoning; to protect his professional reputation; and, if possible to detect the poisoner. That these grand results did not follow, is to be attributed to the fact, that the Registrar did not submit the Doctor's communication to the notice of the authorities. Dr. Paterson was called upon to visit Mrs. Pritchard after her mother's death, and his first suspicions were strengthened, if not confirmed. He prescribed for her the appropriate treatment to be adopted; and was waited upon by Dr Pritchard, who informed him that, under his plan of treatment, she was progressing favourably, and was much relieved by it. Dr. Paterson advised the continuance of the course of medicine he had proposed; was gratified with the intelligence and naturally concluded that, if Mrs. Taylor was really poisoned by narcotics, and the death of her daughter had been attempted by the administration of antimony, the fact of his refusal of the Medical certificate of the cause of death in the case of the former, had aroused fear in the mind of the poisoner, and had driven him from his fell designs upon the life of the latter. This being the case, no doubt, perseverance with the remedies and general plan proposed by Dr. Paterson would lead certainly, if not soon, to a favourable issue. But such was not to be the case; as, not long after this, he was called upon by Dr. Pritchard to accompany him to see his wife. He did so, and found her terribly worse. He prescribed for her and left, and was summoned the following morning to hurry immediately to see her; but, before he was dressed, another messenger called to say, that he need not go as Mrs. Pritchard was dead. After this, in consequence of an anonymous letter sent to the authorities—no doubt, by one conversant with the facts of the case—Dr. Pritchard was apprehended.

Such is a brief statement of Dr. Paterson's connexion

with the awful case; and where, I would ask, is there the slightest foundation for the accusations against him?

What Medical man, in a case beset with difficulties so subtle and many, and pregnant with the most momentous results, would have acted so wisely and so well as Dr. Paterson? Had it not been for the able and bold manner in which he acted in interpreting and expressing the symptoms, although other Medical men of eminence were called in, in all human probability the criminal would have escaped, and the ends of justice would not have been vindicated. It is easy now, since fancy has ripened into fact and suspicion into stern reality, to whine and complain that a plan was not adopted to bring righteous law and justice to bear upon the guilty, and save an unsuspecting victim from the treacherous arts of the destroyer. But I contend that, without the gift of omniscience, supernatural revelation, or inconceivable rashness and temerity, no man could have said that the symptoms were the infallible result of poison; and I am convince that, if any honourable member of our Profession had known to a certainty that they were such, and only such, he would as certainly have spoken out without either doubt or fear. Fault has been found with Dr. Paterson by the prisoner's counsel, the Lord Justice Clerk, by the press, by some in the Profession, and by many of the people, that Dr. Paterson did not take steps to thwart Pritchard's murderous attempts. This assumes that Dr. Paterson *knew* and was fully convinced that Mrs. Taylor had been, and Mrs. Pritchard was being, poisoned. Dr. Paterson did not know all this, but simply suspected it. He knew his Profession, however, too well not to know that vegetable poisons would probably escape detection, even with the help of a carefully conducted post-mortem and chemical analysis. The disastrous consequences in this event were sufficient to deter any prudent man from incurring a risk so tremendous. Dr. Pritchard would have meanwhile stopped poisoning his wife; ministered to her convalescence; ignored Dr. Paterson's knowledge; attributed to him the vilest motives; and raised an action against him for ruinous damages. He could also have counted upon the support of his friends; and the evidence of the other Medical men would possibly have also contributed in his favour.

Now, it may be said that the mere examination of Mrs. Taylor's body was sufficient to confirm Dr. Paterson's opinion, and justify him in exposing this melancholy tragedy. So it may. But who could have foretold such a result? The tongue of malignant scandal did its best to injure and prejudice Dr. Paterson for speaking out so freely as he did; and he was charged with the worst of motives, and the lowest of epithets were launched upon him. He was threatened with punishment, with banishment, and with ridicule; and even those who were more moderate found fault with him for being too out-spoken.

But there is more to be said. The authorities themselves were for a time afraid that the evidence available would prove insufficient to bring home guilt to the prisoner. Had Dr. Paterson either told the authorities or Dr. or Mrs. Pritchard his suspicions, instead of subserving the interests of justice, the very opposite might have resulted. If a trial had been instituted, Mrs. Pritchard would have been allowed to get better for a time. She, her family, her friends, her husband, the other Medical men, would have all combated and silenced Dr. Paterson's opinion; and by and by, in another and safer, and more scientific way, Dr. Pritchard would have polished off his victim by exhibiting poison more subtle, and much more difficult to discover. Indicating his suspicions more than he did to the authorities, or to any other, would not, in my opinion, have given proof of so much judgment, moderation, and discretion. That the other Medical men, who had at least equal opportunity for forming and expressing their opinion upon the case, were able and gifted, and yet were perplexed and baffled by the symptoms; that they did not even construe the appearances as due to poison,—shows how much difficulty Dr. Paterson had to contend against, and reflects immense credit upon him as a close observer and a skilful and versed symptomatologist. That he did not go unasked and press his services into the case need not for a moment be wondered at; for, had he even gone, unless he had positively never ceased to nurse the patient, what good would have been effected by his going? But he had no right to go; it was no business of his, so long as the patient and her Medical attendant did not wish his services. And, if he had done so, he would have surely weakened the evidence against Pritchard, and identified himself too closely with the case for his own comfort.

This note of praise is merely one sound in a chorus lifted up by many in approval of Dr. Paterson; and it would be well for our Profession if it embraced within its pale many like him, so fit to be its ornaments.

I am, &c., H. Candlish.

THE EXECUTION OF DR. PRITCHARD.

Calmly, amid a silence that could be felt, the persons within the Court-house sat awaiting the hour that was to usher the prisoner up from the condemned cell. The solemnity of the occasion was plainly depicted in the countenance of each, and when anyone spoke it was in a subdued tone. Occasionally an echo was heard as of many voices murmuring without. The clergymen and prison officials came up the steps from the cell about half-past seven, and proceeded to the magistrate's room, where they remained in consultation for some minutes. They then returned to the cell to minister to the unfortunate man during the few remaining moments that were allotted him. When the city clocks struck eight the magistrates entered the Court-house and took their seats on the bench. Bailie Brown presided, and was supported by Bailies Gilkison, Raeburn, Wilson, Merrilees, Salmon, and William Taylor; Mr. Turner, town-clerk, and Mr. Watson, city chamberlain. As the magistrates took their seats—a circumstance betokening that the hour so painfully looked forward to had at last arrived—the excitement of those within, hitherto suppressed, became painfully apparent, and all eyes were directed to the dock through which the unhappy culprit was to pass to his fate. At a few minutes past eight the solemn voice of the officiating clergyman was heard from the cell below reading a portion of the 90th Psalm. In a few minutes the small party ascended the steps from the condemned cell, and, as if by a common impulse, every one in the Court-room rose to his feet and stretched eagerly forward to catch a glimpse of the prisoner. The governor of the prison led the way, followed by the Rev. Mr. Oldham, wearing the robes of his sacred office, and holding in his hand the prayer-book from which he had read the last words of hope and consolation to the unhappy man. Following Mr. Oldham came the Rev. Mr. Doran, and immediately behind him the prisoner, the rear being brought up by the executioner, Dr. Norman Macleod, and the prison officials. The gaze of all in the room was immediately turned upon the culprit with eager inquisitive steadfastness, as he stepped firmly through the dock and advanced to the front of the table, above which sat the magistrates on the bench. The wretched man had his arms firmly pinioned, this painful part of the ceremony having been performed in the cell. A single glance at him, as he bowed his head slightly, in acknowledgement of the presence of the magistrates, told that although the bitterness of death was not past, but too surely present, he had yet completely resigned himself to his terrible doom, and was prepared to meet it with fortitude. He was clad in deep mourning; on the left hand he wore a black kid glove, and his hands were clasped firmly together in the attitude of prayer. In personal appearance he was much the same as he had been at the trial, but in his face their shown a calm, sad, indiscribable expression, as of one who had passed through agonies, and had subdued every feeling but that which was to support him in his dread ordeal. He seemed to have bestowed some care upon his toilette; his clothes were neatly arranged, and his thin flowing hair and long beard were carefully trimmed. His face was deadly pale, and his hands seemed to twitch mechanically as he clasped them in

prayer, but his manner was singularly free from nervousness.

When the prisoner took his stand before the table there was for the moment a solemn and awful pause, during which the only perfectly calm person in the court seemed to be the doomed man himself. The certificate for the custody of the prisoner having been handed over according to the prescribed form, the governor of the prison advanced to the side of the culprit and asked him if he had anything to say before his removal. In reply to this the prisoner raised his head, looked quietly but firmly at the presiding magistrate, and said, in an almost inaudible voice, "I acknowledge the justice of my sentence." Saying this, he bowed his head once more and resumed his prayer. Another pause of a few minutes succeeded, and, the signal having been given, the grim procession was formed and commenced to move off through the passages in the direction of the scaffold. The town officers, dressed in their scarlet livery, headed the procession and were followed by the prisoner and his spiritual attendants, after whom came the magistrates and the other authorities. As the prisoner turned to leave the court he raised his head erect, cast a keen, searching glance upward, as if taking a farewell glance of the gray light that streamed through the windows in the roof, and followed those that were to herald him to his doom with an air of submission to the inevitable. During his short transit through the passages to the open air, he held his head thrown backwards, and kept his gaze fixedly upwards. His lips moved frequently in prayer, and his hands were clasped firmly, betraying the intensity of his devotions. He bore up with wonderful composure, and the only sign of fear which he betrayed was a slight trembling in the limbs. He seemed, however, to have determined to pass to his fate resolutely, for he walked pretty firmly, and ascended the steps of the scaffold with decision. In ascending he stumbled slightly at the topmost step, but on reaching the drop he stood firm and erect. His appearance on the elevated platform was the signal for a deep howl of execration, which passed along the immense crowd that stretched far up the Green, and covered every available inch of standing room whence a sight of the place of execution could be got. The Revs. Mr. Oldham and Mr. Doran accompanied the culprit to the steps of the scaffold, where Mr. Oldham read aloud a prayer for the dying. Calcraft stepped on to the scaffold along with the doomed man, and was received with a few hisses and groans from the huge multitude that tossed wildly below the gloomy erection. Quietly, and with an expertness that showed him to be well accustomed to his awful work, the executioner stationed his victim above the drop, and busied himself in the grim work of his office. The white cap was expeditiously drawn over the head of the culprit, and the fatal noose adjusted round his neck. The prominent figure of the executioner, his head covered with a black skull cap and his long white beard lending to his aspect a sort of venerable air, strongly attracted the attention of the crowd, and drew forth repeated sounds of recognition. Mingled groans of pity and commiseration were heard in a dull, confused sound from the multitude,—a sound that had something in it awful to human ears, and which is only heard from great masses of people when some terrible drama is to be enacted in their presence.

The dread preparations completed, Calcraft stepped a pace or two backwards on the scaffold, and anxiously surveyed the rope that was to suspend his victim. He seemed satisfied with the result of his scrutiny, for he again immediately advanced, examined the rope about the prisoner's neck, taking particular care to see that his beard was clear from its influence, and then grasped the unhappy man by his ungloved hand, and shook it kindly, and almost affectionately, in token of farewell. This token of feeling on the part of the aged executioner seemed to meet with the approval of the crowd, and once more the hoarse murmur spread throughout all their ranks, and the great sea of faces spreading far and wide below the scaffold was agitated in many directions, and tossed hither and thither under the controlling power of excitement.

Firmly the prisoner stood above the drop, showing little if any trace of agitation, except an occasional quiver of the legs, and several times Calcraft, as if morbidly anxious that no mistake should occur, examined the rope and the drop to see that all was clear.

After finally completing his scrutiny, he pulled the bolt, and the body of the prisoner swung with a sudden jerk into the air. There was no screen around the scaffold, as has been customary at late executions, and the great multitude had a full view of the body as it swung from side to side under the influence of the jerk it had received. As soon as the bolt was drawn a loud cry arose, and was caught up and echoed to the far-off confines of the crowd.

The unhappy man did not die without a struggle. For an instant after the drawing of the bolt no motion was perceptible in the body, but it soon swung quickly round, the whole frame quivering, and the hands working with a muscular action. For some minutes after the fall of the prisoner, quick nervous convulsions passed through his frame; but these soon ceased, and ere ten minutes had elapsed his body hung perfectly motionless upon the rope, a grisly and awe-inspiring spectacle in the dull air of the morning.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 27.

Dr. ALDERSON, F.R.S., President,

Dr. C. R. DRYSDALE read a paper entitled

REMARKS ON SOME RECENT EVIDENCE AGAINST THE INTERNAL ADMINISTRATION OF MERCURY IN SYPHILIS, WITH CASES TREATED BY THE AUTHOR.

The author observed that as a Commision was endeavouring to arrive at some conclusion on this vexed question, he thought the present a fit time to invite discussion on the subject. He believed, in common with Mr. Syme and M. Ricord, that this disease had always existed; and that before the time of Paracelsus it was mild, probably on account of the abscence of mercury from the materia medica of the ancients. Dr. Ferguson, in his letter from Evora in 1812, had shown what terrible mutilations were caused by mercury amongst the British; whilst the Portuguese, treated without it, had no phagedæna. M. Ricord had for some twenty years been chief of an eclectic school, which, discarding the drug in soft sores, advised "six months treatment with a daily dose of mercury (which influences the accidents we have to combat), followed by three months of iodide of potassium." Of this treatment Mr. Syme had written that it "injures the health not less effectually than the processs of poisoning it professes to have so advantageously replaced." Dr. Hughes Bennett said, "The idea that mercury is a specific for syphilis, and the incalculable mischief it has occasioned, will constitute a curious episode in the history of Medicine at some future period," Mr. Weeden Cooke and Mr. Wells said that syphilitic bone-disease did not occur without the use of mercury. The author had recently received from Dr. Boeck, of Christiania, two works, the one entitled 'Recherches sur la Syphilis,' by Dr. Boeck; the other 'Aperuç des differentes Méthodes de Traitment employées contra la Syphilis Constitutionelle a l'Hôpital de l'Université de Christiania,' by Dr. Bidenkap. Dr. Boeck, in his 'Recherches,' had shown that primary sores took, on an average, far longer to heal under mercury than without it (sixty-two to thirty-eight days); and also that the number of secondary appearances was far greater when it was used (twenty-four to fourteen). Dr. Bidenkap mentioned that for the last ten years there had been experiments in Christiania as to the treatment of constitutional syphilis, resulting in entirely expelling the drug. Besides syphilisation—employed by Dr. Boeck, and which, Dr Drysdale observed, had in his opinion, for sole merit its freedom from the use of mercury,—Dr. Bidenkap gave a detailed account of 192 cases treated by means of two expectant methods: (1) sweating: (2) derivation—*i. e.*, the raising of pustules by tartar-emetic ointment over the body.

In these 192 cases thus expectantly treated, no worse symptoms were observed than eruptions, alopecia, sore-throats; with only five cases of iritis, which got well without mercury, and two cases of periostitis, and no bone disease. Dr. Bidenkap wrote, "The very rare cases of tertiary syphilis are met with among patients who have undergone a mercurial course elsewhere, especially abroad. Formerly, on the contrary, obstinate tertiary cases formed the majority of those treated at the Hospital. It appears, then, that the exclusion of mercury from therapeutics has been the cause of it." Prof. Bärensprung, of Berlin, in his work on 'Hereditary Syphilis' (Berlin, 1864), after enumerating mucous tubercles, sore-throat, and exanthem-like eruptions, had written:—"The above rapidly described alterations are those of which, in the majority of cases, the picture of syphilis is entirely composed. These may remain for weeks or months, or vanish for a shorter or longer period, or finally disappear for life. At least, I can certify that in the now countless cases where I have treated syphilis without mercury, and which I have seen completely recover, there have never appeared any other forms than those papular and exanthematous ones, with, in a few cases, iritis, periostitis, and orchitis; but in no single instance has destructive perforation or necrosis appeared, provided that no extraordinary circumstances prevailed which have the property, like mercury, of altering the character of syphilis. . . . A rapid and well-marked mercurial cachexia is not the sole, but the most frequent, cause of phagedæna. . . . Tertiary syphilis is not mercurial cachexia: it is syphilis in a constitution modified by mercury." Dr. Drysdale observed that his own experience completely corroborated the remarks of Bidenkap and Bärensprung. He gave the details of several cases recently treated by him without mercury, with immunity from any but trifling lesions. In conclusion, Dr. Drysdale said he believed that syphilis in adults was not always, but almost always, a very mild disease, when treated without mercury; that rupia was extremely rare when no mercury was used; that bone-disease did not occur, unless in mercurially treated cases; and that, in short, the internal administration of mercury in syphilis, or in inflammatory diseases, has neither any rational theory to appeal to, nor was it supported by the experience invoked in its defence. He trusted that the verdict of the Profession would soon be against the internal use of mercury in syphilis.

Mr. Durham said the time was too short to permit a full discussion on the subject, but he could not allow it to drop without entering a protest against the doctrines of the author, and expressing his opinion that the judicious use of mercury by inunction or by bath affords the safest, speediest, and most successful mode of treating syphilis yet known. He would remind the Society of Dr. Boeck's patient, who presented himself for examination by the Fellows at the last meeting. This patient was stated to have suffered most severely for several years from syphilitic disease. He never took mercury in any form, although constantly under treatment of one kind or other. He finally felt constrained to take a voyage to Norway and submit to the very tedious and disagreeable treatment of syphilisation. Not very encouraging this for the non-mercurialists! In hospital practice, cases of pure syphilis are rarely met with. The symptoms are unusually obscured and complicated by the effects of dirt, drunkenness, and debauchery, and the history is unreliable. In private practice it is very different. But whether in hospital or private practice, he (Mr. Durham) had almost invariably met with the best possible results from the judicious administration of mercury. He had never seen any mischief ensue, nor could he believe that such need ever be the case if the patient be watched with sufficient care. The author's reference to the ravages of venereal disease in the olden times, and the wholesale administration of mercury then the fashion, seemed to him altogether beside the question. His (Mr. Durham's) experience showed that very quickly, under the mercurial treatment, chancres healed and secondary symptoms disappeared, which under other treatment had remained long stationary. Lastly, it was worthy of note that many of the boasted cases of the non-mercurialists were really treated by mercury after all, as witness several cases recently published in the 'British Medical Journal,' in which the ointment of the nitric oxide of mercury is stated to have been applied to portions of the surface of the body.

The President said the Portuguese soldiers lived chiefly on vegetables and fish.

Mr. Thomas Smith had read all the Author's papers on infantile syphilis, and was surprised at the results of his experience. His own experience was very different. Seeing many cases of infantile syphilis, he felt it to be his duty to say that the mercurial treatment was most successful. In reference to the question whether bone was ever diseased where no mercury had been given, he instanced a case of necrosis of the nasal bone, in a syphilitic infant who had never had any mercury.

Dr. C. Drysdale, in thanking the several speakers who had criticised his short abstract, observed that in the original paper he had quoted Mr. Well's own words—viz., that he had never seen a case of syphilitic bone disease where mercury had been omitted from the treatment. This statement had also been made by Mr. Weeden Cooke and others. Consequently he (Dr. Drysdale) supposed it could but rarely have been seen by other surgeons. He had never seen such a case, although he had seen nodes, iritis, and periostitis. With regard to what had been said by Mr. Durham, he would say (1) that he believed, as far as he had examined the question, that syphilisation, as practised by Professor Boeck, &c., had but one merit—viz., that of dispensing with mercury. The true doctrines of treatment of this disease, he believed, were, that it should be dealt with, like other surgical complaints, by external applications, caustics, if necessary in phagedæna, and ordinary sound remedial measures; and he would observe further that he was persuaded that Mr. Durham, in common with the majority of the Profession, was not in a position to judge of the course of this disease without mercury, when it was, and had been, up to this date, almost invariably treated by this powerful remedy. His (the Author's) own paper gave numbers of cases recently treated without mercury, all of them very mild affairs. With regard to the argument used by Dr. Webster, he would express his humble conviction that variety of race and climate would not account for the difference of the gravity of the disease, as that gentleman and others seemed to think, since in one of the warmest and in one of the coldest climates in Europe—Spain and Norway—the disease, when treated rationally, was a mild affair, and when treated by courses of mercury was one of the greatest afflictions that could attack a member of the human family. The statement of Mr. Smith with regard to the successful nature of the treatment of the disease called infantile syphilis by means of mercury was opposed to the conclusions come to by himself (the Author), and to those corroborative by Mr. R. Dunn and Mr. Allingham. As far as he was aware, he had himself been one of the first, if not the first, to publish cases of infantile syphilis which had recovered without any employment of mercury, internally or externally; and since that time Mr. Dunn had treated about fifty cases, with only two or three deaths, without mercury. He submitted that any evidence adduced by speakers this evening would be quite insufficient to convince a jury of scientific men, who came to the subject without prejudice, that mercury did much good in this disease. Finally, he had to remark that the illustrious Professor of Surgery of the Royal College of Surgeons of England had recently made use of the following language, as reported in the 'Lancet' of June 10, 1865:—Occasionally some, under the impression that nothing is being done, will cling to the mysterious-looking black or yellow lotion—to the so-called specific alterative; even a month of slow poisoning with mercury may be preferred to the *laissez faire* system." Such were the words of the renowned Professor Fergusson; and he hoped they would make other able men in high places pause and think. It was but a few years back that an aspirant would have been rejected for a degree at the College of Surgeons if he had said that indurated chancres did not require a course of mercury. These days, he hoped, were gone by for ever.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 2, 1865.

THE THREATENED EPIDEMICS.

For several months past, some of the most important outports and other cities and towns of Europe, Asia, and Africa have been the seats of epidemic visitations of disease, which, like the clouds of a coming storm, are well calculated to excite our alarm and to justify precaution. The threatened tempest, it is true, may direct its course elsewhere instead of to our own shores, or the lowering clouds may be dispersed, but, nevertheless, it becomes our duty to keep ourselves on the watch, and to prevent, as much as lies in our power, the invasion of an enemy far more subtle but infinitely more destructive than the troops of a hostile army landing upon our soil. Russia, according to the imperfect accounts which have hitherto reached us, is, or has been, suffering in the heart of its capital from the wide-spread ravages of a disease which is considered to be identical with a relapsing form of typhus; the north of Germany has been visited with an epidemic, which, if not new, has been heretofore of rather rare occurrence—namely, cerebro-spinal meningitis; and our old and now too familiar enemy, the cholera, has not only been striking down its victims in the burning plains of India, but has prevailed in an epidemic form in the sea-port of Alexandria, in the inland city of Cairo, among the crowds of Mahometan worshippers in Mecca and Medina, in the crowded city of Constantinople, and even in some of the towns of Italy. Up to the present time, so far as we know, the cholera has not yet re-visited the British Isles in an epidemic form, and even the ordinary attacks of British cholera and diarrhœa have not been unusually prevalent, considering the time of the year and the exceptional heat of the weather.

It is quite true, that for the existence of several of the foreign epidemic visitations just alluded to satisfactory reasons may be assigned. Scanty or unwholesome food, the overcrowding of the population, the deficiency of water-supply, the impurity of the streams, individual habits of negligence or filth, and a variety of other causes, may explain the propagation of many epidemic maladies, even if they do not absolutely originate them. For our own part, we do not altogether believe in that materialistic theory of epidemic disease which would account for its existence by the presence of effluvia appreciable to the test-tube of the chemist or the lens of the microscopist, nor do we assert that under the most perfect hygienic system invented by human ingenuity epidemic maladies would cease to exist; but we may fairly conclude, from all past experience, that by the exercise of judicious sanitary precautions epidemics are robbed of half their terrors, the poisons on which they depend are diluted and thus become innocuous, or the human constitution is so fortified as to resist the introduction of the malarious taint into the system.

In many cities of the East, as in Alexandria, Cairo, and Constantinople, where the most recent outbreaks of cholera have occurred, the condition of the population, the construction of the cities, and the nature of the climate, are all of a nature to favour the spread of epidemic maladies, and, like a spark falling upon a barrel of gunpowder, a disease which might have been only sporadic may sweep off thousands of the inhabitants, and generate from its own emanations an ever-widening circle of pestilential influence. Nor is the visitation confined to the district where it originated; for, independently of the atmospheric wave, which sometimes without appreciable means of human communication, spreads over continents and even seas, there can be no doubt that infected persons may carry with them the seeds of the morbid principle from land to land, and across seas, rivers, and mountains, and that, when meeting with suitable conditions, those seeds may develope into new centres of disease.

Experience, too, has abundantly taught us that our own islands are by no means exempt from the periodical ravages of those epidemic maladies which devastate the plains and the cities of the East; and the fearful outbreaks of cholera in Great Britain, and the intractability of that disease, have almost realised in our capital cities the horrors of the plague in Oriental lands: while in the existence of typhus fever we possess a perennial source of death, not inferior in malignity to any other communicable animal poison.

It is, therefore, not without good reason that the Privy Council have taken the present opportunity of addressing a circular letter to the local authorities of the outports and some other places in the United Kingdom, suggesting the adoption of precautionary measures against the invasion of cholera or other epidemic diseases. The Privy Council at the same time transmit copies of a letter which was sent in 1859 to the various out-ports of the Kingdom, together with a sanitary memorandum for the guidance of the local authorities in the preservation of the health of the inhabitants of their respective districts.

The memorandum in question is very ably drawn up and enforces all those general principles of hygiene, which, although well known to the Medical Profession, are but little understood and acted upon by the community or by those who guide public affairs. The necessity of cleanliness, the avoidance of over-crowding, the efficacy of prompt Medical assistance, the separation of the sick from the healthy, the removal of animal and vegetable refuse, the washing and lime-whiting of uncleanly premises, the thorough ventilation of buildings, the reception of the sick into local infirmaries or hospitals, all these and many other similar topics are urgently pressed upon the attention of the authorities, who, it is to be hoped, will readily adopt the suggestions of the Government. A special appendix on processes of disinfection, drawn up by Professor Miller, closes the document; and that chemist, while declaring that artificial disinfectants cannot supply the place of

cleanliness, ventilation, and drainage, points out the chemical agents to be employed under exceptional circumstances in order to neutralize the poisonous exhalations which are the concomitants if not the actual causes of disease. The principal disinfectants are chlorine and Condy's disinfecting fluid (the permanganate of potash); and sulphurous acid, made by burning brimstone, may be used for the same purpose. The theory of disinfection, however, is not yet very clearly made out, and while we advocate the employment of the agents alluded to, we agree with Professor Miller that they cannot supersede the adoption of ordinary hygienic measures, which require very little knowledge of chemistry in their application, but are founded upon experience and common sense.

SUMMARY OF THE WEEK.

THE RETIREMENT OF MR. LAWRENCE FROM ST. BARTHOLOMEW'S.

The retirement of Mr. Lawrence, at a very ripe old age, from the surgeoncy of St. Barthomew's Hospital, will, perhaps, take many of the Profession by surprise, as it was generally supposed that he would never retire at all. He seemed, indeed as much a fixture as the walls of the venerable building itself, and as long as they lasted it was thought that he would last too. All his original colleagues on the staff are dead, many of his own pupils have retired, or have been superannuated, but he flourished still, like "the last rose of summer all blooming alone, his lovely companions all faded and gone." Although Mr. Lawrence's retirement cannot be said to have occurred a day too early, it will not be without a pang of regret that the existing generation will see this last link broken which connected the present history of St. Bartholomew's with the traditions of the past. Of the pupils of Abernethy, many are gradually dropping out of the ranks; Henry Earle, Vincent, Lloyd, Stanley, have all gone to their long rest, and now Lawrence, the most distinguished of the staff, yields to the pressure of years, and seeks a partial repose from his labours. Although he has not altogether won such golden opinions in a social point of view, as he has gained by his brilliant talents, we wish him renewed health in the retirement to which he has long been entitled. Tom Wormald, as he is familiarly called, now reigns as the chief of the staff, and has certainly waited long enough before attaining the honour. As we once heard the late Samuel Cooper (who was once an unsuccessful candidate for a surgeoncy at St. Bartholomew's) facetiously remark, the former staff of that hospital were quite as much distinguished for their longevity as for their brilliant talents.

Case of Constance Kent.—Her Majesty, acting upon advice submitted by the Secretary of State for the Home Department, has been pleased to commute the sentence of death passed at Salisbury Assizes upon Constance Emilie Kent to one of penal servitude for life.

MEDICAL GOSSIP. By VIGILANS.

No. XXXI.

THE 'TIMES'' ESTIMATE OF THE STATUS OF THE MEDICAL PROFESSION—"CYCLOPS'" TWELFTH LETTER ON PHYSIOLOGY.

It is rather humiliating to read the 'Times,' when it is called upon to speak of the sayings and doings of members of our Profession. It is painfully evident that individually or collectively we do not stand high in the estimation of the writers in that universal journal. We have not won our spurs, and it would seem that fifty years must pass before we can be admitted to take rank with the other learned professions. The 'Times' does not even call us gentlemen. I was particularly struck with the distinction drawn between members of the Profession and gentlemen in an article in Friday's 'Times' on the inquest at St. John's Wood. Dr. Meredyth, possessed of the highly-prized diploma of Paris, is spoken of as "a person;" Mr. Mowatt is spoken of as "a gentleman." Here are extracts:—

"On Friday, the 23rd of June, a *gentleman* brings a young French woman to an obscure house in St. John's Wood, where he had previously engaged apartments for her. He comes to see her every day, and generally takes her out for a walk. On the Wednesday she becomes very unwell and sends for a French doctor. This *person* (Dr. Meredyth) attends her every day for the short remainder of her life, and the unknown *gentleman* continues to visit her and provide her with all she requires.

"Here was a young girl brought to a premature death by abortion, while she was under the protection of a *gentleman*, who to all appearance had absconded. She had, indeed, before her death referred her miscarriage to a fall on the deck of the vessel in which she crossed the Channel; but this was the only approach to an explanation of the case which the evidence presented, and the jury could not do otherwise than adjourn from day to day until some information could be obtained respecting the gentleman who was so mysteriously concerned in the case. This *person* without, as is seems, having been actually summoned, presented himself before the Coroner on Wednesday, and he proved to be a *gentleman* of very good position in society."

It will be observed that whilst in the course of the argument, Mr. Mowatt's possible criminality is questioned, he is denominated "a person;" but when such an idea is dismissed, he becomes again "a gentleman," whilst Dr. Meredyth remains, though honourably officiating and acquitting himself in the most noble of professions, "a person," and when coupled with another—"Medical men" is the phraseology adopted.

"On her return from France she had suffered exceedingly from sea-sickness, and had a fall on deck, and she had since been unwell. Upon this he told her she ought to consult a doctor, and went for her to a French chemist in the Haymarket, from whom he obtained the names of two French *medical men*, one of whom was *the* Dr. Meredyth we have referred to. He continued to visit her every day, supplying her with every necessary, and performing some services, with respect to the taking her bed furniture to the wash, which was singularly unusual for a *gentleman*."

The writers of leading articles in the 'Times' are University men, and it is there they learn to despise and ignore all professions but the senate, the army, the bar, and the church—the Medical Profession has no standing whatever at Oxford or Cambridge. I have a near connexion in the Profession who counts his income by thousands. He has sons at the University who might follow him successfully and for a certainty—but the associations they have formed—the ideas they have imbibed on the subject of social rank lead them to prefer the poverty of the bar and the church, which must attend them for years, to the immediate success which would accrue in following the profession of the father. I have observed that the editors of the Medical Journals, of the 'Medical Times' and of the 'British Spurious' especially, have counselled fathers

to send their sons to compete for the prizes at the Universities. Well and good, if they intend them for other professions, but if it be desired to train a boy for medicine, eschew Oxford and Cambridge, lest he should change his mind when he gets there, which, if he has any pride in him, he is almost sure to do. Epsom is the place for Medical sprouts—there they will get the best of education, unalloyed with the ambitious yearnings which are among the surroundings of high-class schools, and which, when once imbibed, make boys dissatisfied with their condition hereafter. The editor of the 'Medical Times' has wonderful aspirations in favour of our Profession—he is always in the clouds when speaking of it, whether it be when urging on our connexion with the Universities or with Parliament or of individuals. The late Dr. Fergusson had a little cottage near Windsor to which he often resorted for a little relaxation—viewed from aloft by our worthy editor the little cottage becomes the "country seat" of the great London physician. Then, as to the occupant of the one seat we have gained in the new Parliament, he says:—

"Medicine has gained one seat in the new House of Commons. Besides Dr. Brady, who is again returned for Leitrim County, we have the pleasure of recording that the choice of the electors at Shrewsbury has fallen upon Mr. William James Clement, a Fellow of the Royal College of Surgeons and a Fothergillian Medallist. This gentleman has a great career open to him, and he has our best wishes for its successful prosecution. We trust that the fitful breezes of party politics will not make him swerve from the line which we believe he has marked out for himself. To be the watchful guardian of the hygienic interests of the people of England, and a representative of the thoughts and wishes of the Medical Profession in Parliament, is to hold a position which ought to stimulate a man's best efforts"

With the learned editor I rejoice in the success of Mr. Clement, who, doubtless, if he have the opportunity, will do his best to serve the Profession, as Dr. Brady has done before him. But it would puzzle the best of us to say what good our last-named and well-tried friend, with the very best intentions, has been able to effect. VIGILANS.

No. 12.

To VIGILANS.

SIR,—If we look around for vital agents, and see how life is manifested, we can evidently trace one distinct action in connexion with the blood, and a chemico-vital agency always in the nerves. The one is that power which the blood has to eliminate its gases along with other elements, of a fluid character, through the coats of their containing vessels, and the power these vessels have on the other hand of imbibing those of an opposite character; for what are yielded on the one hand are far different to what are received on the other. These are so manifestly characteristic of life in the blood itself, both in what it imparts and what it receives, that we cannot conceive vitality without it, and cannot view it except as both a cause as well as an effect of a vital principle. On the other hand, the chemico-vital powers differ from these because they are more electric. Asking ourselves the question, what forms these electric actions? the answer is, the presence of two opposite elements always acting in antagonism to each other in the presence of moisture and light. Now, there are always opposite elements meeting together in the body, whether they be fluids or solids, fluids and gases, or solids and gases, moisture being always more or less present, and light striking everywhere. It would be unreasonable to suppose that anything else but electricity could be the result, and, as I have stated in former letters, not a square eighth of an inch of the body exists without these powers being constantly in action, so that we distinctly see causes which ancient physiologists ill explained. They gave to the living structure, in order to explain its movements, a vital aura independently of all matter, and which, they said, set all the machinery in motion. As no engineer of the present day gives any occult power to any machinery he constructs, neither can I admit a vital principle in the body independent of its material substances, parts, or essences, whatever they may be. We see how the body is sustained by the blood and how that fluid is used, how it is collected again, and where it goes to, and in its progress seeks new aliment. But, with all this, the body itself is self-supporting from the fact of its collecting its own waste and loose material from every part by the aid of special vessels—viz., absorbents which are characterised by the name of lacteals and lymphatics. Now, the amount of floating animal matter the lymphatics continually collect and convey, in the form of fluid elements, into the blood again independently of that from any fresh ingesta, taken up by the lacteals, is something enormous. Being everywhere present, they allow nothing to escape them, and whatever lies about, having no apparent object, is taken away by one or other of them, and carried into the nearest veins or go to the very outfalls of them. Even the veins themselves do some duty of this kind. The laws of capillary attraction and those other laws of fluids themselves, that of drawing particles to given parts whose very actions form a vacuum, or several vacuums are, by these means, hastened, so that they act by an absorbing power aided by natural propulsion and attraction. Independently of this they also possess the same porosity as all other vessels and substances, and their own endosmotic and exosmotic laws; so that these, as well as the larger currents of circulation, assist and carry on, on their parts, that material law of life which is inherent within them and forms part of the principle of the great vital phenomena we see.

If we were to compare the amount of decaying structure in the living body constantly converted into fresh elements for its substance, and seeing provisions of this magnitude made on purpose to take them up to regenerate and support the whole fabric, we necessarily ask: What proportion of fresh ingesta do we require every twenty-four hours to help it? It is impossible the body can go on without fresh matter, and it is impossible to believe that the fresh matter can alone keep up the whole structure. We see, at least, four-fifths of the blood of the body already present in it in the shape of venous blood, lacteal and lymphatic elements assisting it. While even these elements found straying all over the body and running a risk of being lost to it, if it were not for these classes of vessels picking them up, are all charged with some vital power. Yet here we have another question to ask: Were they once blood elements themselves? I say, certainly not. though they will soon be converted into them. How many pints, then, of these fluids can it be considered that the lymphatics take up in every twenty-four hours, considering they never came out of the blood, and how many pints are wasted in the wear and tear of fascial lubrication, or absorbed by the fat for other wise and useful purposes, or exuded from the surface in gaseous or incipient radiation, or removed by violent perspirations? If I am wrong, then, in saying, as I have in a former letter, that many pints of fluids are made in the body, used in the body, and go out of it, that never came out of, and are never likely to go into the blood, let me be corrected; for, when we trace consecutively all the blood-vessels in the body, the arteries, veins, and capillaries, and what wonderful duties they perform; whilst, on the other hand, what the absorbents, such as the lymphatics, which act as reservoirs as well as collectors of what would be otherwise wasted and lost; and, finally, what the lacteals do for securing the new elementary fluids, there still appears to be abundant moisture left for other purposes.

For instance, for the lubrication of the whole intestinal mucous membranes, for useful, active, limpid lymph, for the serous membranes, and, in fact, in all parts where moisture is required, and furthermore, there is what the fat absorbs. We shall find that these distinct vessels have quite employment enough, work as hard as they may, and yet leave, as I have said, a vast floating fluid current behind for equally valuable and vital purposes.

We find by all this that we must not be too confined in our ideas of the laws of life, because, as we proceed in our inquiries, we have to ask ourselves yet some very important questions. The great one as regards the fluids

would be, where do they all come from? We cannot reconcile their quantity with what we imbibe as drink, or what is taken from the succulency of our food, or what we absorb through our skin and tissues. We must go farther than this; but in the elucidation of this question, we must take into consideration all the laws of digestion, assimilation, and defæcation, as well as their results, which I propose to consider shortly.

I am, &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letters.]

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. HYDE SALTER commences a course of lectures "On Dyspnœa," delivered at the Royal College of Physicians, but in the present discourse he only indicates the subject-matter of the lectures, and gives a brief sketch of some points in the physiology of respiration.——Mr. LOCKHART CLARKE, F.R.S., gives a "Report on a Case of Paralysis (under the care of Mr. Holthouse and Dr. Fincham), with Examination of the Medulla Oblongata and Spinal Cord." The patient was a girl of seventeen, a pupil teacher, who had been overworked in her studies, and who first applied for Medical relief on account of loss of vision of the left eye, but subsequently exhibited symptoms of paralysis of the legs, and eventually died from exhaustion. The post-mortem examination revealed a state of acute softening of the spinal cord at its lower part. Mr. Clarke believes that the case was one of acute myelitis supervening on some cerebral disorder, which appeared to have subsided as the spinal cord became affected with acute inflammation.——Dr. H. BERGEL concludes a paper "On the Inhalation of Atomised Fluids," and describes an apparatus for the purpose adapted for private practice. He also describes some cases in which the apparatus was used, and specifies the remedial agents which may be introduced by inhalation.——Dr. P. VICTOR BAZIRE contributes a "Report of a Case of Partial Disease of the Left Half of the Spinal Cord, causing Anæsthesia on One Side, and Paralysis of Movement on the Other; with Remarks on the Transmission of Sensitive Impressions in the Spinal Cord." The title of the paper indicates the nature of the symptoms; but the patient recovered under the use of iodide of potassium, hypophosphite of soda, and sulphur baths. As to the nature of the lesion, it was supposed that hæmorrhage on one side of the cord was the determining cause. The patient was a stout, strongly-built man, who had led an irregular life, and had been guilty of sexual excess.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. C. HANDFIELD JONES continues his Lumleian Lectures "On Some Points in the Pathology of Nervous Diseases," and describes several cases of chorea, hemiplegia, and epilepsy, which he considers to corroborate the views he advances. His object is to show that many diseases of the class referred to are not dependent on any demonstrable affection of the nervous centres.——Dr. J. W. COUSINS contributes a "Second Report of the Case of Remarkably Profound and Prolonged Sleep," the first report having been contributed to the same journal in the early part of 1863. The patient, it appears, sleeps as long and as profoundly as ever. It is now five years since the present attack commenced, and during that period he has not once slept naturally. The general features of the sleep have not changed, and all the means at present employed have failed to arouse him. He looks pale, but his general health continues good. After giving a tabular statement showing the duration of each sleep from October 14 to December 16, 1864 (the period of sleep extending to 90, 112, or even to 138 hours in certain instances), Dr. Cousins adds the following remarks:—

"This table exhibits the remarkable contrast between the waking and sleeping hours. Whatever time of the day my patient rises, he always feels tired and sleepy the same evening, and returns to bed about ten o'clock. Several times his friends have endeavoured to keep him awake all night, and once with very great effort they accomplished it. This intense desire for sleep appears to me to be a very significant feature in the case, and another argument in favour of the explanation advanced in my former paper. It is our daily experience that a general uneasiness or craving for repose supervenes after a period of waking activity; but, in the present instance, a few hours of cerebral exercise are sufficient to exhaust the nervous system, and induce unsupportable drowsiness.

"On December 14 and 15 the patient slept almost naturally, but this was due to a severe attack of griping and diarrhœa which disturbed him after eating an unusually rich and hearty dinner, No doubt he was aroused by the painful sensations excited in the alimentary canal, and transmitted through the spinal system to the brain. After the frequent failure of powerful stimuii applied to the organs of sense and surface of the body, it is an interesting fact that impressions upon the cerebral organs through this channel proved sufficient to break the profound lethargy.

"The 'Medical Times and Gazette' of November 12, 1864, mentions a case of prolonged sleep reported by M. Blandet. The patient slept forty days, then fifty, and afterwards twelve months; but these extraordinary fits of torpidity were separated by long intervals of health. Although these occasional and prolonged attacks bear but little resemblance to the persistent nature of the affection in my case, still the phenomena observed during the sleep are very similar. Both cases are characterised by complete insensibility which no external stimuli can overcome, by a languid and feeble circulation, imperceptible respiration and the complete suspension of the evacuations."

CONSANGUINEOUS MARRIAGES.

While touching on questions still involved in obscurity, we may briefly advert to the alleged influence of consanguineous marriages on the production of congenital disease or deformity. Several new points are brought forward in the 'Archives de la Médecine Navale,' and in the 'Annales de la Société de Médecine de la Loire.

The former publication adduces some interesting information on the consanguineous unions of the negro race, and more especially in the posterity of a Portuguese merchant named Da Souza, who died in 1849 at Widah, in the kingdom of Dahomey; all the navigators who have of late years traded on the African coast are well acquainted with these curious particulars. Da Souza, who for many years lived in the country, had acquired a large fortune in the slave trade, and left about a hundred children, the offspring of four hundred women, immured within his harem. By the order of the king of Dahomey, hostile to the growth of a half-caste race, this numerous progeny has been confined in a peculiar enclosure (Salaim) under the authority of one of Da Souza's sons. These wretched mulattoes, unpopular in the country, and strictly watched by the

agents of the king, the most absolute tyrant in existence, have no possible intercourse but with each other, or, to speak more plainly, live in the most lamentable state of promiscuity. In 1863, the third generation of children was growing up. The colour of their skin is gradually returning to ebony black, although they preserve in their features slight indications of a European origin. Now, it has been ascertained that among all the descendants of Da Souza, who have formed amongst themselves unions between the very closest relations, not a single instance exists of deaf-muteness, blindness, cretinism, or congenital deformity; it is, however, an equally remarkable fact that this herd of human beings is gradually decreasing in numbers, and that its total extinction at no very distant period can even now be predicted.

This decrease does not appear to be referable to consanguinity, and it would be irrational to apply to the posterity of Da Souza an argument not generally admitted in the case of Europeans.

Sterility, as well as polydactylism and other analogous deformities, would seem to be attributable to some other cause, such as, for instance, what Dr. Hervier terms the constitutional predominance of the maternal system. This gentleman recently communicated to the Medical Society of Sainte-Etienne, a paper in which this theory is ingeniously defended. The author contends that the social inferiority in which, in all ages and in every nation, women have been kept, is not the result of mere ignorance and prejudice. Every religious cosmogony and every legislation have ratified this universal belief in the dependency and subordination of the female sex, actuated either by an instinct of self-preservation, or by the observation of a circumstance which seems to have escaped the notice of anthropologists since their attention has been directed to the study of the results of consanguineous unions. The fact alluded to is, that in every family in which the constitutional powers of the mother are in a considerable degree superior to those of the father, the offspring is physically or mentally deficient, or affected with congenital deformities much less frequently observed under opposite circumstances. The author, in illustration of this somewhat hazardous assertion, brings forward several instances of women of Rive-de-Gier, who have given birth to several children by different fathers. "The first children," says he, "frequently born out of wedlock, and consequently the offspring of men of superior bodily development (women uncorrupted by love of admiration, or by want, seldom yielding to any others), were generally graceful und well-favoured; the younger children, on the contrary, were the result of marriage or of illegitimate unions brought about by a craving for luxurious indulgences, or by pressing want, and the fathers were generally inferior in physical development to the mothers. Hence, between the two classes of children, a marked difference in favour of the former, the latter being generally destitute of the physical and moral perfections observable in the others."

These are, in addition, but the results observed from the intercourse of healthy but inharmonious subjects, and "the consequences must be far more striking," observes Mr. Hervier, "if one of the parties, or both, labour under some constitutional taint. Under these circumstances, the congenital deviations and deformities referred to consanguinity, such as sterility, polydactylism, deaf-muteness, &c., can scarcely fail to appear."

At Rive-de-Gier, a town containing 15,000 inhabitants, the author has met in *crossed* couples, in which the blemish alluded to existed, twenty-five instances of sterility, twelve of deaf-muteness, and three of polydactylism, whereas, in upwards of twenty consanguineous but well-assorted marriages, the children have lived, and may be considered as models of health and symmetry.

Mr. Hervier would not be understood to assert that every case of deaf-muteness, polydactylism, or deformity, hitherto ascribed to consanguinity of the parents, is necessarily referable to the unfavourable circumstances here pointed out, but merely contends that such an origin is admissible, and he therefore suggests a modification of the series of questions now submitted to the parties at the municipal offices, before proceeding to the celebration of marriage. He conceives that it would be desirable to ascertain what is the nature of the deformities which the constitutional superiority of the wife over her husband is likely to induce in the offspring, and also, in what proportion differences of age, temperament, &c., between the parents are likely to prove injurious to the preservation and proper development of the human race, at least in a physical and physiological point of view.

The intervention of authorised scientific corporations in the matter does not appear necessary to accomplish the object of the author; it will be sufficient to invite the attention of observers to this curious point of social hygiene, and we have, therefore, deemed the subject deserving of a brief notice in the present article.—'Journal of Practical Medicine and Surgery.'

GENERAL CORRESPONDENCE.

THE LATE MYSTERIOUS DEATH AT ST. JOHN'S WOOD.

To the Editor of the Medical Circular.

SIR,—Now, the apparently mysterious death of the young French woman at St. John's Wood is decided by a coronor's jury, and no one implicated in a criminal act. I hope you will allow me a few words to show that the verdict is not exactly in accordance with truth. "Died from abortion, but how brought on there was not sufficient evidence to prove." "Died from abortion" is perfectly correct, but to the mind of the physiologist there is ample evidence, in the absence of all criminality, for the death. The whole body is one porous mass; it makes its own secretions and gases, which it both exhales and absorbs to a large extent. So that, on the one hand, the body may, as it does in many epidemics, make its own poisons, which are, in fact, the fuel for the spark, and is that which constitutes the vague term "*predisposition.*" This is the reason why, in an epidemic of any kind, some take it and recover and some die, whilst others are not affected by it at all, though living in the same locality and amidst it; simply because no spark of contagion or infection can find fuel in them to cause disease. Now, Sir, in certain conditions of the uterine organs, a living physiologist has proved that the dead ovum may remain in utero during the whole period of female gestation, and not become putrid, *ergo*, there are no decaying or decomposing vital elements. This ovum, caused first by conception, has been deprived by some natural act of its germ, or what would have been a fœtus, or a child, becomes an inorganic mass, and may grow and grow, and at last cease to have vitality, and yet remain without let or hindrance to the parent. Now, mark the converse; a parent may have, like the deceased French girl, a fœtus of four or five months old, and by an accident or fall this fœtus may die. It does not follow that Nature gets rid of it directly, though she is too wise to retain it long, for, being a vital and highly organic mass, it becomes decomposed or putrid if it remains long enough, and the natural powers do not, from some inscrutable cause, expel it. The poisonous gases that emanate from this mass are of such deadly virulence to the blood and general secretions, that they poison them as insidiously as anything given of the same character wilfully. Now, I will give you a case in point in as few words as possible. Some twenty years ago, a lady sent for her accoucheur at her full time, and she laboured in pain for many hours. At last all pains left, and the accoucheur no doubt thought that it was a false alarm and left also. He called next day—the lady was up and about—and the next day too. Well, the natural inference was, "Send for me when I am wanted." About a week afterwards she showed symptoms of being very ill and I was called in. The general fœtor in the room, and the first examination, conveyed to me the knowledge of a dead child. I lost no time in relieving her of it, but what was the result? A child proved to have been dead some days, and remaining *in utero*, only precisely the same as that of the young French woman. She was

poisoned by the absorbed gases of her dead child. The difference of circumstances being these:—that, whereas, in my case the lady had gone the full term of utero-gestation," consequently a larger mass was decomposing and thinner walls presenting themselves everywhere for the poison to permeate. She died in the thirty-six hours after delivery from this cause. The evidence of Dr. Meredyth showed a fœtus in a state of putrefaction of some days standing. Now, therefore, a four months gestation left thicker uterine walls and surroundings, and, therefore, greater power of resistance to the gaseous poisons. From the fall on board the steamer till Dr. Meredyth was called in, there was time enough for the gases from such a decomposition to poison the system. The death consequently was as natural, to my mind, from the first to the last statement of the principal witness at the inquest. I decline, of course, entering into any opinion of unfair play or criminality, but simply say, the fall on board the steamer and the great sickness on the voyage was sufficient to destroy fœtal life itself, all the rest is natural enough. The public know little or nothing of physiology. I hope to remove the stigma from our Profession of any guilty practice, and to show that in all such cases a little more knowledge of physiology may advance the truth.

I am, &c., PHYSIOLOGIST.

London, 29th July, 1865.

[In all probability the death was caused by retained placenta, which was found in the uterus.—ED. MED. CIR.]

THE BRANCH MEDICAL COUNCIL OF SCOTLAND.

"Physicians' Hall, Edinburgh, July 14th, 1865.

"*Sederunt:* Dr. Christison (Chairman), Dr. Alex. Wood, Mr. Syme, Dr. Andrew Wood, Dr. Fleming, Dr. William Robertson (Registrar).

"The subject of the registration of Medical students having been considered, the registrar was directed,—

"(1.) To issue the necessary forms of application to the universities and other licensing bodies in Scotland.

"(2.) To prepare a register for Medical students in conformity with the recommendations of the General Medical Council.

"(3.) To take means, by handbills and advertisements, to make the 'recommendations of the General Medical Council, in reference to the registration of Medical students,' known to the students at the various Medical schools in Scotland.

"It was agreed: that Dr. Christison and Mr. Syme should be deputed to visit the examinations held by the Royal Colleges of Physicians and Surgeons of Edinburgh; that Dr. Andrew Wood, and Dr. Alexander Wood should be deputed to visit the examinations at the University of Edinburgh; that the members of the Branch Council now present should visit the examinations held at the University of Glasgow and at the Faculty of Physicians and Surgeons of Glasgow; and that the registrar should write to the Dean of the Medical Faculty of the University of Aberdeen for information as to the dates at which the Medical examinations are there held, in order that steps may be taken to exercise the supervision contemplated by the General Medical Council in their resolution of 6th April, 1865."

PARISIAN MEDICAL NEWS.

AMENORRHŒA.

The history of ovulation has supplied M. Raciborski with a new field of inquiry, which he has laboriously cultivated, and in which he has succeeded in discovering new physiological aspects unknown to, or at least not described by, his predecessors. Amongst other interesting subjects, he expatiates on a form of amenorrhœa due to mental causes, such as excessive dread of pregnancy, or, on the contrary, an inordinate desire of bearing children. ('Archives de Médecine,' May, 1865.)

In the male, mental pre-occupation greatly influences the procreative function. Montaigne, in his remarks on the power of imagination, relates an instance of transient sexual incompetency, of which, in all probability, he had himself been the subject. Incapacity of this kind is of frequent occurrence, and inspires no anger to a sensible wife, aware that kindness will prove far more successful in restoring power than bitter reproach and offensive expressions of scorn. The physiological explanation of this unsatisfactory condition is simple. In consequence of the apprehension of failure, the mental frigidity is conveyed by the sympathetic system of nerves from the brain to the organs of generation, and the result is an entire cessation of their powers of expansion. Under the influence of the vaso-motor nerves, the blood-vessels of these organs contract, the temperature of the part is lowered, and a condition ensues in which sexual access becomes impracticable.

M. Raciborski, arguing from analysis, opines that the excessive dread of pregnancy, or the immoderate desire of bearing children, act on the female in a somewhat similar manner, and may induce more or less delay in the appearance of the catamenia, and even a protracted state of amenorrhœa.

This author was consulted on several occasions by women who, after a long struggle, had yielded to their feelings and forgotten their virtuous resolutions. Alarmed at the possible consequences of their imprudence, and living in perpetual terror of pregnancy, they impatiently counted the days which must intervene before the return of the menses, and anxiously watching for the usual premonitory symptoms, awaited in a state of most distressing perplexity the time at which their worst fears might be allayed or confirmed. In a case of this kind, a lady, usually perfectly regular, was thrown by a delay of one week into a state bordering on insanity. The treatment adopted by M. Raciborski consisted in arguments calculated to remove her fears, to which he mainly attributed the alarming postponement of the catamenia, and in the exhibition of harmless remedies. He prescribed gentle anodynes, and the mildest form of stimulants, such as a few drops of liq. ammon. acetatis in lime-flower or black-currant tea, and mustard foot-baths. After an interval of two days, the menses reappeared, and the delighted patient solemnly declared that the lesson would never be forgotten.

On the other hand, Mr. Raciborski asserts that too ardent a wish for children may also act in a reflex manner on the vaso-motor nerves of the ovaries, and induces amenorrhœa.

"In young married women," says he, "it is not unusual to observe at several successive monthly periods a delay of a few days before at last they become really pregnant. These delays are, in a certain degree, referable to a strong desire to have a family. When, however, several months have elapsed without any sign of this much wished-for result, the anxiety on the subject often becomes excessive; and constantly preoccupied with one idea, that she may be sterile, the young wife feels happy when, at the return of the date at which the menses may be expected, she experiences none of her customary symptoms; she hopes that the catamenia may fail, and that at last she is pregnant. At each monthly period she is agitated by the same hopes, and to avoid a disappointment, submits to all manner of precautions. Between this kind of amenorrhœa and that we have previously described a considerable difference exists. In the former, when the patient dreads pregnancy, every effort is made by her to bring on menstruation, which, in general, reappears in the course of a few days. In the latter, on the contrary, all the precautions taken to prevent the frustration of cherished hopes, the absolute repose joyfully submitted to, the complete abstinence from any cause of mental or physical excitement, all contribute to perpetuate the modified condition of the ovarian circulation, and to protract the duration of the amenorrhœa. The greater number of the cases of what has been termed *Grosesses nerveuses*, recorded by various authors, have no other origin, and are almost invariably instances of protracted amenorrhœa referable to this cause."

M. Raciborski relates an interesting instance in point; but his remarks on the variety of amenorrhœa *due to the apprehension of pregnancy*, appear to us original, and deserving of the attention of the practitioner.

ABSCESS OF THE THORACIC WALLS CONSEQUENT ON PLEURISY.

M. Gerdy remarks, in his 'Treatise on Practical Surgery,' published in 1852:—"Abscesses developed in the vicinity of inflamed organs are so common and so little known, that I shall devote a special chapter to their description." Premature death prevented this eminent surgeon from fulfilling his intention, and the question had made but little progress, when Professor E. Leplat, of the Hospital of Val de Grâce, undertook a series of interesting researches on abscesses consequent on the inflammation of serous membranes. The author has embodied his views on the subject in two papers, one of which, relative to thoracic abscess consequent on pleurisy, has already appeared in the April and May numbers of the 'Archives de Médicine' for the present year. Our space prohibits a lengthened analysis of this important document, but we reproduce, *verbatim*, the author's concluding remarks:—

"Inflammations of the pleura," says the author, "do not confine their action to the serous membrane, but are often propagated to the adjacent textures, and in certain cases give rise to acute or chronic suppuration in the walls of the chest. This proposition is borne out by upwards of thirty cases.

"Caries and necrosis of the ribs are probably too often looked upon as the causes of parietal abscess. When neither scrofula nor syphilis can be detected in the patient's system, when no external violence has been incurred, there is no reason to suspect the presence of disease of the bones, and if such disease exists, it may be the result, not the cause, of the abscess.

"Cough, however violent, cannot alone account for the formation of thoracic abscess, unless it is seconded in its operation by inflammation of the serous lining of the chest.

"Abscesses developed in the thoracic parieties may be classed under three heads, according to their origin—viz., phlegmon is consequent on acute pleurisy; cold abscess on chronic pleurisy; acute abscess on an old attack of pleurisy.

"The symptoms of such abscesses present no peculiar features, and the diagnosis can be established only by reference to the history of the case.

"These puriform collections have a greater tendency than all others to burst in the bronchi, on account of the necessarily concomitant pleuritic adhesions.

"Their peculiar complications consist in pulmonary disease and secondary osteitis.

"The indications of treatment must be derived from the cause. The abscesses should be opened at an early period of their development, because they may entail decay of the bones or serious pulmonary affections."

It is practically useful to discriminate phlegmonous or acute inflammation from chronic abscess, because the mode of evacuation of the puriform matter differs in each. Thus, in acute abscess, a liberal incision should be performed in a direction perpendicular to that of the muscular fibres. When a phlegmon is situated beneath the pectoral muscles, M. Sédillot recommends the knife to be inserted in the anterior part of the inner surface of the axilla, and the same *modus operandi* is applicable in parietal abscesses. Prompt and active interposition is necessary in order to avoid denudation of the ribs and penetration of pus into the pleura and the pulmonary tissue. Cold abscess should also be opened as soon as the diagnosis has been clearly established, but its walls should, in M. Leplat's opinion, be traversed by a drainage tube, which should remain *in situ* until the morbid secretion is thoroughly exhausted.—'Journal of Practical Medicine and Surgery.'

PATHOLOGY OF ANGINA PECTORIS.

Amongst the many ill-defined affections which have given rise to conflicting interpretations, angina pectoris, a formidable disease, on which much attention has been bestowed by observers, is assuredly one of the least known. In his clinical conferences, M. Beau takes an enlarged view of the subject, and not only throws fresh light on the pathology and treatment of the complaint, but reconciles apparently incompatible opinions.

The patient, whose case suggested the present remarks laboured under a complication of most severe symptoms, and simultaneously suffered from dropsy, anasarca, albuminuria, amblyopy, and asystolia. He was previously in the enjoyment of good health, when, on the 20th of January, he was suddenly seized with violent but transitory paroxysms of dyspnœa, attended with refrigeration of the extremities and an unaccountable feeling of terror. All the symptoms above enumerated had since supervened; the disease appeared to have originated in grief, loss of appetite, and excessive smoking. M. Beau pronounced the case to be one of angina pectoris, to which he traced all the subsequent morbid manifestations.

"Pathologists," said he, "have represented angina pectoris as a separate and singular affection; we must not, however, in the study of disease, too readily accept what appears supernatural, and, by careful observation, the unusual and seemingly extraordinary characters of angina pectoris will be found to admit of rational interpretation. Rougnon, of Besançon, was the first who invited attention to this disease, in the notes of a case which he forwarded, in 1768, to Lorry. His patient was a M. Charles, who suddenly died after presenting the assemblage of symptoms now familiar to the observer. The autopsy displayed merely a state of dilatation of the right cavities of the heart, a condition utterly insufficient to account for the phenomena noted during life, and Rougnon did not attempt to give any name to the disease. Heberden was the first who designated the disease by the term *Angina pectoris*, but, by overrating the importance of the intense pain in the chest, and of its propagation to the left shoulder and arm, he diverted attention from the disease itself, and thus subsequently gave rise to frequent errors of diagnosis. Desporte's treatise, and Jurine's paper, both presented at the prize competition of the Society of Medicine, in 1807, complete the list of the documents in our possession on this much disputed point of pathology. From these publications, we gather that English practitioners discovered that ossification of the coronary arteries, or organic disease of the heart, frequently coincide with angina pectoris, and that German inquirers have referred the affection to spasmodic asthma and to gout.

We now turn to the views entertained by M. Beau.

M. Beau is a liberal organicist, and believes that disease is constituted by something beyond mere anatomical change; he declines, it is true, to consider a symptom in the light of a disease, but does not conceive the presence of structural alterations indispensable when the functional disturbance of an organ is the leading feature of any series of morbid manifestations. Thus, he cannot concede that angina pectoris is a mere neuralgia, the opinion prevalent in France, because, although sometimes no anatomical lesion is discoverable, still pain is not always present. He views angina pectoris as a temporary interruption of the action of the heart, which may result from many different causes. Thus, if by violent exercise or sudden emotion the action of the heart is arrested in a person labouring under valvular disease, suffocation, and inability to walk will follow, the extremities will grow cold and the pulse thread-like, extreme dyspnœa supervenes, and in some instances, violent pain in the precordial region, occasionally radiating to the left shoulder and arm. In this instance the angina is obviously traceable to its cause, but it would be unreasonable to ascribe it always to the same agencies. If ten patients are exposed to the same exertion, each will present symptoms of a different character: one only will perhaps be the same in all, although it is of but secondary import in the interpretation of the disease, we refer to the reflex paralysis of the lower extremities which invariably follows cessation of the action of the heart, a paralysis which M. Beau terms providential, absolute repose supplying the only means of restoring the perverted functions of the organ.

Viewed in this light, angina pectoris may coincide with organic cardiac disease, or originate in gout or neuralgic

predisposition; but it will always be characterised by the precordial radiating pain, the oppression, the smallness of the pulse, the lividity of the countenance, the refrigeration of the extremities, and especially the sensation of agonising anguish, which fully justifies its name. The sudden invasion of the seizure, whether spontaneously arising, or resulting from fatigue or deep emotion, will further assist the diagnosis, but it must be remembered that the symptoms vary considerably in each case.

Hence it must be inferred that the affection is of much more common occurrence than is generally supposed, and M. Beau goes so far as to assert that the greater number of unexplained cases of sudden death are attributable to that variety of angina which induces syncope.

The progress of the disease is not less variable than its outward manifestations. In youth and in the aged its results are widely different. In the latter, the affection is rapidly and almost constantly fatal; whereas, in the former, it is susceptible of cure. A fatal issue is not always sudden, but organic changes are frequently induced in the heart, which eventually destroy life.

M. Beau has remarked, in all the individuals in whom he observed the disease, a marked tendency to dyspepsia, and this condition was preceded by, or coincided with, severe sorrow; angina had subsequently been developed under the operation of various causes, such as idiosyncrasy, previously existing disease of the heart, the gouty diathesis, &c. M. Beau opines that the use of tobacco has a twofold share in the production of angina: in the first place, in destroying the appetite; and in the second, by a peculiar mode of action, whatever be the form in which tobacco may have been used.

The fact alluded to by M. Beau received further demonstration in the case at present in his wards, which had sered to point his remarks on angina. In this individual, a confirmed smoker, heart-disease had followed the first paroxysm of oppression. M. Beau succeeded in persuading the patient to discontinue the use of tobacco, and appetite, which had long ceased to exist, was promptly restored, the dyspnœa yielded, and nightmare, to which this man was extremely liable, entirely disappeared. Thanks to the cessation of the habit of smoking, and possibly to the exhibition of digitalis, which M. Beau considers as a tonic of the heart and the paramount remedy for asystolia, the patient would now be in a perfectly satisfactory condition, had he not imprudently exposed himself to cold, and thus become affected with bronchial inflammation, the consequences of which may, perhaps, imperil the good effects already secured.

Another patient has recently been discharged, who had long suffered from angina; he was an habitual snuff-taker. M. Beau caused him to discontinue the practice, and the improvement has been such that a complete cure may legitimately be anticipated, if the man can be trusted to presevere in his resolution.

The professor's conviction on this point is unalterable; he considers tobacco in all its forms as an irreconcileable enemy, and, in order to counteract its evil influence, he does not confine himself to mere advice, which a hardened smoker would assuredly neglect, but predicts, if the bad habit be not discontinued, that fatal results must soon and inevitably follow, an unanswerable argument which the most intractable cannot well avoid noticing, and which, in general, ensures their compliance.—'Journal of Practical Medicine and Surgery.'

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 25th inst.:—William Anderson, Newcastle-on-Tyne; John H. Ashton, Margate; Other Windsor Berry, Canonbury road, Islington; William Harris Butler, Old Charlton, Kent; Thomas Creighton, Morpeth; Thomas Stevens Gimson, Cleveland street, Fitzroy square; Geoffrey Hett, Brigg, Lincolnshire; William Hoffmeister, Cowes, Isle of Wight; John Hope, South Shields; Arthur Humphrey, Balham Hill, Surrey; Robert Jackson, Catchgate, Gateshead; Edward Scott Jones, Weston-super-Mare; Frederick W. Lowndes, Southport, Lancashire; Willoughby May, Barnstaple, Devon; Samuel Oldham, Burslem, Staffordshire; Richard Pugh, Llandovery, South Wales; Kenneth Reid, Montreal; Thomas Edward Stafford, Long Bennington; Robert Stuart, Woolwich; Disney Thorpe, Maldon, Essex; Eyton Owen Williams, Llanrhaiadar, Denbighshire.

At this meeting of the Court, Mr. John Hilton, F.R.S., Surgeon to Guy's Hospital, took his seat as an Examiner, in the vacancy caused by the resignation of Mr. James Moncrieff Arnott.

The following gentlemen were admitted Members on the 26th inst.:—Richard Jas. Andrews, Wisbeach, Cambridgeshire; Marcus Beck, Isleworth, Middlesex; Henry John Branson, Sydney street, Brompton; Henry Denne, Sandwich, Kent; Robert Elphinstone, Streatham, Surrey; Benjamin Gowing, Lowestoft; John Albert Grindrod, Rochdale; Nathaniel Thomas John Haydon, Bovey Tracey; Samuel Linley Heald, Brighouse, near Normanton; Wm. T. G. Hicks, Toddington, near Dunstable; Frederick A. Hill, Wookey, Somersetshire; Richard Kinnear, Weston-super-Mare; Robert Henry Kinsey, Canterbury; Charles Lyddon, Exeter; John Thomas Morgan, Aberystwith; Clement Palmer, Haddiscoe, Norfolk; Arthur Richardson, Chatteris, Cambridgshire; Henry Robert Glover Rust, Weathersfield, near Braintree; William Rutherford, Edinburgh; George Cooper Sanders, Moulton, near Northampton; Henry Weeks, Brompton, Kent.

The following gentlemen have just passed the preliminar examinations in general knowledge:—F. D. Adkins, E. W. Alabone, H. H. Backhouse, W. M. Beor, H. B. Bailey, Francis Bone, J. A. Bell, T. T. J. Bull, W. C. Blaker, E. H. Brown, C. H. Beardshaw, E. A. Brash, F. R. Bernard, H. A. Cavendish, T. D. Cooke, Samuel Cresswell, A. E. Cumberbatch, G. D. Deeping, E. H. Downing, G. A. Dundas, A. H. Evans, T. R. Edmundson, F. T. Fisher, Richard Fletcher, John Fisher, Innes Griffin, Wm. Gill, C. J. Green, C. F. Grindrod, Timothy Hamilton, Henry Harris, H. A. Hawkins, H. F. E. Harrison, W. H. Heygate, S. T. Huggins, H. B. Hawkins, Philip Havens, William Jones, Jas. James, F. E. Jackson, W. H. Jenkins, J. R. Joseph, S. C. Jones, A. E. Kynaston, Percival Kingsford, H. R. Ker, M. H. Laxton, G. D. N. Leake, David Levison, Hervey Lowndes, Edward Madeley, Lewis Mackenzie, F. J. Naish, William Nettle, C. J. Newton, Wright Nicholson, A. W. Orwin, J. E. H. Pughe, Urban Pritchard, W. A. Parker, W. H. Pearce, T. F. Pickering, F. P. F. Ransom, E. B. Robertson, J. G. Rimell, E. R. Rowland, William Radcliffe, Howell Rees, A. H. Sandiland, Edward Skinner, Thomas Snaith, J. A. Smith, E. B. Sproule, George Stone, J. C. Skinner, Henry Sewill, Reginald Taylor, R. W. Thomas, G. S. Thom, T. S. Townsend, Edmund Vialls, Thomas Whittington, J. W. Watson, W. W. Westcott, W. E. Williams.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on the 20th inst.:—James Byrne, Little Ilford, Essex; James John Ilott, Robert street, Hampstead road; Lewis Charles Nanney, Newcastle-on-Tyne; David Roberts Pughe, Aberdovey; Herbert Branwhite Spurgin, Thrapston, Northamptonshire.

As an assistant:—Geo. Fred. Bindloss, Leighton road, Kentish town.

The following gentlemen also on the same day passed their first examination:—John Joseph Bingham, University College; Henry Charles Mayer, Meath Hospital, Dublin; Walter Moore, Westminster Hospital; William Parker Pinder, University College.

TREATMENT OF CORYZA.—M. Luc, an assistant-surgeon in the army, does not seem to repose unbounded confidence in "les petits moyens," recommended by M. Piorry, and describes as follows, in the 'Recueil de Mémoires de Médecine Militaire," the method he used on one occasion with entire success to relieve himself from the uncomfortable

symptoms attendant on a severe cold in the head. "I inhaled tincture of iodine," says he, "from a phial, for one minute at a time, at intervals of about three minutes; the heat of my hand was sufficient to promote the evaporation of the iodine; the headache yielded first, sneezing became less frequent, the secretion less copious, and although the inhalation caused a burning sensation in the throat, I was entirely cured at six o'clock p.m. of a cold which, from nine a.m. to three p.m., had been sufficiently violent to compel me to use four large pocket handkerchiefs." Encouraged by this favourable result, M. Luc has since recommended the same method with equal success to several officers of his regiment.—'Journal of Practical Medicine and Surgery.'

THE CHOLERA AT ALEXANDRIA.—ALEXANDRIA, EGYPT, JULY 19.—The mortality from cholera has so far diminished that alarm is no longer felt. The first cases in Alexandria were reported on the 12th of June, when there were three deaths. The mortality attained its *maximum* on the 3rd of July, when 228 deaths from cholera were reported. It has since been diminishing, and yesterday only eighteen deaths from cholera were reported. From the 12th of June to the 18th of July inclusive, the whole number of deaths from cholera in Alexandria, according to the official reports, has been 3,931; from other diseases, 1,369; total, 5,300. The population of Alexandria is estimated at 175,000. In Cairo the first cases were reported on the 20th of June, when there were two deaths. There were two or three daily until the 24th, when seventeen were reported. The mortality continued to increase, and attained its *maximum* on the 4th of July, when there were 457 deaths from cholera. It has since diminished nearly every day, and on the 17th only sixty-four deaths from cholera were reported. From the 20th of June to the 17th of July inclusive the whole number of deaths from cholera in Cairo, according to the official reports, has been 5,249; from other diseases, 2,300; total, 7,549. The population of Cairo is estimated at 400,000 inhabitants. The improvement is attributed to the prevalence of north winds and to the rise in the Nile. From the 10th to the 16th of July the water in the Nile gained about eight inches. The mortality in some other places in Egypt has been relatively greater than in Alexandria and Cairo. In Damietta, for instance, a town of about 40,000 inhabitants, the cholera did not make its appearance until the 26th of June, when one death only was reported; but in nine days the mortality from cholera had reached no less than 172, which rate, had it continued, would have swept the whole population of the town out of existence in eight months. It continued with very little abatement for four days, the number of deaths from cholera on the 5th, 6th, 7th and 8th of July being respectively 172, 171, 169, and 166, since which time the improvement experienced elsewhere has happily been likewise felt at Damietta. Very few cases have been reported at Suez, and none, it is believed, have occurred in Upper Egypt. This is the sixth time that cholera has visited Egypt. Its previous visits were in 1831, 1838, 1848, 1850, and 1855. Ten years appear to be the longest cycle of exemption. Among the deaths at Cairo have been those of the Rev. Mr. Lieder, the venerable English missionary, very well known to all travellers in Egypt, and of Mrs. Lansing, the wife of the Rev. Mr. Lansing, American Missionary.

RETIREMENT OF MR. LAWRENCE.—Mr. Lawrence, so long the senior surgeon of St. Bartholomew's, and so tenaciously resolute to hold office in spite of all the warnings of age and the representations of his best friends, has this week retired from the surgeoncy of that hospital. Of course there are none but must feel that one, whom his ability has rendered conspicuous and his age has rendered venerable, should be overtaken by infirmities which are relentless, which compel the hand to relax from a grasp which it might more gracefully some time since have voluntarily unclasped. We sympathise with Mr. Lawrence in his indisposition, and heartily trust that he may find in temporary repose the elements of renewed vigour. We could have wished to have been able to record his retirement from office under circumstances which might have justified a warmer tribute to his unselfishness and sense of public duty. By this retirement Mr. Wormald becomes senior surgeon, and Mr. Luther Holden becomes surgeon, after some thirty years' connexion with the hospital. Other changes have already been arranged at the close of the last session, by which Mr. Paget and Mr. Holmes Coote became the lecturers on surgery, and Mr. Holden and Mr. Callender the lecturers on anatomy. Among the candidates for the vacant assistant-surgeoncy are mentioned Mr. Willett and Mr. Baker.—'Lancet.'

FOUNDER'S DAY AT EPSOM COLLEGE.—The 21st of July, the speech-day at Epsom College, passed off this year with unusual *éclat*. The prizes were distributed in the schoolroom by the Lord Bishop of Winchester, the Visitor of the College. Prior to the distribution the following speeches were delivered in very creditable style:—1. Carmen Gratulorium, Lever. Glee, "Sleep Gentle Lady" (Bishop). 2. Ulysses describes his interview with the shade of Teiresias (Homer, Odyss. xi.), Lowe; Cæsar's Address to his Soldiers (Lucan, Pharsal. vii.), Hay; 4. Catiline's Speech to the Conspirators (Ben Jonson, Catiline), Newton. Chorus, "Hurrah for Merry England" (Berger). 5. Sosia and his Double (Plautus, Amphitruo), Mercurius, Elcum; Sosia Yate. In addressing the assembled scholars after the distribution, the Bishop complimented them on the talent and eloquence they had displayed, which, he said, were worthy the magnificent hall in which they were then assembled. "He hoped that from year to year Cambridge and Oxford might know something of their powers, and that the College at Epsom would take its place among the honoured of the land, with the great schools of the day, Eton, Winchester, and Westminster, and he would forbear to mention all the little schools, such as Rugby, Cheltenham, and others—(laughter and applause)—for the latter, however useful in their way, must not compete with Winchester, Eton, Westminster, and Epsom. (Laughter and cheers.) He would conclude by saying to each boy '*vive valeque*,' and to the assembly generally '*guadete et plaudite*.' (Loud cheers)." In the afternoon an excellent *dejeuner* was served in the dining-hall. The health of Mr. Propert, the energetic and benevolent founder of the College, was proposed by the Rev. Derwent Coleridge, and most warmly received by the boys and their visitors.

THE RETIREMENT OF SIR JOHN FISHER.—We are informed that Sir John Fisher, F.R.C.S., has resigned the post of Surgeon-in-Chief to the Metropolitan Police—an office the duties of which he has honourably discharged for the long period of fifty-one years. We trust that the protracted and valuable services of this able public servant will be rewarded by the Treasury with a suitable retiring pension. The appointment of a successor to Sir John has not yet, we believe, been made. We hear that there are already several candidates for the vacant post.—'Medical Times and Gazette.'

ARMY MEDICAL DEPARTMENT.—A competitive examination of candidates for commissions in the Medical department of her Majesty's army will commence at Chelsea Hospital on Monday, August 7th.

SWANSEA INFIRMARY.—A new infirmary is to be erected at Swansea. The committee have purchased a site of two and a half acres; and the building is to contain 100 beds.

HONOUR DECLINED.—It would appear that the King of Portugal offered Prof. Bernardino Gomez, of Lisbon, the title of Baron, which the professor, however, respectfully declined.

A VOLUNTEER TO STUDY THE CHOLERA AT ALEXANDRIA.—Dr. Henry Favre, the editor of 'La France Médicale,' has just proceeded, at his own expense, to Alexandria, to watch the progress and nature of the epidemic cholera now prevalent in that city.

HEROIC CONDUCT OF A PHYSICIAN.—As Dr. Cundell Juler, of James street, Westbourne terrace, was passing on Wednesday last through Hampstead, on his way to Highgate, he heard a cry of "There is a boy drowning," and running to the second Hampstead pond, he saw a poor lad rising to the water's surface. Dr. Juler had but time to throw off his coat and trowsers, and rushing into the water with his remaining clothes on, he was enabled to reach the boy before he again sunk, and succeeded in bringing him to shore. After placing him in the proper position, he

quickly recovered, and Dr. Juler, by wringing out his shirt, &c., and spreading them in the sunshine, quickly succeeded in drying them.

HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET.—Her Royal Highness the Princess of Wales has been graciously pleased to give a donation of 50*l.* to the funds of this hospital, the wards of which are now being enlarged to receive fifteen additional patients.

GOVERNMENT EMIGRATION.—The Government emigrant ship 'General Caulfeild,' 646 tons, Captain Richards, belonging to Messrs. W. and T. Smith, sailed from Plymouth on the 21st ult. for Sydney, New South Wales, with 19 married couples, 103 single men, 104 single women, 17 boys between the ages of one and twelve, 20 girls between the same ages, 2 male infants, and 2 female, making a total of 286 souls, equal to 263½ statute adults, under Medical charge of Surgeon-Superintendent R. T. Nichols, *vice* Wm. Domett Stone, M.D., F.R.C.S., resigned.

COMMITTAL OF A SURGEON FOR MURDER.—Mr. Charles Gordon Sprague, a surgeon of Ashburton, has been committed by the magistrates sitting in petty sessions, for feloniously and wilfully administering a certain poison with intent to kill and murder James Chalker, of Ashburton, Sarah Chalker, his wife, Sarah, the wife of the said C. G. Sprague, and Mary Jane Pigeon, a servant. Bail was accepted; the above Mr. James Chalker being the bailor.

MR. EDWARD KENT, of Trevor square, received a coup de soleil on Wednesday last in the Westminster road. He was removed to the Westminster Hospital, where he died.

THE WRONG TOOTH.—Mr. Commissioner Kerr has had a novel case to decide in the Sheriffs' Court. Mr. Wainwright, a surgeon-dentist, brought an action against Mr. Galpin to recover his fee for extracting a tooth. The defence was, that the plaintiff administered chloroform, and pulled out the wrong tooth, a perfectly sound one, leaving the real offender still in its place. The defendant swore that this was the fact, and Mr. Kerr told the plaintiff that it was clear he could not recover, and the defendant must be allowed his costs.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, AUG. 2.—Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, AUG. 3.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, AUG. 4.—Operations at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, AUG. 5.—Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, AUG. 7.—Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, AUG. 8.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Baths of Switzerland and Savoy. By Edwin Lee, M.D. London: John Churchill and Sons, New Burlington street.

Hamburg and Nauheim. By Edwin Lee, M.D. Third Edition. London: John Churchill and Sons.

Baths of Nassau. By Dr. E. Lee. Fourth Edition. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

To SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross post-office.

DR. W.—We have no experience of the efficacy of the treatment alluded to, but we think that it would be scarcely available in private practice.

MR. L.—The situation can be obtained only by procuring a nomination from some influential person, and then taking the chance of a competitive examination.

MR. M. shall receive a private note.

JUNIOR.—It is most probable that you do not labour under the disease mentioned but that the case is one of ordinary indigestion.

X. Z.—We do not know of any such institution, but the subject is well worth the attention of the charitable.

MR. H.—The subject is not fitted for the columns of this Journal.

MR. PALMER.—The plant is perfectly well known to botanists, and it is rather too good a joke to write about it in the leading Journal, and to describe it as a novelty.

QUÆSO.—The book was reviewed in our columns many months ago.

A YOUNG STUDENT.—Carbolic acid is one of the preparations of coal-tar. You are confusing it with carbonic acid, which is a totally different substance.

DR. S.—We have not heard the names of any candidates for the vacant appointment. The gentleman in question was more indebted to his good luck than to anything else.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—Your answers to the enclosed questions will oblige in your next number:—

1. Can a Licentiate of the Royal College of Surgeons, Ireland, or Royal College of Surgeons, Edinburgh, or Faculty of Physicians and Surgeons, Glasgow, obtain, through such licence or diploma, a diploma as member of the Royal College of Surgeons of England (AD EUNDEM) without passing an examination?

2. Would the diploma M.R.C.S.E. (AD EUNDEM) authorise him practise Surgery should he obtain it?

3. Would the Council of the College confer it upon a candidate for it producing the necessary documents? (See their bye-laws.)

July 27, 1865. I am, &c., VERITAS.

[These questions cannot be answered collectively, as the College does NOT grant an AD EUNDEM diploma in ALL the cases mentioned. A note addressed to the Secretary of the College would elicit information upon the subject. It would be invidious to point out the exception. 2. Yes. 3. Yes.—ED. MED CIRCULAR.]

VACCINATION.

Important Notice.—At the suggestion of a Medical Friend, and having peculiar facilities for the purpose, I beg to inform the Medical Profession I have now Cows in such a state as to enable me to supply pure vaccine lymph, or milk from the vaccinated animals, which is believed to have the same beneficial effect. Apply by letter to Mr. Crook, Vine Cottage, Forest Hill, London, S.E.

Inquirers will oblige by enclosing their card.

INDIA OFFICE, S.W.

1st June, 1865.

Notice is hereby given, that an Examination of candidates for forty appointments as Assistant Surgeons in Her Majesty's Indian Medical Service, will be held at Chelsea Hospital on the 7th of August, 1865.

Copies of the regulations for the examination of Candidates, together with information regarding the pay and retiring allowances of Indian Medical Officers, may be obtained on application at the Military Department, India Office, Westminster, S.W.

T. T. PEARS, Major-General,
Military Secretary.

St. Bartholomew's Hospital and MEDICAL COLLEGE.—The WINTER SESSION will COMMENCE Oct. 2, with an Introductory Address by Dr. Andrew, at 5 o'clock p.m.

LECTURES.

Medicine—Dr. Black.
Clinical Medicine—Dr. Farre, Dr. Black, Dr. Martin.
Surgery—Mr. Paget, Mr. Coote.
Clinical Surgery—Mr. Skey, Mr. Lawrence, Mr. Paget, Mr. Coote
Descriptive Anatomy—Mr. Holden, Mr. Callender.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Odling.
Demonstrator of Morbid Anatomy—Dr. Andrew.
Demonstrators of Anatomy—Mr. Smith, Mr. Baker.
Assistant-Demonstrators—Mr. Vernon, Mr. Langton.
Tutors—Dr. Duckworth, Mr. Baker, Mr. Shepard.

SUMMER SESSION, Commencing May, 1866.

Materia Medica—Dr. Farre.
Botany—Dr. Harris.
Forensic Medicine—Dr. Edwards.
Midwifery—Dr. Greenhalgh.
Comparative Anatomy—Mr. Callender.
Practical Chemistry—Dr. Odling.
Microscopic Demonstrations—Mr. Savory.

The Clinical Practice of the Hospital comprises a Service of 650 beds: of these 227 are allotted to the medical cases, 20 to the diseases of women, 322 to the surgical and ophthalmic cases, and 81 to the syphilitic.

In the year 1864, relief was afforded to 6,000 in-patients, including more than 550 children under 10 years of age.

Collegiate Establishment.—Warden: Mr. Willet. Students can reside within the Hospital walls, subject to the collegiate regulations. Some of the teachers connected with the Hospital also receive students to reside with them.

Seven Scholarships, varying in value from 20*l.* to 50*l.*, are awarded annually. Further information respecting these and other details may be obtained from Mr. Savory, Mr. Callender, or any of the medical or surgical officers or lecturers, or at the Anatomical Museum or Library.

THE JOURNAL OF PRACTICAL MEDICINE & SURGERY

FOR JULY IS NOW READY,

AND CONTAINS—

Treatment of Stricture; Conclusion of the Debate on Aphasia; Pathology of Erysipelas; Causes of Congenital Deformities; Pathology of Angina Pectoris; Dislocations of the Thumb; On Summer Eruptions, and especially Nettlerash and Strophulus; Prophylaxis of Small-Pox; Fracture of the Femur above the Condyles; Amenorrhœa; Abscess of the Walls of the Cheek consequent on Pleurisy; Efficacy of Lemon-Juice in Diphtheria; Treatment of Scrofulous Otorrhœa; Amaurosis; Mr. Sichel's Prescription; Treatment of Chronic Bronchitis; Phosphate of Lime Lozenges; Phymosis; Treatment of Coryza; New Filtering Apparatus; Esserine; Efficacy of Bark; Treatment of Phthisis; Pustula Maligna; Case of Aphasia; Turpentine Vapour Baths; Therapeutic Effects of Arsenic; Treatment of Fractures; Morbus Coxæ; Glaucoma; 'Mortality in Paris,' by — Deville, M.D; 'Poetical Leisure-Hours of a Specialiste,' by J. Vénot, M.D.; 'The Annual Cyclopedia;' Changes in the Hospitals of Paris; Accidents Caused by Lightning.—Obituary: Messrs. Gimelle, Réveil, Masconnet, Hodel, and R. du Plan.

This Journal, published at the end of every month, in the French and English languages, has the largest circulation of any Medical periodical in the world.—Sent on receipt of 13 stamps. Annual Subscription, 13s. post-free.

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TO THE MEDICAL PROFESSION.

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The Medical Circular.

MEETING OF THE BRITISH MEDICAL ASSOCIATION AT LEAMINGTON.

The Place of Meeting for 1866.

Sir Charles Hastings said that many urgent invitations had been received from Chester for the Society to hold its next annual meeting there. He had therefore, great pleasure in proposing that the meeting for 1866 be held in Chester, and that Dr. Edward Waters, of that city, be elected President for the year.

Dr. Fleming, of Birmingham, seconded the motion, which was carried amidst warm applause.

Dr. Waters, who was present, returned thanks for the distinguished honour they had been pleased to confer upon him. He could assure them they would be heartily welcomed at Chester by himself and his professional brethren, as well as by the gentry of the town. Everything would be done to render the meeting most agreeable. At the same time, he feared they would not obtain there such a commodious building for the meetings and such facilities as they enjoyed in Leamington. In conclusion, he promised he would spare no efforts to make the meeting successful. (Cheers.)

The 'Journal.'

"1. That the continued publication of the 'British Medical Journal' is unnecessary and inexpedient; and that it may with advantage be replaced by a journal that shall not absorb so large a proportion of the income of the Association, and that shall be directed with a view to increase knowledge, and to promote better legislation, on questions of public hygiene and of State Medicine.

"2. That a Committee of five members of the Association be appointed to consider the best way of giving practical effect to the foregoing resolution, and to report to the present meeting."

The above resolution, notice of which had been given in due form, was moved by Mr. Carter, of Stroud. As a severe contest was expected on this motion, the meeting was crowded and the excitement was rather more than warm. On the motion thus introduced Mr. Carter spoke for full forty minutes, undismayed alike by the opposing front that stared him in the face and by the hostile sounds and interruptions with which he was assailed. As a speaker Mr. Carter is remarkable and, in a sense, powerful. He has no impulse, and fails altogether—if, indeed, he ever tries—to awaken a breath of enthusiasm; but his voice is good, his words ready, and his delivery without a trip or grammatical fault. At first I thought he had learned his part by heart; but the skilful manner with which he blended current events with past events was so accurate that, whatever preparation he had gone through, it was evidently not essential to the effort. His style of oratory is nearly identical with that of Huxley; he neither rises nor falls, and is wanting in all demonstration. Hamlet's advice to suit the action to the word were lost on him; for he ignores action, even to the raising of a finger or the stir of a facial muscle. His words are cold as ice; yet by the friction they excite they generate warmth. As a listener, I tried their effect by all modes of trial: with eyes shut and eyes open; with forced attention, and with an effort to think of something else; but the effect was the same; the piercing through and through was as steady as clockwork, tick, tick, tick, the subject changing constantly, but the motion not at all; still tick, tick, and tick.

I shall not attempt to report his speech, for nothing but *verbatim* accuracy would give a correct idea of it; and even then a carter, or at least a *wag*goner, who was pat at imitation, would be required to read it aloud; but the leading points were as follow. He began by disclaiming any and all connection with the 'Lancet,' and by asserting that he had no feelings of personal hostility against the editor of the journal, Dr. Markham. As regards the 'British Medical Journal,' as the organ of that numerous and influential Association, it ought to stand in a very different position from any publication started by private enterprise. If the 'Lancet' were to fall below the high standard it set up, the subscribers and readers would have no personal responsibility in the matter; the evil would eventually cure itself. But if the 'British Medical Journal,' as the property of the Association, fell in any respect below its proper standard, and the proprietors failed to condemn its decadence, they condoned the offence. The journal of the Association ought to be the mouthpiece of the Profession; it ought to be maintained with the very highest literary ability and the very highest Professional learning; it should be a publication on which the members could look with just pride and say, "This publication shows you the character of the British Medical Association." There was one thing, and one thing only, which stood in the way of the attainment and maintenance of that high standard. Such a publication as the 'British Medical Journal,' to be well conducted, must be a most expensive one; because men who could write well would not write well, except spasmodically, unless well paid for their labour. A large space must consist of editorial comments; and that department must be well supported by a large staff of writers, otherwise the productions would be tame and stale; and they must be well paid, otherwise the highest talent would not be available. The same remarks applied to original contributions. There could be no doubt that the higher the tone of the editorial department the better would be the contributions sent by Medical writers. If the 'Journal' were such a publication that no one outside the Association cared to look at it, and even many of the members did not cut the leaves, Physicians and Surgeons of the highest eminence would not contribute to its pages; but would say, "We will send our contributions where they will be read, and not commit them to the 'British Medical Journal,' where scarcely any one will read them." As an instance of the remarkable things that had appeared in the 'Journal,' he might say that an editor of the 'Journal' once came to him, and said he wanted a leading article, and did not know where to go for it. They discussed a great many things, and at last the editor said, "Could you not write me something on the Crystal Palace?" and an article on that subject was written and published. That was the way the 'British Medical Journal' was supported as a literary enterprise. How much better it might be now he did not know, but he believed there was only 300*l.* at the command of the editor to secure literary contributions, and, therefore, it could not be much better. This 'Journal,' which he took the liberty of considering a very inefficient and feeble organ, sat on the shoulders of the Association like the old man on the head of Sinbad—the moment the Association attempted to move, the 'Journal' strangled it. When an attempt was made to influence the Profession out of the Association by its agency, the attempt invariably and utterly failed. This being so, it might naturally be inquired, Why had the 'Journal' been suffered to remain so long? What were its supposed benefits? Why did they continue to publish it? It was said that it was a bond of connection between the members of the Association, and afforded a valuable medium for the publication of papers which otherwise would remain unpublished. The first statement was easily made, and could not be refuted, but he took the liberty of disbelieving it entirely. The Association had existed thirty-three years, and had only collected one-sixth of the whole Profession into its ranks. The editor had recently put forward a statement that since his appointment the number of members had increased from 1,800 to nearly 2,400, and believed that the 'Journal' had influenced the increase of members. What evidence was there of that, or that other causes—viz., facilities of locomotion, Branch meetings, and the private influence of members—had not been at work? At the Bristol meeting a Physician, whom they all esteemed, told him that he had belonged to the Association, but that he considered it too much governed by a clique, and had retired from it. That objection, was now in a great measure,

removed, the present representative government having greatly tended to the increase of members. He was convinced that the possession of a 'Journal' cut both ways with respect to the Association. If those connected with the Profession could see that the Association was influencing those outside it by guiding public opinion and legislation, instead of consisting only of one-sixth, it would embrace two-thirds of the Profession. With respect to the 'Journal' being a medium for the publication of papers, if they were the productions of eminent men, they would be gladly received by any Medical publication. He could not hear an admirable paper like that delivered by Professor Stokes without a mournful feeling that it should be buried in the pages of the 'Journal.' One or two of the Branches of the Assoeiation had passed resolutions in favour of the 'Journal,' but he came to the conclusion that it was the practice with members of the Association never to look into it. He had intended resting his argument for the discontinuance of the 'Journal' on the fact that the Association did not possess funds to maintain a good Medical Journal, and that it was derogatory to its influence and position to support an inferior one which swallowed up the greater portion of the income; but circumstances had occurred which induced him to go further; he felt a motion of which Dr. Bell, of Goole, had given notice was a distant challenge to himself, as he had, on more than one occasion, expressed an opinion of what the 'Journal really was. Not long since he expressed an opinion in the 'Lancet' that the 'British Medical Journal' was an organ for the expression of unworthy sentiments in illiterate language. That statement, which he would admit was a very strong one, he was perfectly ready to maintain. Up to 1863 he had been very much in the habit of reading the Journal. But from an article he then saw in it, he came to the conclusion that the Editor's ideal of a Physician was a man who despised literature and science, and concentrated his soul on pence; that the Editor was of opinion that a man should learn as little as he could, aud, when he had passed his examination, should forget that little as quickly as he could; and that a man should treat his patients without any care whether they lived or died, except in so far as it was likely to affect his pocket.

[At this point the feeling of the meeting rose to a pitch of great excitement, and the President was obliged to interpose and request Mr. Carter to avoid personalities. When order had been restored Mr. Carter resumed.]

He said, in continuation, that however much he differed from Dr. Markham, he gave him at one time the credit of being moved by a desire to act with justice. He (Mr. Carter) had, however, now to recall that opinion, and he cited an instance in which the Editor had refused, in one of those terse sentences which had gained for him so unenviable a notoriety, to allow him (Mr. Carter) to make a correction of an important error. This refusal was not based on a question of space, because the Editor had used as much space in refusing to comply as was required for a full compliance. He (Mr. Carter) could not under these circumstances help saying to himself,—"Here is a man who does not believe in his own false Gods." Mr. Carter next proceeded to criticise the conduct of the Editor in reference to some criticisms on the 'Ophthalmic Review,' and in regard to some personal matter relating to the Medical Provident Society, and he ridiculed the Editor for comparing himself to Apollo. Again called to order, he passed on to describe his project of a new journal for the Association. His view on this point was that the Association should conduct a review which should occupy ground not at this moment held by any Medical periodical, a review which should stand between the enlightened members of the community and the Profession, and which should carry with it into the public mind all the force of the Association. He thought the public would thus be influenced towards Medicine on all great questions by virtue of a power which no single individual could possibly put forth or carry on, and if the members would look around them they could see vast principles and subjects on which the Medical mind might be brought into contact with the public mind, with great benefit to both—on questions of education, hygiene, Medical remuneration, Parliamentary representation, and other kindred subjects. In the 'British Medical Journal,' Dr. Markham had opposed to the scheme now suggested the objection—that the cost of such a publication would be too great for the Association to bear. He (Mr. Carter) had originally based his argument on the estimate of a publisher; but he now found that a *quarterly* journal such as he proposed could be produced and supplied to members for less than 400*l.* a year. Eight shillings out of every annual subscription would thus pay for a quarterly journal of the very highest class. The members would be able to pay ten guineas an article to eminent writers; and they would be able to exercise a real influence on the Legislature and on those who form and guide public opinion.

In reply to a question by Dr. Radcliffe Hall, as to the manner in which he would deal with Midwifery, Mr. Carter urged that if the Association would address itself to the public it was necessary that its members should cease to address the Profession on subjects of special interest to themselves. They could never influence the public generally through a journal that admitted Medical papers. There were Medical papers in abundance; and the journal which the Association ought to publish should be one which would deal with those points of friction between the Profession and the public, such as Medical attendance at Hospitals, on clubs, and the poor generally. He thought the exclusiveness of the Profession was to be blamed for many of the difficulties that now surrounded it. He had not come there with the expectation that he should carry his motion, indeed, he had been told by a distinguished authority that five years were required to effect any change in the Association, but he hoped he had that day sown seeds which would ultimately bear fruit.

Mr. Gabb (Bewdley) seconded the proposition.

No discussion followed Mr. Carter's motion; but so soon as he had sat down,

Dr. Davey, of Northwoods, moved as an amendment—"That, with the view of dividing the present responsibilities of the Editor of the 'Journal,' and with the view of improving the general tone and management of the said 'Journal,' it is hereby proposed that there be chosen annually from the Council, two gentlemen, who shall constitute an Editorial Committee, to which Committee the 'paid Editor' shall refer for counsel and assistance in especial cases of doubt or difficulty, and more particularly in all cases involving questions of a personal or social character." Dr. Davey, who spoke with much courtesy and good feeling, did not oppose the 'Journal,' and he was ready to confess that the 'Journal' had greatly improved under the management of Dr. Markham, but something further was still required. It wanted a little courtesy infused into its pages. Many members complained of the uncourteous character of the Editor; and it was the experience of that want which led him to bring the subject before the Association. Dr. Davey having explained in a temperate and genial tone a personal grievance, left the matter with the Association.

Mr. Zachariah Lawrence seconded the proposition.

The amendment of Dr. Davey was received without discussion, to enable the Rev. Dr. Bell, of Goole, to move a third resolution, of which he had given due notice—viz., "That it is inexpedient to disturb the existing arrangements with regard to the Journal—(*a*) because Dr. Markham has proved himself quite equal to the responsibilties devolving upon him; (*b*) because the tone and management have gone on improving; and that general support and sympathy from the members of the Assocation, especially of those connected with the public Medical and Surgical intitutions of the kingdom, are alone wanted to make the 'Journal' an organ suited to carry out the principles upon upon the Association is founded." Dr. Bell, who, like Linacre, has cast off the Æsculapian mantle for the white robe of the temple, but who remains a warm, generous, and steady friend of the Association, is the very opposite of Mr. Carter as a speaker;—Mark Antony to Brutus—Bell is all heart! He loves his friends, and if it is possible that he has a single enemy, I am sure he does not hate

even that sad solitary soul. A gentle, calm, almost melancholy face, Bell's, when at rest, but with an eye full of meaning, which lights up under fire, flashes a little pride, and not a little courage. When he speaks there is no help for it but to listen, and not to listen only, but to observe, and hear. I had almost said with the eyes not less than the ears; for there is a quick energy of action about him which would have been convincingly graceful, if in youth it had been trained, which is now easy, though rather irregular and at times over done, and which shows that every grain of the man is speaking, and that he feels even more than he expresses. Well, as I have told, Dr. Bell rose and moved the third resolution on the subject of that irrepressible negro of the Association—Sambo Journalisticus Major. He had the advantage of being with the majority, and of speaking when the majority were warm on his side. With professional skill he seized the occasion to improve it and as cheer rose on cheer everybody saw that the day was his own. He neither argued, nor reasoned, nor explained, for there was no occasion for any of these parts in his speech; the time for such parts had long passed away. He congratulated the Association on its present "exalted condition," and the Association cheered; he spoke unaffectedly of his own old and deep-rooted affection for it, and again the Association cheered; he trembled lest the Association should by any change topple from its exalted position, and straightway the Association trembled, the arch "machinators" themselves—such is the effect of contagion—quaking like Ivan the Terrible in a sharp quotidian. He said that, for his own part, he read every word of the 'Journal,' and again the cheering was resumed. He challenged the members to appoint either Mr. Carter or Dr. Davey as editor of the 'Journal,' and the learned assembly shook its learned head in a style that none but an assembly of Doctors could possibly either initiate or imitate. He held up Dr. Markham as a model editor, and hoped the meeting would not trammel nor fetter "a mind so bold, so independent, so intrepid." He contrasted the 'Journal' favourably with all other journals, and energetically refused to enter into any of the details of the Carter and Davey speeches; he offered himself as a fulcrum to upset such "machinations," and finally calling upon a conclusive majority to support his resolution, he sat down a decided victor, waiting only a few minutes for formal declaration of victory.

Dr. Sibson seconded Dr. Bell's resolution. He reminded the Association that many experiments proved fatal to the being experimented on; and, as the members were now determined not to experiment, they took the reminder as a stinging joke, and laughed accordingly. The Association was now numerically and financially stronger than ever, the 'Journal' was improving, and everybody was improving, therefore let the improvement go on, and the 'Journal' lead the way. Dr. Sibson's speech was also warmly received, and well it might, for the great Ly-Kouo Ngan himself was not a more able pacificator of kingdoms than he. I have heard, ever since I can remember, of men who were adroit at pouring oil on troubled waters, and, of course, have believed in such men heart and soul, though, I confess me, the *rationale* of their process was always obscure. But our pacificator goes beyond these, for he has the happy facility of calming the waters without the oil or any other such base mechanical aid.

The seconder having resumed his seat with due applause, Dr. Cowan, of Reading, rose, and everyone who has ever heard his towering, rapid, marvellous eloquence will not wonder that the meeting, quite ignorant of the views he would support, waited anxiously to hear him speak. Unfortunately there was disappointment; a few short sentences in support of the 'Journal' was all that fell from one of the first of Medical orators of this or any other age; so the members had merely to vote, which they did with a forest of hands, for Dr. Bell and his cause.

It would be difficult to produce for the reader who was not present a fair outline of this scene on the 'Journal' question. There was a determined dock on a back seat who, with a face as red as the rising sun, and with flashing eyes was a picture alone worth seeing. His enjoyment was unbounded, and his constant cry of "Go on, Mr. Carter," whenever Mr. Carter was too slow or too mild for him, or whenever an interruption ensued, beggars description. There were others who looked grave, and a well-known figure, the kindest heart in the whole body of Physic, nearly killed me by trying to look the very villain of sternness. Oh! Leech, Leech! could'st thou but have sketched that assembly of learned leeches as thou alone could'st! Suffice it for the information of those who were not present that, according to Francis Moore, Physician, if an unpublished prophecy of his may be trusted, this scene will become, in time, an annual exhibition, so that, in the course of the ages, every one who is interested in it may witness it to his infinite benefit.

A word more justly belongs to one most interested in what occurred. It is due to Dr. Markham to say that he bore up against the onslaught made on him with excellent temper and forbearance. Like a prudent man, he held to silence, and left his defence in the hands of his foes and his friends, both of whom did their best for him in their respective ways to the height of their ability. Perhaps, if anything, adversaries did him the best turn; for, by placing the issue on him, who, in fact, merely represents the current desire of the Association, they transformed a general and vital question into a personal controversy, brought the majority to his side on the personal question, and left the general question—the actual value of the 'Journal,'—in precisely the same position as that in which they found it.

For this year, therefore, the irrepressible 'Journal' remains in *statu quo*.

Thursday Morning, August 3.

The Medical Provident Society.

Notice from the Board of Directors respecting Discussion on their Annual Report.—On the President of the Association (Dr. Jeaffreson) taking the chair, he announced to the meeting, as the first business on the programme, that he had received a communication from the Chairman of the Medical Provident Society, stating that the Directors of that Society, having considered the question relating to the discussion of their annual report, had unanimously passed the following resolution, and had requested him (Dr. Jeaffreson) to submit it to the present meeting:—"That the Board of Directors of the Medical Provident Society, seeing no objection to the discussion of their annual report at future annual meetings of the Association, have instructed their Executive Sub-Committee to take steps to remove any technical difficulties that may lie in the way of such discussion." ("Hear, hear," and cheers.)

The decision of the directors of the Provident Society was received with warm approval, and will, we doubt not, remove the possibility of all future differences. Technically the General Secretary was correct in his ruling as to the reception of the first report; but it was a mistake to insist on the point so forcibly; the more so as all the members of the directorate who spoke, including the Chairman, were in reality willing for discussion. For the benefit of both societies, the same conciliatory spirit as has now been presented, will, it is to be hoped, continued.

Medical Benevolent Fund.

The Report of the Medical Benevolent Fund was read.

On the motion of Dr. Thomson, seconded by Sir Charles Hastings, both of whom bore testimony to the great value of the fund, the Report was adopted.

Registration of Disease.

Dr. A Ransome (Manchester) moved—"That a Committee be appointed to encourage the registration of disease, and to devise the best means of obtaining the evidence of members upon Medical questions having a practical bearing." He said that the returns of the Registrar-General were comparatively useless to the Profession, because they neither fixed the time when nor the place where any epidemic made its appearance, and thus did not afford any clue to its origin. It might be urged that it would be impossible to obtain complete returns; but even

something short of national returns would be satisfactory. It would be sufficient if they could be obtained for large areas for population, steadily and regularly, so as to show the rise and fall of disease, and to endeavour to connect the causes with certain surrounding circumstances and conditions. Such a system of registration would enable Medical men to follow the track of epidemics, and would assist in the efforts to reduce them to certain laws. A system of registration of the kind contemplated by him already existed in Manchester, London, Preston, Birmingham, and other places; and in Manchester, where it had been in operation four years, although the district included eighty-four Medical men, only one report was missing.

Dr. Philipson (Newcastle-on-Tyne) seconded the proposition. He explained that in Northumberland and Durham the local branch of the Association had been endeavouring to collect such statistics. There would be no difficulty in obtaining the returns, although the scheme could only be successfully carried out by combination. By registering the number of deaths and of recovery from any disease, the Profession would possess valuable vital statistics, instead of the mere records of death supplied by the Registrar-General.

Mr. Turner (Manchester) supported the motion, which was unanimously adopted. A Committee was appointed.

The remainder of the morning sitting of Thursday was devoted to discussions on two subjects on Scientific Medicine selected by the Committee Council. For convenience of reference, I shall place these discussions, with two others that followed, under one general head.

At the afternoon sitting of Thursday, the business was opened by Mr. Southam, of Manchester, who moved the adoption of the following memorial:—

"MEMORIAL TO THE ROYAL COLLEGE OF SURGEONS.

"To the President, Vice-Presidents, and Members of Council of the Royal College of Surgeons of England.

"The Memorial of the President and Members of the British Medical Association showeth—

"That the Association consists of more than 2,400 members, the greater number of whom are either Members or Fellows of your College.

"That your memorialists are desirous of again bringing under your notice the general dissatisfaction of the Fellows and Members of your College at the mode of electing your Council.

"That the privilege of electing members of the Council is vested by the Charter in the Fellows generally without any personal distinction whatever, and that this is the chief or sole function of the Fellows in relation to the College.

"That, nevertheless, the personal attendance required at the election virtually deprives of their privileges a large proportion of the Fellows who reside at a distance from London, and makes the Council of the Royal College of Surgeons of England the representative body, not of the Fellows generally throughout England, but of the more limited number who reside in London and its neighbourhood.

"That your memorialists, therefore, earnestly request that you will be pleased to obtain a new or supplementary Charter, in order to render it lawful for the election of Councillors to be conducted by means of voting-papers, which may be filled up by non-resident electors, after some such plan as that prescribed for the Universities of Oxford and Cambridge in their election of members of Parliament.

"SAMUEL J. JEAFFRESON, M.D. Cantab., President of the British Medical Association.

"T. WATKIN WILLIAMS, General Secretary.

"August, 1865."

Mr. Clement (M.P. for Shrewsbury) seconded the motion, which was adopted.

FRIDAY MORNING, August 4.

The sixth general meeting took place at ten a.m., Dr. Jeaffreson presiding at the commencement, and Sir Charles Hastings during the latter portion of the proceedings.

REGISTER OF ATTENDANCE AT HOSPITALS.

The President moved to take the sense of the meeting on the following question:—"Whether it be consistent for Physicians and Surgeons of Hospitals to sign, by the order of the managing committee, a return of the time when they enter upon their duties on each day of attendance, the time of leaving, and the amount of Professional labour performed." It was unanimously decided:—"That, in the opinion of the meeting such registration is inconsistent with the position and dignity of the members of the Medical Profession."

BIOGRAPHIES OF LIVING MEDICAL MEN.

Dr. Stewart (London) moved:—"That this meeting sees no reason to dissent from the strong and very general verdict of condemnation which was pronounced in 1854 on the practice of publishing the biographies of living members of the Medical Profession." He said that eleven years ago the subject excited a great deal of attention, and it was thought to have been definitely settled that the practice of publishing biographies of living members of the Profession was a practice deserving of the strongest condemnation. Had the practice been revived under the same circumstances as before, he should not have troubled the Association by referring to the matter; but when it had been recommenced by a gentleman of such high character and standing as Dr. Barker, of Bedford, he thought it was calculated to be prejudicial to the Profession. He did not think it possible to form a correct estimate of any man until after death, because some who were thought moderately of in life had subsequently been discovered to have been great men, whilst others who had held prominent positions during life were lost sight of altogether after death. There could be no doubt that the three distinguished members of the Profession already noticed were fully worthy of the distinction; but who was to decide where the series should end, and what degree of eminence should be the line of demarcation? Some might to-day be considered worthy of the honour who in a few years' time might forfeit all claim and title to be included amongst the eminent of the Profession. In the former series he knew that several of the Medical men noticed, spread their biographies over the length and breadth of the land, until it became positively sickening; and so strong was the indignation of the Profession generally that it would not tolerate it. The fact of the name of Dr. Barker being associated with the present series might induce those who would scorn to defile their fingers with the biographies previously published to regard them as something totally different; but the principle was essentially the same, whatever difference there might be in the mode of carrying it into practice. One evil would be that men would be anxious to get their biographies published, in the hope that it would assist them in their Profession, and thus a fulsome system of puffing would be introduced.

Dr. Burnett (Alton) seconded the motion. The practice had been generally condemned some years ago, and he did not see that it was now any the less objectionable.

Dr. Barker (Bedford) said that, so far from the principle itself being objected to, some of the most distinguished members of the Association had consented to the series of biographies he had the honour to commence. With respect to the individuals to be selected, he did not apprehend there would be any more objection to those hereafter published than to those whose biographies have already appeared. In preparing biographies, his object would be to faithfully record all that the subjects of them had accomplished for the Profession or for science, and to avoid all kind of personal details. He hoped to make these works useful, and to render them perfectly unobjectionable. He did not believe that any gentleman whose biography would be included in the series, would make any improper use of the distinction.

Mr. Zachariah Laurence (London) thought that if the motion were put it would be placing the members of the Association in a very invidious and disagreeable position, and he suggested that no vote should be taken on the subject.

The President then put Dr. Stewart's motion to the meeting, when it was carried by a small majority.

On the Cattle Plague.

By William Budd, M.D. (Clifton).

After opening with a brief historical sketch of cattle-plague, and some remarks on its past and present geographical distribution, the writer gives a minute account of the symptoms of the disease, and of the morbid appearances it leaves in the carcase. The one and only anatomical characteristic of the malady may be described in general terms as a specific affection of the mucous glands, which beginning with new cell growth and issuing for the most part in ulceration, culminates in the follicles, isolated and aggregated, of the small intestine.

On grounds which are given at length in the paper the writer considers this affection to be the exact pathological equivalent of the affection of Brunner's and Peyer's glands in the typhoid fever of man. The two affections not being identical in any sense, but the precise counterparts the one of the other.

The paper continues with a description of the various modes in which this eminently contagious disorder is propagated, including its communication by incubation with virus directly obtained from the glandular affection just referred to. This point the writer considers to be of cardinal interest. Some years ago, in a series of papers in the 'Lancet,' Dr. Budd entered into considerations to show that the intestinal affection of typhoid fever in man is neither more nor less than the specific eruption of a contagious fever. In this strictly correlative affection of the ox, this doctrine receives the stamp of experimental proof.

The evidence adduced in the paper appears to Dr. Budd to place the following important propositions on unassailable ground:—

1st. Cattle-plague is a contagious and eruptive fever in which the specific eruption, instead of occurring on the skin, as in small-pox, occurs on the internal surfaces of the alimentary canal and air passages, nostrils included.

2nd. The poisonous germs thrown off by the eruption are cast out of the body in the discharges from these surfaces, which thus become the chief means of propagating the disorder.

In Russia the disease is often actually inoculated by virus from this source.

3rd. The specific poison which causes cattle-plague is, like the poison of small-pox, the product of the disease itself, and the living body of the animal affected with it is the only known medium in which this poison is bred.

And 4th. (A proposition which is merely a corollary of the last.) Cattle plague, like human small-pox and sheep's small-pox, and, it may be added, like the living organisms which people the earth, having first come into being under circumstances of which we know nothing, is never known to spring up spontaneously now, but is self-propagated only.

To be successful, all attempts at prevention must, the writer believes, be founded on these principles. It is in part from want of clear apprehension of some among them that certain foreign Governments, in spite of an otherwise very stringent preventive code, have often failed to stay the pest. It will be from want of applying these principles sufficiently early, or with sufficient vigilance to meet every accident of the case, that we shall fail in England now, if fail we do. To succeed, three things only are necessary, but they are all three essential.

1st. To prevent the further manufacture of the poison, by the instant slaughter of infected cattle.

2nd. To get rid of all poison cast off by them.

And 3rd. To prevent the reimportation of the pest.

All these, but the second especially, are things which require great knowledge, and still greater vigilance, qualities which are only too likely to be often in default in the present emergency. The first needs, in addition, a loyalty to high principle in the execution of measures seemingly adverse to the money interest of the hour, which it would, perhaps, be too much to expect to be very general in the farming class. Could all this be accomplished, cattle plague in England would be no more.

As the discharges which chiefly convey the poison are liquid, their first effect is to infect the ground on which the patient stands. In the same way they taint the ship, the wharf, the cattle truck, the public road, the fair and market. Flooded with these discharges, and charged with exhalations from them as the places are in which the sick cattle are kept, it is easy to see how persons visiting them may carry away in their shoes, or in other ways, sufficient infection to taint the public road, or even the soil of distant places. In this way, shepherds, farriers, sanitary inspectors, and, lastly, farmers, curious about the new pest which has stricken their neighbours' cattle, may become, as on the Continent they are so often known to become, the unconscious bearers of it.

It is probably in virtue of germs, derived, in great part, from the same pathological source, that oxen,—themselves uninfected—the hides and hoofs of dead cattle, horses, sheep, dogs, poultry, and other animals, domestic and wild, often play the same part. Unless we have an eye to it in time, the writer thinks that many of the modes of transmission here indicated are likely to have no little hand in spreading the pest among us.

Practically, the greater part of the poison cast off by the infected animal takes the form of manure. This being so, it is a matter of no little anxiety to know what has become of all the cattle-plague manure created in London within the last two months.

To give point to this inquiry, Dr. Budd relates that it has come to his knowledge that, no longer ago than Saturday, August 5, a large load of such manure was taken from an infected dairy to one of the London canals for transmission into the country.

Dr. Budd's paper concludes with an application of the views developed in it to the contagious fevers of man generally, and to typhoid fever in particular.—'Medical Times and Gazette.'

ORIGINAL COMMUNICATIONS.

TWO CASES OF CHOLERA, ACCOMPANIED WITH PECULIAR SYMPTOMS.

By John William Lane, M.D., L.R.C.S.I., &c.

Case I.—Mrs. E——, aged sixty-one, lives about a mile from me, is a charwoman and had been at her usual work the day before.

I was called up at 2·30 a.m. on Saturday, July 29th, to see this person; the messenger said she would be dead before I could get up to the house, and explained what was the matter. I immediately dressed and went up, taking with me a bottle of chlorodyne (Towles'), and a mixture which I find very useful in diarrhœa. I found her with the usual symptoms of cholera on my arrival—viz., vomiting, the peculiar "rice-water" purging, body quite cold and of a purple colour, cold sweat, pulse imperceptible, tongue and lips quite livid, breathing very quick and spasmodic, extremities very cold and rigid, a painfully appalling expression of countenance, denoting dreadful sufferings, eyes fixed and sunken, eyelids open as if staring; I could pass the end of the finger over the eyeball, which had a glassy appearance, and was quite insensible to touch or light; there was a peculiar state of spasmodic jerking every few moments, not unlike tetanus, by which the body would be thrown into a complete state of opisthotonos for a moment or so, accompanied by a dreadful shriek, as from great pain, the body resting during the spasm only on the back of the head and the heels. I gave her twenty drops of chlorodyne in a tea-spoonful of cold water at once, had great difficulty in getting it down

owing to, if I may so call it, the temporary state of lock-jaw. I then applied a piece of flannel saturated with spirits of turpentine all over the abdomen and chest, and had the arms and legs also well rubbed with turpentine, and I applied hot jars to the feet and legs. I repeated the chlorodyne in fifteen minutes, and shortly afterwards the spasms began to subside and the vomiting was not quite so severe. I then began giving strong brandy-and-water, with sp. ammon. Ar., and, at the end of two hours, vomiting had ceased and she was becoming conscious, the purging being still very severe and passing involuntarily. I then gave her one table-spoonful of the following mixture, which I had taken with me:

℞ Pulv. creta co., ʒiij.;
„ acaci, ʒiij.;
Tr. catechu, ʒiv.;
„ opii., ʒij.;
Sp. cinnam., ʒij.;
„ Ether nit., ʒij.;
Aq. camph., ad. ʒviij. M.

I repeated the dose at intervals of ten minutes, and after the fourth dose the purging ceased entirely. From this time she gradually improved, and upon visiting her again at 9·30 (as I had left her at 7), she told me the way in which she had been taken. She had been working very hard the day before, and before going home at night had eaten some cold bacon and boiled beans; she went to bed about twelve o'clock as well as usual, and very shortly afterwards was seized with a sudden giddiness, plucking and jerking spasms in her arms and legs, violent cramps in the abdominal region, and a feeling as if cold water was running down her spine. In half an hour the vomiting and purging commenced and she immediately felt as if a rope was being drawn tight around her chest and over the region of the heart, which feeling gradually increased, so that she could not speak and was just becoming unconscious on my arrival; she had been about two hours ill when the messenger came for me. The first thing she felt when recovering from the state of coma was, she said, a tingling all over the body and extremities, which, I think, was caused by the turpentine applications. Upon visiting her again, at 3 p.m., she was a good deal better and wished for some food. Arrowroot and brandy were given her. No return of the vomiting since.

July 30th.—When I visited her to-day I found her sitting up in bed, though very weak. No pains or purging since. Bowels have not been opened. Eight p.m.—Bowels have been naturally relieved; rather of a dark colour. She is getting better rapidly.

CASE II.—Jane E., aged twenty-three, daughter of the former, was seized—about the same time on Tuesday night, August 1st—much in the same way; I was immediately sent for, and I was in the house within an hour from the beginning of the attack. She was taken ill just after going to bed. When I arrived I found her in a state of complete coma, with the same symptoms as her mother had, except that she was now in a complete state of opisthotonos; there was very little spasmodic jerkings, the head and heels alone touching the bed, the eyes swollen, fixed, and completely insensible to touch or light, teeth firmly clenched, breathing very quick and spasmodic, vomiting very severe, most copious rice-water stools passing involuntarily. I followed the same treatment as before, except that I gave larger doses, and had more difficulty in getting them swallowed. The purging in this case must have been very severe, as the bed-clothes, mattress, &c., were completely saturated, as she was only able to get out of bed twice before becoming unconscious. The vomiting was something like the stools when I saw it, but afterwards became darker coloured, as I have mentioned. There was a most peculiar odour, almost indescribable, in both cases, and it was more than two hours before the opisthotonos subsided, and an hour or so afterwards before consciousness returned. She took nearly one mixture before the purging ceased. When I left at 7·30 she was in a warm glow of perspiration and fast asleep. The messenger came for me at 9·30, saying vomiting had returned, but upon my going up I found they had given her some lukewarm tea, and also an egg. Another dose of chlorodyne set all right. Twelve noon. Bowels ached slightly, she complains of abdominal pain and headache; I applied the sp. of turpentine on flannel again for twenty minutes, and gave her a stimulating mixture. 4 p.m.—Bowels ached again, gave another dose of the diarrhœa mixture. 7 p.m.—Very, weak bowels have not been opened since.

August 2nd.—Had a good night; slept well; feels better and wished to get up; bowels have not been disturbed; her breasts have begun to swell and become painful, on account of the child not being allowed to suck. I recommended her to wean him as he is now nearly one year old.

August 3rd.—Feels all right, except her breasts.

As I have never seen any cases of cholera, accompanied by such symytoms as I have described, except these two, I describe them at length. Perhaps some of my Medical brethern, or "Cyclops," will explain this physiological action. Were the tetanic symptoms caused by "extreme hyperæmia of of the spinal and lymphatic nervous centres?" The last patient also complained of the cord-like feeling around the chest, not unlike "angina pectoris."

Bishops' Castle, August 12th, 1865.

THE CONTAGIOUS NATURE OF ERYSIPELAS.

Another highly interesting subject, but one of practical interest—viz., the contagious nature of erysipelas, was brought forward at the Academy of Sciences by Dr. Blin, of Saint Quentin. This gentleman forwarded a communication, on which M. Gosselin reported on the 20th of June.

"No doubt is at present entertained," said M. Gosselin, "that erysipelas frequently assumes the epidemic form. But neither Chomel, Blache, Rayer, Cazenave, Bérard, nor Denonvilliers, admit that the disease is propagated in the same manner as measles, small-pox, or scarlatina. M. Velpeau contends that no satisfactory proof of the contagious nature of erysipelas can be adduced. . . . On the other hand, Graves, of Dublin, Trousseau, Grisolle, and Follin, argue that, under peculiar circumstances, erysipelas is transmitted by direct contagion. This opinion has been defended in the recent inaugural theses of MM. E. Labbé (1858), Roger (1860), Fenestre (1861), Ch. Martin and Blockberger (1865). . . . The greater number of cases adduced by these authors have, however, been observed in the hospitals . . . and, in order to throw light on the question, it would have been desirable to bring forward cases in which the affection could not by any possibility be traced to the presence in the atmosphere of morbid emanations different from those evolved by erysipelas only.

"M. Blin adduces twelve cases in point, which are connected with each other as follows:—A young man, aged twenty-two, came to Paris from Guise (Nord), and paid several visits to an interne of Hospital Lariboisiere, who was at the time labouring under severe erysipelas of the face. A couple of days after his return to his native place, where no case of erysipelas existed, the young traveller became also affected with erysipelas of the face and scalp, and died. The servant who had nursed him through his illness and one of his relatives, who lived in a neighbouring village, were subsequently attacked with the same complaint. The wife of the latter and four of their relations and friends were then affected in a similar manner. The physician who attended these four persons caught the disease and died. The daughter of this gentleman, and three nuns who had nursed him, and lived at two miles from his residence, equally suffered from erysipelas."

M. Gosselin brought forward other instances of contagion which had come under his own observation. Erysipelas was prevalent in his wards at Hospital Beaujon in the year 1860. The chaplain of the Institution, who frequently visited the sick, fell ill with erysipelas of the face, and died. This clergyman's father, who had come from the country to nurse his son, was seized, two days after his arrival, with erysipelas developed around a boil in the back and the disease ended fatally.

Two patients in the same hospital, who occupied one room, were both attacked in succession with erysipelas. after an operation for the relief of onyxis. A woman, lying in the close vicinity of another affected with erysipelas was seized with the same disease, which first appeared around a seton she bore in her neck. A lady, aged thirty-two, residing in the Rue de Lille, in a large and well-ventilated apartment, while nursing her baby, who had been seized with erysipelas around the umbilicus, was herself attacked with the same complaint, which originated in an insignificant scratch on the leg. M. Gosselin further adduced four instances of the propagation of the severest form of the affection from persons labouring under erysipelas to those who had attended them in their illness.

After a short disquisition as to the various interpretations these facts might admit of, the learned reporter expressed his entire concurrence in the views entertained by M. Blin.

"Erysipelas," said he, "is not inoculable, but infectious; . . . some constitutional predisposition, some peculiar aptitude for the disease must, however, be present, and frequently also some previous wound or sore, through which the miasma is admitted into the system."

The following are the practical conclusions of the report:—

"1. Persons who have undergone an operation, or who are suffering from a wound, should not be placed in a ward in which cases of erysipelas exist; 2. If one ward only is available for the reception of patients, they should be removed as far as possible from the beds actually or recently occupied by subjects affected with erysipelas; 3. The wards should be well-ventilated; 4. Cases of erysipelas should not be admitted into the wards occupied by individuals who have undergone an operation; 5. The attendants on cases of erysipelas should be instructed frequently to go into a purer atmosphere, and not to remain constantly in the vicinity of the patients."—'Journal of Practical Medicine and Surgery.'

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. C. B. Radcliffe continues his "Clinical Lectures on Cases Calculated to Illustrate the Diagnosis and Treatment of Paralysis." His present lecture is on "Progressive Locomotor Ataxy," a malady discovered some seven or eight years ago by M. Duchenne, of Boulogne, and characterised by "deficient action in that involuntary instinctive co-ordinating power by which various groups of muscles are made to work harmoniously together in such acts as standing, walking, or handling." There is no deficiency of the will upon the muscles individually, and no loss of muscular force, or change of muscular structure. Ataxy was formerly confounded with spinal paralysis in general, and especially with that vague form of it known under the name of *tabes dorsalis*. Dr. Radcliffe relates the particulars of a case of this disease which occurred in a sailor, thirty-four years of age, in whom there was the peculiar want of co-ordination in the voluntary movements, together with excruciating pangs of pain, flitting from one spot to another, with defective eye-sight, bad memory, and despondency of mind. Dr. Radcliffe describes the symptoms and progress of the disease as pointed out by M. Duchenne, and then compares its features with those of disease of the cerebellum, of general paralysis of the insane, of common paraplegia, of chorea, and of other allied affections. The pathology of ataxy is still doubtful, but it probably consists of some degenerative process in the cerebrum and cerebellum, and in the posterior columns of the spinal cord.——Professor Boeck, of Christiana, communicates the first of a series of papers "On Syphilisation." In the present paper the author alludes briefly to the history of syphilisation, and to the facts and experiments on which the expediency of the operation is founded. After alludiug to the circumstance that one attack of several specified diseases acts as a protective against subsequent attacks of the same diseases, Professor Boeck observes, that although immunity from variola is obtained by a single inoculation, the syphilitic virus can be guarded against only by a long series of inoculations. "The number required differs, and depends partly and chiefly upon the intensity of the virus that is being inoculated, partly also upon the constitution of the patient." In answer to the question, how long the immunity will last, the Professor admits that it may be possible, after some months, by means of fresh primary matter, to reproduce a pustule, but this will never attain any considerable depth or extent, nor will it be possible to call forth from it a long series of inoculations. The views of the Professor are thus expressed: "The organism, after syphilisation, with respect to reaction towards the syphilitic virus, will never go back to the state in which it was before syphilisation was commenced." Professor Boeck commences by inoculating the sides of the chest, then the arms, and lastly the thighs.——Dr. W. S. Playfair contributes a paper "On Pelvic Abscess as a Cause of Hæmatocele," and relates a case in which the existence of the abscess appears to have preceded that of the bloody tumour.——Dr. A. T. H. Waters continues his "Contributions to the Pathology and Treatment of Certain Diseases of the Heart and Lungs," his present paper being "On Certain Forms of Heart Disease, and their Liability to terminate in Sudden Death." Dr. Waters considers that fatty degeneration is the disease of the heart most likely to terminate in sudden death, and that the proportion of valvular diseases so terminating is very small. Of the suddenly fatal valvular diseases, it is a matter of question whether aortic regurgitant disease, or mitral regurgitant, is the most dangerous, and the point is not yet determined.——Mr. Holmes Coote contributes a short paper "On the Statistics of Strangulated Hernia," so far as they are illustrated by the cases operated on by himself at St. Bartholomew's Hospital during the year 1864.

The 'Medical Times and Gazette.'

Dr. Lionel Beale continues his inquiry into the nature of the phenomena which constitute "Inflammation," his present lecture being "On the Increase and Multiplication of Cells in the Simplest and most highly Complex Organisms." Dr. Beale traces the process of inflammation, or something corresponding to it, not only in the lower vertebrata, but in annelids and polyps, and even in creatures of a still simpler organisation. In the higher vegetables the process of inflammation is also met with, as when the ovipositor of a gadfly penetrates the bud of a plant. Pus, according to Dr. Beale, does not result from the aggregation of particles in the disintegrated tissue, but really consists of living matter. Degradation in formative power does not imply diminished vitality, and Dr. Beale considers it a mistake to suppose that disease is necessarily associated with diminished vitality.——Dr. J. Fayrer, of Calcutta, contributes a paper describing an operation for the "Radical Cure of Inguinal Hernia," the object of the operation being to invaginate a portion of the scrotum within the inguinal canal, and to secure it there. The operation, as described by Dr. Fayrer, is very often successful, but is frequently unsuccessful, and he gives a tabular statement recording the cases on which he has operated, and the results of each.——Mr. R. Cooper Todd relates a "Case of Intussusception of the Cæcum and Verimform Appendix," the case occurring in a soldier. The result was fatal, and the vermiform appendix was partly sphacelated.

Royal College of Surgeons.—This museum and library will be closed as usnal during the ensuing month of September.

Quack Medicines.—Upwards of £55,333 has been paid during the past year for the government duty on quack medicines.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 23, 1865.

THE PREVENTION OF CHOLERA.

It is gratifying to find that many members of the Medical Profession, assisted by other philanthropic persons, have already begun to take precautions against the invasion of an enemy, which in all probability will soon visit our shores, and which, if it find us unprepared, will decimate our population as it has done on former occasions. The benevolent efforts to which we allude are the more to be commended, inasmuch as they emanate only from private, or at least restricted circles of society, and are, as usual, altogether unsupported by the Government. A large and influential meeting was held on Thursday afternoon last, at which a report was read, enforcing the necessity of adopting precautionary measures against the threatened outbreak of cholera in this country, and a series of resolutions were passed in accordance with the recommendations contained in the report. The speeches and resolutions we have published in another part of our Journal, and we now draw attention to the report which, in its integrity, is too long for insertion, but is fully worthy of the deep and serious attention of the British public.

This document reminds us that an outbreak of cholera has lately taken place in Asia, has broken through close quarantine, and has appeared with great severity at Malta. It has also prevailed at Ancona in Italy, and has broken out in Spain, and at Marseilles. Extraordinary epizootic visitations are precursors of similar visitations on the human race, and a severe epizootic on cattle is now prevailing in England. We are informed that the extraordinary epidemic of cholera in 1832 slew 32,000 persons, and that of 1848-49 slew 72,000 persons in Great Britain. The recorded evidence of Medical officers in every part of the country proved that where measures founded on careful observations of the previous course of the epidemic visitation of 1832 were duly taken, the attacks were greatly diminished in number, intensity, and fatality. It is most important to recollect that well-managed public establishments, although containing the lowest classes of the community, presented examples of almost entire immunity from attacks; while the greatest fatality occurred among people placed in conditions in respect to which timely, clear, and express warnings had been given to guardians and other local authorities. The attacks of cholera were most severe in the places and upon the people, where and among whom the foul-air diseases, such as typhus, dysentery, diarrhœa, and the zymotic exanthemata, have always prevailed, which diseases are almost entirely unknown among the lower class of inmates of well-conditioned establishments such as orphanages, refuges for the destitute, or well-managed union-houses and prisons; but are never absent among the lower classes living in crowded, ill-drained courts and alleys, ill-supplied with pure water or pure air, and where 100,000 per annum of men, women, and children perish from those diseases in Great Britain alone. In this "preventible slaughter," as it is justly termed in the report, is included a considerable proportion of the lower middle-class shopkeepers, who are kept indoors in foul air from cess-pools and other sources of malaria, the removal of which, as in Salisbury, Croydon, and in other places, has occasioned a reduction of all ordinary death-rates by one-third, and has consequently occasioned a like reduction of the exposure to extraordinary epidemic visitations.

The report goes on to record, in general terms, the experience gained in the visitations of cholera in the years 1848-49, and 1854, and it quotes the replies given by several Medical men upon the subject before the Metropolitan Sanitary Commissioners, the evidence all tending to prove the conditions under which cholera, like other epidemic diseases, commits its most fatal ravages. To Medical readers the details would be merely tedious, although it is most desirable that they should be made known to the general public, the more especially as we know that public bodies are lamentably slow in adopting the measures which humanity and science alike indicate for the prevention of epidemics such as that with which we are again threatened:—

"It is true," says the report, "that since the last extraordinary epidemic visitation there has been much sanitary work done in the abolition of cesspools, the increased house supplies of water, the substitution of closed, self-cleansing, tubular house drains for cesspools, self-cleansing pipe sewers for man-sized brick sewers of deposit; but to no extent corresponding to the need of them. The continued ravages of the foul-air and preventible diseases are decisive as to the extent of evil conditions which require removal. In the metropolis, for example, such sanitary works have been applied only to a small proportion of the worst-conditioned houses needing them, while upwards of 1,000 miles of sewers of deposit, giving off the products of pestilential decomposition under the streets and houses, are estimated to be untouched. While such conditions remain amid the internal drainage works,—evidenced by the smells in the streets,—intercepting and outfall sewers are comparatively of inconsiderable effect. The false expectation and reliance created in relation to the effect of main drainage works and purifications of rivers alone is showed by such facts stated by a lamented member of this Committee, the late Dr. M'William, who had charge of the Customs' officers engaged in ships on the River Thames, that only two died in those ships at the time the river was in its worst condition, and those two from diseases caught on shore in the less diluted atmosphere of the houses there, and that the attacks on the people living in the houses immediately open to the river have been less than those in the interior houses adjacent to lines of sewers of deposit, or to stagnant ditches or cesspools. In the discussions in the health section of this association, it was shown that 60,000 cesspools or middensteads, designated as poison pits, are yet retained underneath the houses of the most unhealthy city in England, and an equivalent proportion in the most unhealthy city, Manchester. Moreover, in many places where the drainage has been improved, the evil of overcrowding has been increased. The protection of the population exposed to any aggravating causes of the existing foul material influences will need considerable exertion on the part of educated persons to countervail the ignorance, or the apathy, or the sinister interests which in the face of representions of the real character and dreadful results of those influences, have allowed them to remain. The influence of better knowledge and skill may be relied upon for improved exertion as against the impending outbreak, and the committee have received gratifying reports of the preparations already making in several instances. But it would be literally

a fatal error if the experience of the shortcomings of a large proportion of the local authorities on the last extraordinary visitation were overlooked, and if they were not to be guarded against by volunteer arrangements. The slaughter was aggravated on the last visitation by want of sufficient information or understanding of the extraordinary preventive services or works required, by neglect or delay of applying them, until the epidemic was full upon the population, and when they were too late, and when the extraordinary epidemic had passed, being relieved from the pressure of public attention, little or nothing was done for the protection of the people against the continued evil influences in the generation of ordinary epidemic disease."

The culpable neglect of the Metropolitan Boards of Guardians to take efficient sanitary measures even when the epidemic had proved its presence by unmistakable evidence, is vigorously, and yet we believe most truthfully exposed in the following extract from a report made by the late Mr. Grainger, one of the most active and energetic of our sanitary reformers :—

" 'It must be obvious,' he said, 'to all unprejudiced persons, that if any combined and efficient efforts were to be made by the agency of sanitary amelioration, to guard the population of this vast metropolis from the ravages of the destructive pestilence with which it was at the period in question threatened, no initiatory measures could be better adapted to secure that all-important object than those set forth in the above regulations; and yet I am bound to state that, with some few exceptions, they were disregarded by the various Boards of Guardians in London and its neighbourhood for many months after the cholera had given unmistakable evidence of its presence, by severe, though restricted, outbreaks in divers metropolitan parishes. In spite of those regulations and significant warnings much precious time was thus irrevocably lost; no systematic sanitary precautions were adopted; and I consequently found on visiting various localities on the re-appearance of the disease in June and July, as the Medical visitors did subsequently in September, that foul and obstructed drains, filthy houses, and overflowing cesspools, were as rife as they were before Christmas when the epidemic first broke out. This was even the case in the various spots where cholera had formerly prevailed, and where the whole class of epidemic diseases had again and again recurred. On seeking to learn the reasons why the preventive sanitary measures prescribed by the general board had in so many instances been neglected, one of the most fundamental omissions connected with the local management of the late epidemic, and to which, according to my judgment, by far the larger portion of the evils that followed ought to be attributed, came to light. The parochial Medical officers, with some few exceptions, had neither been consulted by the guardians on the measures required at such a crisis, nor authorized to examine into the causes affecting the public health, and this, notwithstanding the express requirement contained in the official regulations, that the guardians should "cause the Medical officers employed by them, or specially appointed for the purpose," to visit all places where epidemic, endemic, and contagious diseases had of late prevailed, and report on the sanitary precautions required. So early as the beginning of November, 1848, the General Board of Health gave ample and distinct information upon this all-important point; it published a large body of Medical evidence, derived from the most competent observers, to show that, as the neglected and filthy parts of the town, the parts unvisited by the scavenger, the parts unsewered and undrained, the parts having no proper supply of water for washing away their filth or for domestic use, were the chosen spots where typhus prevails and decimates the population, so were they the special seats of cholera; it pointed out that this had been universally proved in respect of the epidemic of 1832, and in order to ascertain if, as could scarcely be doubted, the same law would be observed again in 1848, the General Board instituted extensive inquiries, and all of which distinctly demonstrated that the march and progress of cholera, so far as it had then extended, was, as in the former attack, in the midst of the fever districts. Now, these districts were as familiar to the Medical officers of the metropolis as if they had been marked out on a map, each and all of these gentlemen had they been required, or even, I may but in too many instances say, had they even been permitted, to lay before the guardians the information they possessed, could before a single case of cholera had occurred in their districts have placed their fingers upon the very spots and houses which, supposing no ameliorations to be effected, would furnish the victims of the coming disease. But unhappily, after all the information that had been collected and published, after the repeated efforts made by the General Board to insure to the public the benefit and protection of well-considered and efficient sanitary precautions, the lessons of experience were but too generally neglected by the authorities more especially bound to adopt them; and the population of London, and specially the poorer classes of it, found themselves, when cholera began to rage among them, as unprepared to meet it as in 1832, if they were not, owing to increased numbers, even in a worse position.'

The report concludes with the following practical suggestions, which eminently deserve the attention of all classes of the public, but especially of those to whom the sanitary superintendence of the country is intrusted :—

"The primary preventive measures suggested by previous experiences are a house-to-house examination of the houses, and the courts, alleys, streets, or habitations whence foul-air diseases do now arise, for which purposes lists should be got out from the local registrars of the houses that have been of late visited by diseases of the zymotic class; also, lists from the relieving officers and the Medical officers of unions, and of houses and places most frequently visited by such diseases. Experience has shown that ill-ventilated schoolrooms, overcrowded with children, filthy in person and dirty in dress, are great sources of epidemic diseases among children. On an examination, an excessive annual mortality of 8,000 and 9,000 children annually within the schoolages in the metropolis, and of nearly 50,000 children in the United Kingdom, was due chiefly to epidemic diseases which bad school conditions promote. These sources of additional danger from the extraordinary epidemics would require anxious attention. The effects of the bad condition of the ill-ventilated workshops has been repeatedly shown to the surprise of the public by the rise in health of the wage classes, as those of the cotton operatives during the period of the cotton famine, when the factories were closed and the workers were in the open air. These sources of predisposition to extraordinary epidemics should be visited, and amendments suggested for the protection of the workers. Such house-to-house visitations and examinations of the chief sources of the ordinary foul-air diseases would suggest the reasons, and give the facts to the visitors for instructions and directions to the people as to what must be done by themselves, and would furnish grounds for representations as to what must be done by others, and what may be needed from the authorities having charge of the provisions of the Diseases' Prevention Act, as well as of the provisions provided for the protection of the public health. Such examinations cannot be too early or too extensively instituted, whether the extraordinary epidemic advance upon the people of this country or not. The permanent defences against it, now obviously weak, cannot be too soon seen to and made good. As against a possible, though more remotely probable, military invasion by a foreign enemy the Government of the country has been called upon to expend several millions of money annually, and to provide new works and elaborately organised forces, volunteer as well as regular, although the most ruthless invaders in modern times could scarcely be expected to inflict such a slaughter as was inflicted by the cholera invasion of 1848-49 upon upwards of 70,000, chiefly defenceless poor people—men, women, and unoffending children. It appears that the present is a befitting opportunity in which it would be capable to forego claims upon public attention to the state of the existing defences against internal and cruel pestilences, which regularly ravage the people, as well as against the extraordinary invasion of pestilence, which past experience shows may be expected with certainty at recurring periods, unless the proved results of sanitary science be properly consulted and generally and completely applied."

THE CATTLE DISEASE.

The disease among the horned cattle of our country still continues to engage the serious attention of all classes of the community, as well it may, considering that meat is now enormously dear, and likely to be dearer, and that a deficiency of milk is also threatened. The existence of the epizootic is universally admitted, but a very serious difference of opinion prevails as to its mode of origin, and con-

sequently as to the steps which are to be taken for its prevention or removal. It has been very generally asserted and believed that it is of foreign origin, and is due to importations of foreign cattle; but others maintain that the mischief has been engendered at home, and that the beasts coming from the Continent are perfectly sound. It is argued that if the importation of foreign cattle is prohibited, the remedy will be worse than the disease, and that the British public will thus be cut off from their supplies of meat, and human starvation will be quite as bad an affliction as an epizootic among oxen. It must also be stated that some very competent authorities maintain that the cattle disease is not of foreign importation, and Mr. Harvey, of Norwich, the chairman of the Mutual Cattle Assurance Society in that city says:—

"With respect to foreign cattle, I am not inclined to believe that this disease is in any way introduced into this country by animals imported from abroad, and I think that we ought to be very cautious in giving currency to that idea. The foreign cattle trade is not only a very large trade, and one which exercises a most beneficial influence on our country, but it is a rapidly increasing trade, and one which it would be most disadvantageous to check. In no part of the world is there less disease among cattle than in Holstein and Jutland, and the other parts of the Continent from which we receive the bulk of our beasts; and the experience of the cattle trade in London bears out the conclusion that they arrive untainted by disease."

At a recent meeting at the Mansion House, several Medical Officers of Health expressed the same opinions, and Dr. Tripe, of Hackney, stated that—

"There were eighty-two cow-houses in the Hackney district, and there had been sixty-four deaths, while 114 cows had been destroyed in consequence of the disease, making nearly a sixth-part of the whole of the cows in the district which had suffered more or less from the complaint. He had not been able to ascertain any instance of infection from without. In one case, where thirty-two cows had been destroyed, the disease had originated with two heifers which had never left the pasture in which they were bred and born. In another case six cows out of 110 were left in a shed; some had died, and the others had been sent to market. In that case there had not been a single fresh head of cattle for months, and the disease broke out in a place where there could have been no means of infection. One man, who kept thirty-eight cows as a rule, had lost sixty in twelve months. On the other hand, it was remarkable that not one case had occurred in small dairies. The epidemic had only been severe where there had been a large aggregation of cows."

THE ART OF MURDER IN THE NINETEENTH CENTURY.

The public mind has again been horrified with the news of a quintuple murder, perpetrated on a helpless woman and four children, and the dreadful details have been daily served out to the greedy appetites of the multitude through the columns of the general press. In the first place it was discovered that three children were lying dead in a lodging-house near Holborn, and the conjecture that they were poisoned has been confirmed by *post-mortem* examination and the discovery of prussic acid in the body. Suspicion fell upon a man named Southey as the murderer, and this suspicion was speedily verified, for, soon afterwards, two other murders were committed at Ramsgate by a man named Forwood, and it turned out that Southey and Forwood were the same person. The murders at Ramsgate were committed without any attempt at concealment, and, indeed, almost in the presence of witnesses, and accordingly Forwood was immediately taken into custody, and he saved all trouble as to the proof of his identity with Southey by proclaiming himself to be the same person, and admitting, in writing, that he was the perpetrator of all the five murders.

A few words must suffice to explain the relations existing between the murdered persons and the man Southey or Forwood. It appears that the three children poisoned in London were the offspring of an adulterous intercourse between Southey and a woman named White, but it is necessary to explain that, at the period of the murder, these children were not dependent upon Southey, but were maintained by Mr. White, their "reputed" father, and Mrs. White had emigrated to Australia some months ago. The persons murdered at Ramsgate were Mrs. Forwood, who, it turned out, was the actual wife of the man Forwood, and the other was a child of the marriage; but here also it is necessary to explain that he had long ago deserted this woman, who had actually forgotten him, and was with difficulty persuaded that the person who came to find her was her long lost husband. This explanation is given in order to show that the three children in London, and the woman and child at Ramsgate were in no way burdens to the man Forwood or Southey, and the life or death of any or all of the five must have been, one might have imagined, a matter of perfect indifference to such a person. Undoubtedly, as far as any rational theory can be offered, their deaths could do him no good, and their lives could do him no harm, inasmuch as they were all provided for.

We are, however, positively assured, on the authority of the newspapers, that the man Southey or Forwood exhibits no symptoms of insanity, and we are even told by the 'Standard,' that "an eminent Medical gentleman" has expressed his opinion to that effect, although the name of the gentleman who has volunteered this gratuitous information has not been communicated to the public.

Now it is a principle of English law that no man is to be considered guilty until he has been tried and convicted by a jury of his countrymen, but it would be affectation in us, or any other reasonable beings, to doubt that the man Southey or Forwood was the murderer of the five persons to whom we have alluded. He was almost seen to commit two of the murders, and he has publicly confessed that he committed them all. If he had said nothing, or written nothing, or if his previous history were unknown, the public might have safely left the circumstances of his previous career and all the collateral details of the horrible deeds to be developed in the course of the legal proceedings which have already been instituted; but the man has not only been pretty well known in certain circles, he has also favoured us with his opinions upon various matters relating not only to himself but to society in general.

We ourselves, following the almost invariable rule of

entering upon no discussions as to the guilt or innocence of a prisoner charged with a capital crime, would have abstained from all comment, had not the 'Times, prematurely, and, as we think, improperly, almost prejudged the case of the accused man, and endeavoured to show that all his acts are consistent with the theory that he is perfectly sane. We desire to state that we offer no opinion upon the subject, but we publish the following documents, which speak for themselves, and we append only a few remarks by way of question as to the soundness of the psychological views advanced in the columns of our daily contemporary.

The following story is proved to refer to the man Forwood, and is taken from the 'Times' of the 15th of December last:

"A well-dressed man applied to Mr. Tyrwhitt for advice. He said that he had made the acquaintance, some time ago, of a lady of great attainments, but of no property. She had so far sacrificed herself to her children as to reduce herself to indigence. He had made a vow to see her through her difficulties, but being, as far as pecuniary matters were concerned, somewhat similarly circumstanced, he had suggested that they should unite their fates and make a joint effort to raise themselves into that position in society they were entitled to occupy. He found, however, that he could not marry the lady as she had a husband from whom she was separated, and they could not get a regular divorce for want of funds. They had come to the determination to form a union which should be binding on each other. At the same time they stipulated that if they failed to raise themselves into a higher position, they would commit suicide. The drugs were purchased and they continued together, but failing in their object they reconsidered ther determination, and had now resolved to separate and not to commit suicide. He now begged to hand over to the magistrate the bottle containing the poison, as a proof that all rash resolves had been given up.

"Here the applicant offered to the magistrate something wrapped in paper.

"Mr. Tyrwhitt.—What is this—poison? I don't see that I am required to receive it. Take it to the police.

"The applicant continued. He said that that was the first part of his case. The second part was of greater importance. He was desirous of assistance in raising himself again to that position he once filled and which he felt he ought to occupy.

"Mr. Tyrwhitt.—What has a magistrate to do with such a matter?

"Applicant.—If a gentlemen of your large experience, in concert with the Earl of Shaftesbury and Sir Edward Lytton Bulwer—men who have studied life and who are skilled in its mysteries—will join with the all-powerful press in this work, I cannot for a moment doubt that they will at once decide on the value to be placed on my moral and intellectual attributes.

"Mr. Tyrwhitt said he had no time to devote to such affairs. As he had no control over the press, he must refer the applicant to its conductors."

This anecdote is now referred to in some leading articles of the 'Times,' as proving the artful and designing character of the man Forwood, and the sagacity of Mr. Tyrwhitt, the Bow street magistrate. It is argued that the story of the applicant was a cunning device on his part to extract money from the pockets of the British public, the attempt being frustrated only by the superior intelligence of the occupant of the magisterial bench. It was, of course, exceedingly probable that a man, openly admitting that he was living in adultery with another man's wife, would excite general sympathy by stating that fact in the newspapers, and soliciting contributions towards the support of himself and his paramour. But the writer in the 'Times' almost seems to pride himself upon the reflection that, however much John Bull and his wife (the latter particularly) might have been melted to pity by the story of such a "cunning mendicant," *he* would have seen through the trick at once, and like the sagacious Mr. Tyrwhitt, would have stopped the current of benevolence before it flowed too copiously in the direction of the erring but unfortunate pair.

Southey, or Forwood, having thus failed, in consequence of Mr. Tyrwhitt's acumen, in extracting money from the public, and gaining support from the press, was induced to hit upon a new plan for effecting these objects, and this plan was no less bold than ingenious, and it would probably afford another argument in favour of his cleverness, according to the 'Times.' The plan was, in fact, to destroy three helpless children by poison, to murder his wife and her child by shooting them with a revolver, and then to publish an explanatory letter to the British public, and make another appeal to its sympathy, the man hoping, no doubt, that although he had failed to elicit any alms on account of the minor offence of adultery, he would in all probability succeed in his object if he committed the major crime of murder. As if five murders were not enough to satisfy the appetite of the public, and to enlist contributions in his favour, he has informed the world that he intended also to murder Lord Dudley, and he would in all probability have made away with Mrs. White and another child, only they had fortunately sailed to Australia before this novel and ingenious plan for exciting charity had come into his head.

However, as all the world now knows, the five murders were committed, and then Forwood, *alias* Southey, writes and also reads the following manifesto:—

"August 10, Police-station, Ramsgate.

"On Monday, the 7th inst., I took three children whom I claim as mine by the strongest ties to the Star Coffee-house, Holborn. I felt for these children all the affection that a parent could feel. I had utterly worn out and exhausted every power of mind and body in my efforts to secure a home and a future for those children, and also other five persons who doubtless were dependent on me. I could struggle and bear up no longer, for the last support had been withdrawn from me. My sufferings were no longer supportable. The last hope had perished by my bitter painful experience of our present iniquitous, defective social justice. I shall be charged with their murder—with their criminal murder in the truest and strongest sense of the charge. I deny and repudiate that charge and throw it back on the men who have by their gross criminal neglect so brought about this sad and fearful crime. I charge back the guilt of the crime on those high dignitaries of the State, the Church, and justice who have turned a deaf ear to my heartbroken appeals, who have refused fellow help in all my frenzied efforts and exhausted struggles, and who have thereby impiously denied the sacredness of human life, the mutual dependence of man, and the fundamental and sacred principals on which our social system itself is based. Foremost among these, I charge the Hon. Lord Dudley, the Bishop of London, Sir Richard Mayne, Lord Palmerston, the Attorney-General, Sir George Grey, Mr. Gladstone, the Earl of Shaftesbury, Lord Ebury, Lord Townshend, Lord Elcho, Sir E. B. Lytton, Mr. Disraeli, Lord Lyttelton, Sir John Pakington, Lord Derby, Lord Stanley, Sir Francis Crossley, the

Bishop of Bath and Wells. Under all the terrible run of my life I did the very best."

To ourselves, who do not pretend to any intuitive skill in psychological diagnosis, the above effusion appears, taken in connexion with the facts, to be a farrago of unintelligible absurdity, but some of our contemporaries perhaps see in it only a development of peculiar through perverted views of social morality on the part of a man whose mind isperfectly sound, but whose opinions are not in unison with those of the majority of mankind. We think that the question of his sanity or insanity may safely be left until the period of the trial.

SUMMARY OF THE WEEK.

THE LATE CASE OF ALLEGED POISONING AT ASHBURTON.

It will be recollected that some weeks since Mr. Charles Gordon Sprague, a surgeon, was tried for the offence of poisoning some of his relatives by atropia, which was supposed to exist in a pie of which the family had partaken. There was, however, no evidence to show that Mr. Sprague had introduced any atropia into the pie, and he was acquitted. We now again refer to the subject, not because we believe the verdict to be erroneous, but because a controversy has sprung up, and has not yet died out, upon the question whether the pie contained any atropia at all, and if it did, whether it might not have been introduced accidentally. The Medical evidence for the prosecution distinctly proved that some of the persons who partook of the pie were seized with symptoms of poisoning resembling those produced by belladonna, and Mr. Herapath, the chemist, convinced himself of the presence of that poison in the pie by placing some of the contents in his own eye, and finding that they dilated his pupil to double its ordinary size. Our contemporary, the 'Medical Times and Gazette," however, ridicules the idea of the existence of atropia in the pie, and attributes the symptoms to the putrescent condition of the rabbits of which the pie was composed, and it alleges that unwholesome meat will produce upon the pupil the same effect as belladonna. If such is the case, the fact is new to us, and we think that Mr. Herapath would confer a benefit upon science if he would reconsider his experiments and his evidence, and would test the question, whether the introduction of putrescent animal matter within the eyelids will really cause dilatation of the pupil. On the other hand, the other Medical witnesses for the prosecution maintain their original opinion that the symptoms were really due to the presence of atropia, and Dr. William Ogle, of Clarges street, adopting the same view, proposes the ingenious theory that the rabbits in the pie had been feeding upon belladonna leaves. Now it is a general, though not, perhaps, a universal principle, that the plants which are injurious to man are so likewise to the lower animals, but if Dr. Ogle's conjecture be true, not only will this principle be proved to be erroneous, but the danger of eating rabbits, under any form, will be so great as to dissuade the public from using those animals for human food. The whole question is really deserving of the attention of toxicologists, and we hope that it will yet be discussed. We are sorry to observe that Mr. Sprague has been apprehended on a charge of having committed another offence since his acquittal on the charge of poisoning.

"CYCLOPS'" FIFTEENTH LETTER ON PHYSIOLOGY.

TO VIGILANS.

One of the great benefits of new ingesta is clearly seen to be the conversion of many of its bases into fresh acid elements, to be ready for the next call upon them for all those primary purposes for which they are made. The next uses are evidently for the generation of gases, without which, the expansion and contraction of tissues would never ensue. Besides which, the lubricating fluids would be stopped, such as we see in fevers. Both these actions, which are the actual result of decomposition of opposite elements, have certain electric and heat evolving powers. We naturally conclude, then, that as long as the stomach has anything within it to digest, so long is heat and gastric acid generated, with large amounts of gases, and so long will these gases permeate its coats and become absorbed in the tissues beyond them. Heat and acids are also disinfectants as well as anti-putrescent powers. The foul birds who feed on carrion, and animals who do the same, all show this, as well as the true lovers of game in a high condition.

A correspondent of the MEDICAL CIRCULAR of August 9th, asks, "What is the cause of heat in the animal body?" and suggests "the friction of blood through the walls of its vessels." The causes are everywhere. Some of them I have just named, and I do not see how it is possible that when the body is acting in full vigour and health, with all conversions that are taking place throughout it, that anything but heat can be the result. Friction of the blood alone along the course of vessels is not sufficient to account for it. Even the friction of muscles over each other, though producing heat largely as we see in all kinds of exercise, is still insufficient. I have in other works said, Wherever there is union of elements, heat is evolved by combustion. *Even the very friction of the blood through its vessels causes heat;* there is not a part of the body that does not, in the metamorphosis of its structure, emit heat, and therefore the caloric is well kept up. Did my querist ever make the dilute sulphuric acid? An ounce and a half only of the latter to fourteen and a half of water, so that, when mixed, he could scarcely bear his hands tightly round the containing vessel. Or, in pneumonia, to place his hands on the patient's chest, when he would find the same kind of pungent metallic heat. He need not go far to have his question both chemically and physiologically answered; for the chemical evolution of the latent heat in the body, which is supposed to exist everywhere, is something enormous. The simple friction of two pieces of wood, or a stick of sealing-wax rubbed briskly on a piece of cloth shows this.

When the stomach is empty a far different fact occurs than when it is full; for when empty it becomes an absorber of gases from its external to its internal coats, and these gases are the hydrogens, nitrogens, and carbons. Its altered condition as an empty organ shows this as well as its necessities. Oxygen is not a free gas in the serous tissues; but the nitrogens, hydrogens, and carbons, in their combined states, are, and permeate the coats of certain parts of the alimentary canal, and there meet with oxygen. In the stomach, oxygen is for ever swallowed freely; saliva, constantly made to an indefinite extent, is always carrying it there; and this constitutes in the fasting or empty organ a means of moisture in itself, independently of its own secretions. It has often puzzled, both our philosophy as well as physiology, to account for a daily action on the bowels in some people, in far greater proportion to what is taken in solid ingesta by them. To this well-known fact, we say, "Oh! there's always something there." If it was not for some law of the kind I have mentioned, together with the natural cohesion of fluids, the formation of solids by the absorbed gases and fluids, and union and mixture again of all these combined, we should not probably have these facts to record, but seeing them, then such phenomena can well be accounted for. They are simple enough—and what organs so proper to receive and amal-

gamate them as the alimentary canal throughout its various parts, and convey them into the colon. It seems an action of necessity for a law of this kind to exist, or the calibre of the alimentary tube would run the risk of being closed up. The meconium of the fœtus illustrates this in a marked degree, in whom no alimentation or digestion ever takes place. It is simply a mechanical, as well as a chemico-vital law in Nature that it should be so. The stomach, even in its empty state, is yet somewhat unceasing in its action, though at that time it does not secrete acids; in fact, it reverses this, and so do the salivary glands, and both their bases of secretion become alkaline. In many interruptions to the healthy standard, bile will regurgitate from the duodenum, through the pylorus, into the stomach, where it has no business to be. This condition always tinges the tongue yellow and causes sickness. It also impedes or interferes with the secretion of true gastric acid, and vitiates it when it is secreted. It is then, when people vomit bile they say they are bilious, and the Profession, not caring for its physiology, confirms them in their error, for both agree to attribute the cause to the liver. Some ill-conditioned state of the duodenum, or some misunderstanding between this viscus and the stomach above, is the true fact of the matter. Vomiting certainly clears it away from where it has no physiological right to be; but if it is not ejected in this way, we ask, Which is the best plan to get rid of it? Not by giving blue pill! Not by aperient medicines! Not by alkaline carbonates, even if combined with acids as effervescents! It is simply to ask, What is bile? A powerful alkali! Then its proper antidote is acid, and any of the acids soon remove it. It is at most, a functional derangement of the simplest character, to be most pleasantly as well as most completely removed, and no organ to be considered out of order. The stomach is often most irregular in its action, according to the individual or what he takes, especially as concerns digestion; but digestion much depends upon the quantity, quality, and variety of the food and drink taken. Perhaps it has never been physiologically considered in its relations to other organs. I have never seen its sympathies, with the colon at all considered; yet there is no greater field of observation than this. With regard to digestion, the stomach takes a most varied range in time for this act to be completed, and many things often interfere with it. Are these to be considered in any way influenced by the colon? I have abundant reasons for affirming this. Many hours after an aldermanic dinner, when much wine, and that of a varied character, has been taken, the stomach will disgorge the greater part, and many perfectly undigested morsels will come up. Now, it has never, as far as I have seen, occurred to physiologists to ask whether this was a mere act of the stomach itself, or a wiser one of the sympathy of the colon, and that, therefore, the sickness was a direct hint from the colon. If digestion had been completed, and the contents of the stomach gone in the natural direction, whether the colon could suffer with impunity such a mass to come into it, and if it could not without injury to the system, it was the party that stimulated the direct disgorgement of the mass by the mouth. We shall have abundant reason for this view of the matter hereafter. Such masses of food, however, have their influence upon the system, while they are yet within the stomach. In an ordinary vomit of an ordinary meal, of what the stomach cannot digest, or what, if it could, the colon could not receive, there is abundant reason for showing that this organ gives the hint for its ejection. The sour gases rising from even this disgorged mass are bad enough; but let the aldermanic dinner, with its variety of food and wine, after being churned about for many hours in the stomach be rejected, What are the gases like then? Bah! they are horrible. What was the condition of the system before they were risely discharged out of the stomach? Why? that they forced themselves through its porous structures, poisoning everything. Their gaseous fumes etherizing the brain, make it whirl and the senses all confused and demoralized, are at last quite subdued. All this has arisen from a lethora of gases in all their primary forms; but all such in proper quantities and at certain times are necessary to the system; only in their excesses do they become pernicious. When the stomach is thus emptied of more than it can digest, yet the gases being still generated, a natural instinct and common usage seem to have taugh mankind the true physiology for recovering from such excess—namely, plenty of fresh air (oxygen), plenty of cold water (oxygen again), and all this without disease ensuing, or scarcely a twelve hours' functional disturbance, as the whole system once more rights itself. If the body and its secretions were what some would make them; a little bout of this kind ought to make whole regiments of disease; but it does no such thing. The only excuse for it is, that it is done accidentally in good company, such as may occur from the pious Hannah Moore's simple debauch, of taking sometimes a little more than necessary to rouse some of the native slumbers of the organs and their secretions, which often do more good than harm; but ascending this scale in the various gradations, it may be done too much and too often. Physiology has gone so far as to admit all this; but has not gone far enough to understand the true meaning of the facts. Depend upon it, there are other regulators of the stomach's actions, besides what depend on the uses and the laws of the stomach itself, and we must find them out, for it is not the generous liver, or the *bon vivant*, who has the most diseases, and if there are sins of commission to the system, there are also plenty of those from omission and these dietetic, starving sins of disease are often the most difficult to manage, as well as the subjects of them, which I hope to illustrate hereafter.

I am, &c., CYCLOPS.

THE LATE SIR WILLIAM JACKSON HOOKER.

Sir William Jackson Hooker, Director of the Royal Gardens at Kew, whose death is lately announced, was born at Norwich in 1785, and from a very early age manifested a taste for botanical studies, which ultimately resulted in his being appointed Regius Professor of Botany at the University of Glasgow, an appointment which he subsequently resigned for the curatorship of the gardens at Kew. Sir William was a member of nearly all the learned and scientific societies on the continent and in America. He received the honour of knighthood in 1835, and the degree of D.C.L. in 1843 from the University of Oxford, on the nomination of the Duke of Wellington. He was the author of 'The British Flora,' 'Flora Borealis Americana,' 'Icones Filicum, 'Genera Felicum,' 'Musci Exotici,' 'Flora Exotia,' 'Musculossa Britannica, &c., and contributed the botanical portion of the work to Admiral Beechey's account of his voyage of discovery in the Arctic Region. He was a Knight of the Legion of Honour.

SCIENTIFIC ARTICLES.

REMARKS ON A NEW REMEDY FOR GONORRHŒA.

By HENRY SAMUEL PURDON, M.D., L.R.C.P. Edin., L.R.C.S.I.; Assistant-Physician Belfast Charitable Infirmary; Physician to the Belfast Dispensary for Diseases of the Skin.

The oil of yellow sandal-wood was introduced to the notice of the Profession by Dr. Thomas B. Henderson, of Glasgow, in the 'Glasgow Medical Journal' for April, 1865. The following is an extract from his paper:—

"In my experiments with this drug I have found it perfectly innocuous, even in large doses. From twenty to forty drops, diluted with three parts of rectified spirit, and flavoured with the oil of cinnamon, is the ordinary formula I employ. It often cures in forty-eight hours; it occasions no sickness, and is equal to cubebs or copaiba in efficiency."

From my own experience, as well as that of others, I can fully endorse the statements of Dr. Henderson. The

following formula is the one I usually employ, and which I obtained from my friend, Mr. Parks, of Glasgow, who has used it with success:

℞ Olei santal flav., ʒvi.;
Olei sabinæ, ʒjss.;
Spt. lavandulæ conp., ʒij.;
Spt. rectificati, ʒjss. M.

Signetur: A tablespoonful three or four times a day, in water, after food.

The oil of savin appears to help the efficacy of the oil of sandal-wood. I find the above formula very useful in gonorrhœa, when contracted for the third or fourth time; also in gleet.

THREATENED EPIDEMIC OF CHOLERA.

On Thursday last a conference of Medical officers of health, members of the Epidemiological Society, parochial clergy, and others interested in the sanitary condition of the metropolis and of the kingdom generally, was held in the Library of the National Association for the Promotion of Social Science, Adam street, Adelphi. The conference was convened by the Council of the Association to consider what steps can be taken at the present moment in view of the threatened epidemic of cholera. Among the gentlemen assembled were Lord Ebury, Mr. Edwin Chadwick, C.B., Dr. H. Greenhow, Dr. Brewer, Rev. Dr. Allen, Rev C. E. Oakley, Rector of St. Paul's, Covent garden, and several physicians, Medical officers of health, and clergyman of the metropolis. The Bishop of London had consented to take the chair.

Dr. Headlam Greenhow, who in the absence of Mr. G. U. Hastings, discharged the duties, requested leave to explain that the Committee of Health of the National Association for the promotion of Social Science had resolved, in consequence of the impending visitation of cholera, to convene a conference of the members of the fourth department of the association, the Medical Officers of Health, and clergy of the metropolis, and others interested in the subject. A sub-committee had been appointed to make preparations for the meeting, and they had drawn up a statement, which, with the permission of the chairman, he would read to the meeting.

The chairman said there was very little hope that the dreaded disease would not visit this country either during the coming winter or the succeeding spring. With such timely notice it would be unpardonable if all possible measures were not taken to mitigate the severity of its visitation.

Dr. Greenhow then read the statement of the sub-committee of the standing Committee of Health on the threatened epidemic of cholera.

Mr. Chadwick said he had been called upon to give his experience of former epidemics, which he first obtained under the auspices of Lord Ebury, as Chairman of the Metropolitan Sanitary Commision. That commission summoned before it those Medical officers who had served in the districts most severely scourged by cholera. Upon the evidence then given and subsequently verified the measures of prevention recommended by the commission were founded. Above all they found the former epidemics had reappeared at certain places with remarkable pertinacity—sometimes on one side of a street, in the same houses, and not unfrequently in the same beds. Another circumstance worthy of notice was that sudden as were the attacks of the disease they were almost invariably preceded by premonitory symptoms, and if these were properly treated, and patients in the earlier stages were removed to houses of refuge, the severity of the visitation was greatly modified. Experience had shown the great necessity of a house-to-house visitation in every locality with the view of removing all known causes of disease. There was a periodicity in these visitations. In Ireland they occured every ten or twelve years. If the cholera did not visit us this year it might come next year, and all the exertions that we might make to prepare for it would be abundantly repaid. (Applause.) He concluded by moving the first resolution:—

"That the outbreak of cholera in Constantinople, in Egypt, in Malta, in Italy, in Spain, and Marseilles, and the occurrence of scattered cases of cholera in the metropolis, and also the outbreak in this country of an extraordinary epedemic in cattle, which had often been the precursor of extraordinary epidemic attacks on human beings, must be taken as portending an extraordinary epidemic visitation on the people of this country, which should be guarded against by all means available from voluntary exertion, as well as from the exercise of Governmental and local authority."

Dr. Aldis seconded the resolution.

Dr. Richardson thought the Social Science Association ought to be asked to appoint a scientific commission, comprising such men as Professor Owen, Mr. Simon, the Government Medical Officer of Health, Mr. Chadwick, and four or five other scientific men, who might sit from day to to day and receive reports and evidence as to the character and progress of the disease. They would then be in a situation to draw up a report, stating how the disease passed from one person to another, and the best practicible means of prevention.

Mr. Liddle, Medical Officer of Health, Whitechapel district, said there were now local boards and Medical officers of health in each district—an advantage which the metropolis did not enjoy when it was last visited by the cholera. These boards and their Medical officers would be most willing to lend every possible help in carrying out sanitary measures. The question might be asked, "What can the local boards do?" They could order the daily cleansing of the streets. All the streets in the city of London were cleansed daily, and if the main thoroughfares required this how much more the narrow and neglected streets containing the habitations of the poor? They might appoint additional inspectors. In some large districts there was only one inspector of nuisances. It was, however, desirable that there should be a second and even a third inspector to visit the dwellings of the poor, to discover nuisances, and to report daily to the Medical officer of health. The local boards should order the daily emptying of the public dust-bins, and the daily removal of dung-heaps and [illegible]. They should enforce a better supply of water (hear, hear), and if possible always from the main. He had in several cases succeeded in obtaining the adoption of "water-waste preventers," whereby the poor were provided with a constant supply of water, cool and sparkling, from the main. It was desirable to know what provision the guardians had made for the reception of cholera cases. He feared it would be found that the accommodation in workhouses for cholera patients would be very deficient. The local boards ought rigidly to enforce the paving and draining of all the back yards and courtyards of the houses in the poorer districts. The Legislature ought also to be asked to pass a new Building Act whereby houses unfit for human habitation might be removed, and also a more efficient Nuisances Removal Act. The Medical officers of health should endeavour, as far as practicable, to prevent overcrowding in the poorer districts, but this was a most difficult thing to do.

The resolution was then put and unanimously agreed to.

Dr. Stewart moved the second resolution:—

"That, having regard to the known character of the threatened epidemic visitation, and to the course of previous extraordinary epidemics, it is probable that the greatest severity of the visitation will be in the same places and upon the same classes that are now most severely scourged by typhus, dysentery, and the various species of foul-air diseases, and that all well-directed exertions protective of those classes from the extraordinary epidemic, should the threatened attack be spared, will nevertheless be preventive of the so-called zymotic or fermenting diseases which are never absent from the districts chiefly inhabited by the poor, by which nearly 20 per cent. of the ordinary death-rate is due, and an annual sacrifice approaching to 100,000 lives occasioned."

Mr. E. Webster, in seconding the resolution, said he regarded the conference as a meeting for a practical object. He wished to ask Mr. Chadwick whether any simple remedy had been found which might be resorted to for the purpose

hecking the premonitory symptoms before a Medical er could be called in.

Ir. Chadwick would not answer the question as a phyan but as a statist. The commission collected the ılts of very opposite modes of treatment, and they found t in a given stage of the disease—he did not now speak he premonitory symptoms — almost all the methods of ıtment were equally efficacious, or rather equally inefficaıs. When the disease raged in its full violence it killed eat majority of the people it attacked. As the influence he disease declined the mortality diminished. When disease became very mild almost any method of treatıt succeeded. They could generally tell by the returns ther in the infected districts a house-to-house visitation in operation to detect the premonitory symptoms, and ommending a slight opiate in the early stage of the dise. (Hear, hear.)

Ir. W. Rendle, late Medical Officer of Health, St. orge's, Southwark, said he could corroborate the advanes of the house-to-house visitation. He should be sorry the speech of Mr. Liddle led the public to suppose that ause we now had Medical officers of health and vestries public might rely on their action and need trouble itself y little about the cholera. That would be a great delu. (Hear, hear.) The Medical officer of health might e his vestry good advice, but the majority would usually found to be composed of interested persons. (Hear.) He l once been a Medical officer of health, but was now a nber of the vestry and not its officer. The vestries, no ıbt, might do a great deal of good if the majority of those lies were desirous that the law should be carried out.) often, however, this was not the case. (Hear, hear.) hus, for instance had been ravaging the metropolis for years. It was understood by Medical men that typhus cholera flourished in precisely the same district. Well, t had been done towards routing typhus fever? So far, a expelling typhus it had been allowed to increase. He no confidence in the vestries carrying out measures of tary prevention until the disease was upon us and people l by scores. Then they would be seized with alarm and ıld make matters worse by stirring up and emptying pools, turning out people from crowded and unhealthy ricts, and creating a panic among the poor. The local ies should do their duty while there was yet time, and not tpone all action, until the cholera was actually upon us. persons elected into the vestry should be the best men he respective parishes. Too often, however, the persons st qualified refused to act, and thought it a trouble and a race to serve. (Hear.)

he resolution was then put and carried.

ord Ebury moved the third resolution :—

That, in order to disseminate instruction for the dance of the voluntary exertions which may be needed serviceable to aid or to supplement the action of the tral and local authorities, and to sustain the general lic interests in the prevention of excessive disease and nature mortality, this Conference recommends that the ve co-operation of the parochial clergy—of the members he association—of Medical officers of health of the ropolis—of the members of the Epidemiological Society f the members of the Society of Arts, who have specially oted themselves to the improvement of the dwellings of labouring classes—of the Working Men's Clubs, and of er voluntary associations of a kindred character, be ind to make united effort throught a joint executive comtee, and that the Health Department of the Association the Promotion of Social Science be respectfully invited arry this resolution into effect."

Ir. Burge, Medical officer of health of the Fulham dist, regretted that the local authorities had no power at ient of dealing with original cases of disease for the pur of isolating them. Provision ought also to be taken inst the improper retention of dead bodies in the case of h from contagious disease. He had known cases where interment of such bodies had been delayed seven, four, and even twenty-one days.

he resolution was then put and carried unanimously.

Dr. Greenhow rose to move the cordial thanks of the meeting to the right rev. Prelate in the chair. (Applause.)

Mr. Chadwick seconded the resolution, which was carried by acclamation, and the proceedings were brought to a close by the episcopal benediction.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 10th inst. :—John Comyns Leach, Crediton, Devon; Frederick Walter Lowndes, Southport, Lancashire.

The following gentlemen also on the same day passed their first examination :—Thomas Baron, St. Thomas's Hospital; Charles Hedley, Guy's Hospital; Charles Edward Howard, St. Mary's Hospital; Robert Wood, London Hospital.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their final examinations during the recent sittings of the examiners, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin. :—Thomas Gray Archdall, County Fermanagh; John Tait Budge, Caithness; Albert Buscarlet, Pau; Donald Campbell, Perthshire; Albert William Coppinger, Cork; Wolfred Nelson Cote, United States; William Thomson Crabbe, Kirriemnir; Thomas Currie, Fifeshire; William Duguid, Elgin; Robert Vicass Fletcher, Dublin; George Ritchie Gilruth, Leith; Matthew Hill, Dublin; Thomas James Kane, Galway; Philip Le Feuvre Kilroy, Plymouth; William Fletcher M'Nutt, Nova Scotia; Thomas Fielding Martin, County Louth; John Moir, Edinburgh; James Mulcahy, Blarney; James Emerson Reynolds, County Dublin; Arthur Strickland Tarbolton, Leeds; William Young Veitch, Durham; James Henry Wardle, Duckinfield; Richard Walter Waring, Cavendish; Hubert Henry Wilkinson, Rotherham; Richard Francis Wilson, Carlow; David Young, Perth.

The following gentlemen passed their first professional examinations :—Samuel Woodcock, Glossop; Charles Jones, Herefordshire; Colin William MacRury, Inverness-shire; James Barton Gass, Dumfriesshire; William Oliver, Coleraine; James C. Kerr, Edinburgh; William Benjamin Griffith, Edinburgh; James Mitchell, Kirkcudbright; Bourke Long; William Dyson Wood, Wakefield.

And the following gentlemen passed the preliminary examination in general education and received certificates :—William M. Allan, Newfoundland; Handel Ashworth, Bury, Lancashire; C. C. Bonthron, Fifeshire; Edward Carse, Musselburgh; Archibald Chalmers, Musselburgh; John N. Fleming, Cockermouth; James Gibson, Edinburgh; Alfred Gill, Cumberland; David James Hamilton, Falkirk; W. A. Henderson, Edinburgh; Alexander Innes, Edinburgh; H. S. Kinder, Sale, Manchester; John Macdonald, Edinburgh; R. T. Manson Heighington, Darlington; J. Matthews, Kirkdale, Liverpool Douglas Menzies, Edinburgh; Robert Pairman, Edinburgh; William Richardson, Northumberland; George Robinson, Lincolnshire; T. C. Wright, Dormont, Lockerbie.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their final examinations and obtained the diploma of the College during the recent sittings of the examiners :—William Alexander, Rathfriland; John Barbour, England; Andrew Allison Boyle, Glasgow; William Chisholm, Roxburghshire; James Christison, Forfarshire; Horatio David Steel Compigné, Hampshire; John Currie, Dunfermline; David Gentle, Kinross-shire; Thomas Hamilton, Edinburgh; John Sinclair Holden, Belfast; Charles Hazen Leringe Johnstone, New Brunswick; William Johnston, Aberdeen; Thomas O'Hare, County Down; Edward McCrystal, County Derry; John MacFee, Buteshire; Henry Cunningham Manley, Lisburn; David Stewart Hepburn Smith, Louisiana; Arthur Strange, Ashton-under-Lyne; James Byers Thomas, India; Duncan Turner, Argyllshire; Richard Gilbert Williams, Kinsale; Alexander Young, Portglennie, Ireland.

And the following gentleman passed his first professional examinations :—William Mackeown, County Derry.

UNIVERSITY OF ABERDEEN.—The following candidates, after the usual examinations, have received degrees in Medicine and Surgery during the present year :—*The Degree of M.D.*—Edward Batt, Oxfordshire; John Carless, Woolwich; John Tasker Evans, Hertford; James Farquharson, Edinburgh George Findlay, Keith; James E. Fowler, Aberdeenshire

James Thomas Gage, Aberdeen; Alfred O. Jones, London; William C. Lucey, Surrey; Edwin B. Muskett, Norfolk; Thomas Seccombe, Plymouth; Joseph B. Siddall, Derbyshire; Edward Sutcliff, Surrey; James Taylor, Banffshire; Martindale C. Ward, London. At the same time Robert Keith, Benjamin Knowles, Thomas Greville Thursfield, and Thomas Watt, were promoted to the degree of M.D.

The Degree of M.B.—George H. Anderson, Aberdeen; William S. Birnie, New Pitsligo; Alex. Campbell, Aberdeenshire; John Millar Campbell, Aberdeen; William Center, Aberdeen; Anthony C. Colborne, London; John Dawson, Norfolk; William Duncan, Aberdeen; John Smith Fowler, Aberdeen; William Walker Galloway, Aberdeen; George Garvin, Colombo, Ceylon; Alex. Gibb Grant, Aberdeen; Edward Gray, London; Alex. Riddoch Gray, Aberdeen; David A. Kerr, Aberdeen; George King, Aberdeen; John Macpherson, Huntley; Robert M. Milne, Dunnottar; Thomas Milne, Aberdeenshire; Alexander G. Mitchell, Rayne; John Murray, Aberdeen; Alexander Ogston, Aberdeen; Alex. Campbell Reid, Aberdeen; James Rodger, Aberdeen; Samuel Rowe, London; Charles E. Saunders, London; John Simpson, Kintore; Francis Snaith, Lincolnshire; William Heath Strange, Reading; Wm. Leavens White, Shropshire; David Young, Perth.

The Degree of C.M.—George H. Anderson, Alexander Campbell, John M. Campbell, John Carless, John Carnegie, William Center, Anthony C. Colborne, John Dawson, William Duncan, John Tasker Evans, George Findlay, James E. Fowler, John Smith Fowler, James T. Gage, William W. Galloway, George Garvin, Alex. Gibb Grant, Edward Gray, Alex. Riddoch Gray, Alfred O. Jones, David A. Kerr, George King, William C. Lucey, John Macpherson, Robert M. Milne, Thomas Milne, Alex. G. Mitchell, John Murray, Edwin B. Muskett, Alexander Ogston, Alexander C. Reid, James Rodger, Samuel Rowe, Charles E. Saunders, Joseph B. Siddall, John Simpson, Francis Snaith, William H. Strange, Edward Sutcliff, Martindale C. Ward, Wm. Leavens White, David Young.

Of the above-mentioned candidates, William Center, Anthony C. Colborne, John Tasker Evans, James T. Gage, William Walker Galloway, George King, Alex. Ogston, James Rodger, Joseph B. Siddall, Edward Sutcliff, and Martindale C. Ward, received their degrees in Medicine and Surgery with *Highest Academical Honours;* George Henry Anderson, James Elsmie Fowler, John S. Fowler, Edwin B. Muskett, and Charles E. Saunders, received their degrees in Medicine with *Academical Honours;* and William Duncan received his degree in Surgery with *Academical Honours.*

Also Alfred Swain Lethbridge, Frederick John Wadd, and John White were certified as having passed all the examinations, and are entitled to receive degrees on their attaining the necessary age.

And at the late graduation term, the following were declared to have passed part of their examinations:—Edwin Atherstone, Alex. Cameron, James Cameron, James T. Crowden, Alex. D. Davidson, James Farquhar, John M. Gibbes, Robert Grant, jun., Robert Grant, sen., John Roubel Gray, Sydney Johnson, Hugh Johnstone, Timothy Lewis, William Macdonald, Andrew A. Macrobin, Alex. H. Mair, Alex. E. M'Rae, Douglas Moir, David Nicholson, James M. Phillips, Edwin Rawson, Alex. Reid, Robert Shiels, John Shives, Arthur Stephen, Hercules Scott Traill, Charles James Wills, James Williamson, James Yates.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—Dr. Isaac Haysted, 1st Battalion, 8th (The King's) Regiment, has been admitted, by examination, a Fellow of the College.

GOVERNMENT PATRONAGE OF QUACKERY.—During the past year our paternal Government has received 55,333*l.* 0*s.* 4½*d.* for duty on quack medicines.

NEW MEDICAL CORONER.—Dr. R. F. Hill has been elected coroner for the Borough of Belfast; he was opposed by a lawyer, who, however, obtained only seven votes out of twenty-five.

A HANDSOME TESTIMONIAL, consisting of a splendid silver salver, which bore the arms of the recipient and an appropriate inscription, was presented to Dr. Egerton J. Hall, of Henley-in-Arden, on his leaving that place to enter upon a practice at Prescot, near Liverpool. It was the gift of a few friends and patients as a token of esteem of his professional skill and unvarying kindness during his four years' residence in Henley.

NEWCASTLE COLLEGE OF MEDICINE.—At the recent annual meeting the following gentlemen were elected the Council of Management for the ensuing year:—President: the Rev. C. T. Whitley, M.A. Registrar: Denis Embleton, M.D., F.R.C.P. Treasurer: T. Humble, M.D., M.R.C.P. Secretaries: G. H. Philipson, M.A., M.D., M.R.C.P.; Edward Charlton, M.D., and William Murray, M.D., M.R.C.P.

THE BIOGRAPHICAL CONFERENCES AT THE FACULTY OF PARIS.—For some time past, one of these has been held every week by assistant-professors, who succeeded each other in the task. The course has just been closed by M. Broca, who had chosen Celsus as the subject of his conference.

A FOSSIL MAN has been dug up in a bed of drift between Veyziat and Oyonnax, near Nantua (Ain). The body was found in an inverted posture, but the bones did not adhere together, but were brought out one by one. The matter will probably be brought before the Academy of Sciences.—*Abeille du Bugey.*

THE CATTLE DISEASE.—A few days ago a meeting of the Medical Officers of Health of the metropolis was held, for the purpose of considering the probable effect of the prevailing cattle-plague on the health of the public, &c. Dr. Druitt presided. There were present, Drs. Whitmore, Hillier, Ballard, Gibbon, Vines, Messrs. Lord, Beale, and the Medical Officers of Health of most of the metropolitan districts, as well as a number of members of the profession. Dr. Whitmore moved a resolution to the effect: "That each of the Medical officers of the metropolis be requested to furnish to the secretary of the Association, without delay, the number of cowsheds in their respective parishes and districts, the number of cows usually kept, the number that had been attacked with the disease, the number of infected cowsheds, the number of cows that had actually died in the sheds where they were attacked, with such other information as to symptoms, sanitary condition of the cowhouses, and other matters bearing upon the subject, as it was possible to obtain." It was further resolved, on the motion of Dr. Whitmore, that a letter be addressed to the Secretary of State for the Home Department, praying that the act 11th and 12th Victoria cap. 107, which provides for the prevention and against the spread of contagious and infectious diseases amongst cattle, might be rigorously enforced and carried out by the police authorities, under the advice and instructions of competent persons. A discussion then arose as to the effect produced by the disease on milk; and the general impression seemed to be that during the incubation of the disease, or until the symptoms of the malady manifested themselves, there were no grounds for supposing that the milk was unfit for human consumption, and the fact of the drying up of the milk being one of the first symptoms of the disease was in itself a satisfactory assurance that milk of diseased cows would not be sold. The meeting was adjourned for the receipt of the returns referred to in the first resolution, and for the reply of the Secretary of State as to putting the Diseases in Cattle Prevention Act rigidly in force.

CHLOROFORM.—On Saturday morning last, public feeling was most painfully excited throughout the neighbourhood of Austruther by the announcement that Mrs. Gregory, the wife of the Rev. Alexander Gregory, the much respected pastor of the Free Church there, had been found dead in bed, under circumstances of a peculiarly distressing nature. The particulars of the melancholy event, so far as we have been able to glean them, are as follows:—The unfortunate lady was subject to an acute chronic malady, to alleviate the pain of which she was, unhappily, accustomed to make use of chloroform. She had sent her servant for, and procured from the laboratory, in the course of Friday, a considerable quantity of that invaluable but dangerous preparation, for the purpose, it is said, of rubbing the cheek of some member of the family who was suffering from toothache. After partaking of supper she felt somewhat indisposed, and retired to her bedroom about eight o'clock that evening. The first intelligence that anything unusual had happened was given about six o'clock next morning by the cries of her little daughter, who slept in the same room and who naturally had become greatly alarmed at the continued silence of her mother. The fastenings of the door, which were in the inside, having been removed by the affrighted child, an entrance was obtained by the inmates of the house, including Mr. Gregory himself, when the poor lady was found as we have stated, life apparently having been fled for some hours. Dr. Macarthur was promptly

sent for, and lost no time in obeying the direful summons; but the cause of death was self-evident, as a handkerchief containing chloroform was found lying over the mouth of the deceased lady. That the sad event was accidental there is not the remotest reason to doubt, the only mystery which hangs over the case being the manner in which it occurred. It is conjectured, with every degree of probability, that the poor lady, feeling herself unwell, had taken chloroform to induce sleep, and, having done so incautiously, she had become the victim of the powerful and insidious soporific.—'Dundee Courier and Argus.'

QUEEN CHARLOTTE'S LYING-IN HOSPITAL.—The governors of this hospital have decided to increase the Medical staff. There is a vacancy for a Medical officer for the *out-patients*. Candidates may be either fellows or members of the Royal College of Physicians or fellows or members of the Royal College of Surgeons not practising pharmacy.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The last of a series of adjourned meetings of this Society was held on Wednesday evening, when the new bye-laws, the formation of which had been rendered necessary in consequence of the granting of a Charter to the Society, were approved.

THE COPPER SMOKE QUESTION.—For many years past the subject of utilizing or neutralizing the effects of the obnoxious copper smoke has received much attention from practical chemists and the smelters engaged in the trade. In the neighbourhood of Swansea, where there are large copper works, the effect of the smoke is such that vegetation is completely destroyed for miles around, and the result is that the copper smelters have to pay enormous sums of money as compensation for the land that is thus rendered valueless. Various remedies have been attempted to neutralize the poisonous effects of the smoke, such as high stacks, conductors, condensers, &c., but only a limited degree of success has been attained. It is well known that the smoke possesses some valuable properties, which, if separated from the other ingredients, could be utilized and made profitable and nearly all the inventions proposed have had these objects in view, but hitherto, as already stated, the attempts made have ended in failure. Messrs. Vivian and Sons, the extensive copper smelters, have recently determined to adopt the patent of a German chemist, and Mr. H. H. Vivian, M.P., the senior partner, has stated publicly that he believes, after careful investigation, that the invention will prove completely successful, and that it will enable the firm to make 1000 tons per week of sulphuric acid from the copper smoke, which is now not only of no value, but a source of great loss, owing to its injurious effects on the surrounding vegetation. The completion of the necessary works is looked forward to with especial interest by those who are engaged in the copper-smelting trade.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, AUG. 23.—Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, AUG. 24.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, AUG. 25.—Operations at the Westminster Ophthalmic Hospital, 1 p.m.

SATURDAY, AUG. 26.—Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

TUESDAY, AUG. 28.—Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, AUG. 29.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross post-office.

A GUARDIAN.—We cannot enter into any discussion upon statements which have appeared in the columns of the Journal mentioned.

X. Y.—We have referred to the subject at length in one of our leading articles.

PATER.—No student of medicine can now be registered unless he brings evidence of having passed a Preliminary Examination in General Literature and Science.

MR. T., JUNIOR.—Ozone and antozone are both allotropic forms of oxygen, and their relative prevalence or deficiency may have some connexion with the existence of certain diseases.

QUÆRO.—Rinderpest merely means CATTLE-DISEASE, from the German words RIND, plural RINDER, cattle, and PEST, a plague.

DR. P.—We did not receive the manuscript to which reference is made.

MR. P. T.—The subject is too dangerous for us to handle, and we are by no means persuaded of the discretion of the gentleman who instituted the proceedings.

STUDENT.—It would occupy too much time and space to describe the principle of the electric telegraph, and it is a subject unsuited to our columns; but we may inform you that the action depends upon the fact that an electric current deflects a magnetic needle, and by this deflection from north to south letters are spelt.

Westminster Hospital School of MEDICINE.

The Introductory Address of the Session 1865-1866, will be delivered in the Lecture Theatre, by Mr. BARNARD HOLT F.R.C.S., on Monday, the 2nd of October, at 8 P.M. After the Address, a Conversazione will be held in the Board-room of the Hospital. The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament, A.D. 1836. It contains 200 beds, and affords relief to about 28,000 out-patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Anstie, Dr. Gibb, Dr. Willis.
Physician-Accoucheur—Dr. Frederic Bird.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant Surgeons—Mr. Hillman, Mr. Power, Mr. Heath.
Surgeon-Dentist—Mr. Walker.

LECTURES.—WINTER SESSION.

Descriptive and Surgical Anatomy—Mr. Christopher Heath.
Practical Anatomy—Mr. W. F. Teevan.
Physiology and Physiological Anatomy—Mr. Power.
Chemistry—Mr. A. Dupre, Ph.D.
Medicine—Dr. Basham.
Surgery—Mr. Holthouse.
Dental Surgery—Mr. Walker.

SUMMER SESSION.

Botany—Mr. Syme, F.L.S.
Materia Medica and Therapeutics—Dr. Anstie.
Forensic Medicine—Dr. Gibb and Dr. Willis.
Midwifery—Dr. Frederic Bird.
Practical Chemistry—Mr. A. Dupre, Ph.D.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.

Clinical Lectures will be delivered weekly during the Winter and Summer Sessions by the Physicians and Surgeons.

PRIZE APPOINTMENTS AND PRIZES.

The offices of House-Physician and House-Surgeon are open to competition amongst gentlemen who have been educated at the Hospital, and who are qualified to practise under the Medical Registration Act. The House-Physician and House-Surgeon are not only appointed without the payment of any fee, but they are provided with board and lodging in the Hospital free of expense.

The Assistant House-Surgeon is appointed without fee from among the senior students by examination, and is provided with commons at the Hospital table.

Clinical Clerks and Dressers are selected from the most qualified students without additional fee.

The entire course of study (including Hospital Practice and Lectures) required by the Colleges of Physicians and Surgeons and the Society of Apothecaries may be attended on payment of 75 guineas, in three instalments. Perpetual, 80 guineas. Further information may be obtained on application to Mr. Power, 3 Grosvenor terrace, Pimlico, or to any of the Lecturers at the Hospital.

St. Mary's Hospital Medical School.

The WINTER SESSION 1865-66 will commence on Monday, Oct. 2nd, at 8 o'clock P.M., with an Introductory Address by Dr. HANDFIELD JONES, F.R.S.

At this Hospital the Medical Appointments, including five House-Surgeoncies, the annual value of which exceeds as many Scholarships of 50*l* each, and a resident Registrarship at 100*l*. a year, are open to the pupils without additional fee. To enter, obtain prospectus, and for other information, apply to any of the Medical Officers and Lecturers, or to

ERNEST HART, Dean of the School.

Royal College of Physicians of LONDON.

The next PRELIMINARY EXAMINATION in the subjects of General Education will take place on the 26th and 27th of September.

Candidates intending to present themselves for this Examination are required to give notice in writing to the Registrar of the College

N.B.—Every Student is required to have passed an Examination in Arts before commencing his Professional Studies, in order to qualify him for Registration as a Medical Student.

Pall-mall East, 1865. H. A. PITMAN, M.D., Registrar.

CHLORODYNE.

THE ORIGINAL AND ONLY GENUINE,—viz.,

DR. J. COLLIS BROWN'S.

EARL RUSSELL has graciously favoured J. T. Davenport with the following :—

"EXTRACT OF A DESPATCH FROM MR. WEBB. H.B.M.'S CONSUL AT MANILLA, DATED SEPT. 17TH, 1864.

"The remedy most efficacious in its effects (in epidemic cholera) has been found to be Chlorodyne ; and with a small quantity given to me by Dr. Burke, I have saved several lives."

"Earl Russell communicated to the College of Physicians that he had received a Despatch from Her Majesty's Consul at Manilla to the effect that cholera had been raging fearfully, and that the only remedy of any service was Chlorodyne."—(*Vide* 'Lancet,' 31st Dec., 1864.)

Vice-Chancellor Sir W. P. Wood stated:—

That Dr. Collis Browne "was undoubtedly the Inventor of Chlorodyne."

That "I believe the story of the Defendant Freeman being the Inventor to be as pure a fiction as the falsehood deposed to with reference to the use of his medicine in the Hospitals."

"I believe the whole of his statement to be deliberately untrue."

Medical Men and Chemists are cautioned for their own credit's sake not to associate their names with such untruths, piracy, and deception.

Affidavits from Medical Men proved that they had been misled by Defendant's statements; that in some instances his compound had proved deleterious.

The following eminent firms fully corroborated the statements of the Vice-Chancellor and that they invariably supply Dr. Browne's Chlorodyne as the original, or when Chlorodyne is ordered :—

THE APOTHECARIES' HALL LONDON
MESSRS. ALLEN, HANBURY AND CO.
JOHN BELL AND COMPANY.
BARRON AND HARVEY.
BURGOYNE AND BURBIDGE.
CORBYN AND COMPANY.
COX AND GOULD.
EVANS AND LESCHER.
MORSON AND SON.
SAVORY AND MOORE.
&c. &c., &c.

Price to the Profession—1*oz.*, 3*s.*; 2 *oz.*, 5*s.*; 4*oz.*, 8*s.*; *and in Bottles of* 10 *oz. at* 1*s.* 6*d. per oz.*

Sole Manufacturer—J. T. DAVENPORT, 33 Great Russell street, Bloomsbury.

P.S.—It was submitted in Court that the Defendant Freeman was the same person against whom Sir James Clark filed an injunction restrain the use of his name in conjunction with some pills, *vide* 'Pharmaceutical Journal,' vol. 7, pages 412-450.

£100 REWARD will be paid to any person giving such information as will lead to the conviction of any one selling as Dr. J. COLLIS BROWNE'S CHLORODYNE that which is not of his manufacture.

Pulvis Jacobi ver, Newbery.

FRAS. NEWBERY & SONS, 45, ST. PAUL'S CHURCHYARD.

Prices for Dispensing—1 oz., 9s.; ¼ oz., 3s. 4d.

TO STUDENTS, SURGEONS, DENTISTS, AND OTHERS.

THE BEST HOUSE FOR SECOND-HAND INSTRUMENTS,

where there is the LARGEST STOCK IN LONDON, is Mr. WILLIAM LAWLEY'S, 78 FARRINGDON STREET, CITY.
Army and Navy Regulation Cases, Pocket Cases, from 14s. each; Dissecting Cases, at 8s. 6d. and 10s. 6d. each. Photographic Lenses, Opera and Race Glasses, Microscopes, Mathematical Instruments, and Telescopes, by Ross, Dollond, Voigtlander, Troughton, Simms, Elliott, and other eminent makers.—Catalogue of Microscopes, &c., forwarded for 3 Stamps. Costly Illustrated Catalogue of Second hand Surgical Instruments forwarded for 6 Stamps.

Struve's Seltzer, Fachingen, Vichy,

MARIENBAD, and other MINERAL WATERS. Under Her Majesty's especial patronage. ROYAL GERMAN SPA, BRIGHTON. STRUVE'S Pump-Room, offering every facility for a course of Mineral Waters as perfect and beneficial as the natural springs, is now open for the Fortieth Season, and will close in November. A Prospectus, with the highest Medical testimonials, may be obtained gratis at the Pump-Room, and from GEORGE WAUGH and CO., Pharmaceutical Chemists to the Queen, 177 Regent street (west side), London, and numerous other respectable houses in London and the provincial towns, where orders for Struve's Bottled Waters continue to be executed.

CAUTION.—The success obtained by Struve's Mineral Waters, owing to their perfect identity with those of the natural springs, has induced several parties to attempt imitations, sold as "BRIGHTON Seltzer," "BRIGHTON Vichy," &c., an analysis of some of which has shown an utter disregard of their true chemical composition.

To distinguish STRUVE'S Waters from all others, every bottle has a label and red ink stamp over the cork, each bearing Struve's name, without which none is genuine, even though contained in STRUVE'S bottles.

William Hawke, Wild Court, Great

WILD ST., DRURY LANE, LONDON W.C., (late Ansell and Hawke), Manufacturer of every description of Shop Fittings, Dealer in Medical Glass, Earthenware, and all kinds of Shop Utensils, Medical Labelling, Writing, and Embossing on Glass.

Drawings, Specifications, and Estimates furnished for Fitting-up Druggists' Shops and Surgeries with every requisite, and for erecting Shop-Fronts. Druggists' Stocks and Fixtures valued.

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The Medical Circular.

SCIENTIFIC ARTICLES.

ARSENICAL ALBUMINURIA.

By S. Weir Mitchell, M.D., Philadelphia.

The cases which I am about to report in this memoir fell ıder my observation several years ago. They excited my riosity to such a degree that I have since then been atten- 'e to scrutinize every instance in which arsenic had been :ely given, with the hope of encountering additional evi- nce in the same direction. It is rare, however, to meet th cases demanding large doses of arsenic. I have of late ırs failed to chance upon any in which the œdema arseni- is was well marked. Nor have I felt justified in pushing s drug to such an extent as to create, for purposes of servation, the condition here alluded to. It is probable ıt the experience of other physicians may offer opportu- ies in this direction, when once attention has been called it, and for this reason I feel myself justified in publishing curious facts about to be related, although, on some ounts, I should have liked better to have delayed until cases had become more numerous.

will state as briefly as possible the two instances which 're fallen under my eye, and then make such comment ɔn them as their peculiarities seem to invite.

n the fall of 1858, C. J. W., aged twenty-three, con- :ed me on account of disease of the chest. A careful mination revealed the existence of tubercle in both lungs. the left side there was softening, and all the constitu- ıal signs of tubercle were well developed.

ıfter various remedies had been employed, I began on :ember 16th to give him the liquor potassæ arsenitis, drops thrice a day. He failed to return to my office he time appointed, and I did not see him until January , 1859, when he reappeared, suffering with sore throat, general œdema, which extended even to his palate. belly was the seat of obscure fluctuation, and the ɜarca was so great in his legs as to oblige him to wear e india-rubber shoes. There was no disturbance of ıach or bowels, and his general appearance was better er than worse. At my request he urinated before ing my office. The urine was of medium colour ; of a gr. of 1026. It was acid, deposited urates on cooling, contained albumen, as was proved by both the heat and the addition of nitric acid. The amount of albu- present was not large, but of its existence there could ıo doubt. A few very pale tube casts were found ng a microscopic examination. There was no blood he urine. The arsenic was discontinued, and saline ɛtics given freely. The swelling and albuminuria nished together, and by January 25th both were gone. month later the patient urged me very much to give the arsenic again, as he felt persuaded that it had been se. Before complying, I thrice examined his urine out finding a trace of albumen. Somewhat reluctantly ɛn gave him thrice a day, and observing no ill effects a week increased the dose to four drops. His visits to ffice were made once a week. Between two of these œdema suddenly developed, and when I saw him he was ılarly swollen. As before, the stomach and bowels not disturbed by the arsenic. At this period the urine ɔf a sp. gr. 1023, pale, and highly acid. It contained ıen, but less than before. The same remedies were except that a full saline purge was employed to re- the breathing. The albuminuria and the anasarca dis- ıred together in the course of a few days. About six ɜ later I was tempted to repeat the use of the arsenic. ıg this interval I examined the urine again and again ut detecting albumen, his general health, meanwhile, ɔving under the employment of cod-liver oil and corn whisky. On this third occasion the dropsy and albuminuria reappeared, when the solution of arsenic had been freely taken in twelve-drop doses thrice a day for about two weeks. Their coming was, as far as I could judge, simultaneous. The patient died during the following autumn, with his legs a good deal swollen from anasarca, but, up to two days of his death, without albuminous urine. No later examination was made.

The second case was one of lepra vulgaris, not of specific origin. The patient, a woman aged forty-two, was by occupation a laundress. She was not dyspeptic, and she had suffered from the skin disease just mentioned, during two years. I placed her under the influence of arsenic, giving Fowler's solution in doses of five drops thrice a day after meals, with a tea-spoonful of bitter wine of iron. At the close of a week the arsenic was increased to seven drops thrice a day. After she had taken this medicine for a month without any marked effect on the malady, and without being in any way disturbed by it, I again increased the dose to ten drops. At the close of eleven days the patient exhibited a slight puffiness under her eyes. At this time, with the experience of the last case before me, I examined the patient's urine on two successive days. It was clear, acid, contained a few crystals of oxalate of lime, and had a sp. gr. of 1023, 1028. Both specimens were passed on rising in the morning.

As the stomach and bowels were in no way disturbed by the remedy, and, as the lepra appeared to be yielding, I continued the arsenic as before. The patient failed to return to my office at the usual time, and a day later I was sent for to see her. I found that she had been in bed for two days. The anasarca, which was slight when I saw her a week before, was now so extensive as to alarm me. Her whole body was swollen, and even the palate was œdematous, but she complained of no pain. Her pulse was 120 ; shin, hot and dry; urine, acid, sp. gr. (fasting) 1023, medium coloured, rather light than dark, and contained albumen in small amount. Upon microscopic examination I found a few very pale renal tube casts in the sediment. there was no blood present. Active purgation readily relieved the patient of her most urgent symptoms. On the third visit the albumen was no longer capable of detection by heat or acids, but the anasarca was not entirely gone until more than a week had elapsed.

I learned from the patient that she had taken cold the day after last calling upon me, and she had fever, muscular pains, and catarrh in the nasal passages ; during which the dropsy suddenly increased. The lepra from which my patient suffered was ultimately cured by the persistent use of arsenic, in very small doses, with iron. Once only a slight amount of œdema reappeared, but, as often happens, was removed without the withdrawal of the arsenic.

In considering the subject thus introduced, I shall call attention first to some peculiarities connected with arsenical symptoms, and then to such thoughts as the cases presented may suggest. Every physician who has used arsenic must have met with instances of arsenical œdema. Owing, however, to various causes, some of which I have already stated, it is rare to encounter this symptom highly developed and, in fact, it is not a symptom which can be produced at will, and to any degree we may desire, because, when the mineral is given in large doses, the stomach and bowels usually become disordered before any œdema arises. In other cases the œdema appears, and again leaves the patient, even though the use of the arsenic be continued. Fowler, who gave large doses of the remedy which bears his name, saw œdema in but few of his patients. Supposing, however, the œdema to exist, it is probable that only a small number of œdematous cases would exhibit the secondary symptom of albuminous urine, so that not even in all of the severe cases of œdema arsenicalis shall we be sure to find co-existing the symptom in question. It is possible that the general condition of the patient may determine this question, and that in some instances there may exist in the system precedent causes favouring the development of albuminuria. In fact, albuminous urine has sometimes been met with in lepra and psoriasis, and in the latter stages of

tubercle; nor has its presence in such relations been of necessity due to actual disease of the kidneys.

I wish to be understood then, as affirming that, in extreme arsenical œdema, there may ensue secondarily a slightly albuminous state of the urine.

The cause of this curious symptom, the immediate cause at least, is obscure, from the fact that we are to-day in the most profound ignorance as to the causation of the phenomena attendant upon arsenical poisoning in its chronic form—nay, more, it has become probable that the different preparations of arsenic cause somewhat different symptoms; while to complete our ignorance, or our knowledge of that ignorance, we have the practice of arsenic eating and its singular effects to account for.

The accidental chances of studying arsenical albuminuria are likely to be rare. I have seen numerous cases of trifling œdema from arsenic, but in three only was the symptom very marked, and one of these took place before my attention had been called to the urinary organs.

Had the second of the cases here quoted, occurred first, I should probably have failed to notice the albuminous urine; or, had I seen it would have no doubt attributed it to other than the cause to which I believe it to be really owing. At present, however, and even with the insecurity of a small amount of evidence in its nature, that I have little doubt that albuminous urine may follow the production of œdema, and that both symptoms may be caused by the arsenic.

Among the rare instances of general arsenical œdema seen by me, since noticing the albuminous urine in the two cases here reported, were two, at least, in which the dropsy was marked enough to lead me to suppose that I should discover the urine to be albuminous. This failed to be the case.

If the dropsy and albuminuria of arsenic took place in those cases which became dyspeptic and diarrhœal under the use of arsenic, we might suppose the albuminuria to be due to the passage into the blood of materials, which, resembling albumen rather than albuminose, enter the blood only to leak out of it again; but these are the very cases in which neither dropsy nor albuminous urine are to be met with.

It has occurred to me that most of the poisonous metals on entering the blood combine with its albumen; and that arsenic, which has this affinity, may, when present in certain amount, so affect the albumen, as to alter its osmotic relation to the walls of the vessels, and thus allow of the production both of the œdema and the albuminous urine.

Whatever causes the dropsy probably produces the albuminuria—the difference in causation being one rather of degree than of kind. Indeed, it is quite possible to comprehend that whatever gives rise to an exudation of serum from the blood into the areolar vessels may also be capable of causing a like exudation into the renal tubes, for the kidney is an organ possessing so little areolar tissue that we may regard the interior of the renal tubules as holding to the adjacent bloodvessels no very different relation from that held by the areolar spaces to these vessels elsewhere in the economy.

Yet, however interesting may be such speculations, until the œdema arsenicalis has itself been further studied, we can hope for little light upon arsenical albuminuria.

Meanwhile, it is most interesting to know that in some cases the same cause may give rise both to dropsy and albuminous urine, and that, in order of time, the dropsy may reverse the usual sequence of symptoms, and precede the albuminous state of the urine. It is well known, I believe, that poisonous doses of arsenic may give rise to bloody urine, but I am not aware that any author has reported cases of albuminous urine caused by medicinal doses of this drug.—'New York Medical Journal.'

LIGATURE OF THE LEFT COMMON ILIAC ARTERY,

BEING THE SECOND OPERATION IN IRELAND, AND THE FIRST SUCCESSFUL CASE OF IT.

By William Hargrave,

Fellow and Professor of Surgery, Royal College of Surgeons
Surgeon to the City of Dublin Hospital.

Sergeant George K——, aged forty-three years, was admitted into the City of Dublin Hospital on the 20th December, 1864. On examination, a large pulsating tumour was seen in the left iliac fossa immediately above Poupart's ligament, and dipping into the pelvic cavity, accompanied with the usual aneurismal bruit. It was of a triangular form, from four and a half to five inches wide in the transverse diameter, the base parallel to the ligament, its apex extending to the common iliac artery which appears to be dilated. The patient is of robust frame, and never complained of any illness till the present time.

Previous History.—As he was walking about six months ago with a boot that did not fit him—*i.e.*, his left foot being slipshod, so that it threw the weight of the limb on the fore part of his foot, and in the evening he felt a numbness of Teis continued with some intermissions, and in a few days he first perceived a swelling in his abdomen. Matters remained thus for five months, the numbness continuing with the swelling increasing, at the end of this time he went to fair, on his return home, after a fatiguing day, he perceived his leg swollen. Having shown it to his Medical attendant he was recommended to go to the City of Dublin Hospital. He was given beef-tea for his dinner.

December 21st: ℞ Aquæ camp. ℥i.; tr. digitalis, ℥ss; eth. cholorici, ℥vi. Ft. haustus. Cap. unus ter in die.

Observations and recapitulation of the treatment previous to having recourse to the operation.—The result of operations on this vessel have been so unfavourable, that in those two cases, recorded and tabulated by Dr. Smith, in the 'American Journal of Medical Sciences,' vol. xl., N.S., but six recovered. My case makes the number thirty-seven and adds one to that of the recoveries. These statistics induced me to have recourse to every variety of treatment, compression, if possible, to avoid operating; also from considering the effect, approximate and remote, of suddenly and permanently arresting, through the natural channel the direct supply of blood to one-half of the pelvis and entire of the inferior extremity, so much so that the limb would in all probability perish before the collateral circulation could be established to afford adequisite support. In addition to these impediments to success should be added the probability of consecutive congestion of the heart, the lungs, or of the brain, by sudden and permanent arrest of the course of so large a quantity of blood. All these circumstances, when duly estimated, increase the responsibility of the surgeon and the uncertainty of the operation. Compression was consequently carried out in the most sedulous and attentive manner; 1st, instrumental; 2nd, digital; 3rd, position of extreme flexion of the thigh in the hip-joint; 4th, compression on the distal side combined with that on the cardiac side of the tumour; 5th, by direct pressure on the aneurism by means of a seven-pound weight.

The treatment by compression was commenced on the day, December 26, 1864, and was continued with perseverance and regularity by Dr. Carte's compressor six weeks, acting upon the primitive iliac, the course of which was easily and readily defined. When pressure applied, it completely stopped the aneurismal pulsation, the tumour becoming flat and flaccid. Diet was regulated with every care and attention, as follows, and at stated periods—Breakfast—Bread, two ounces; butter, two ounces; tea, two fluid ounces. Dinner—Broiled mutton, three ounces; bread, three ounces; potatoes, three ounces. Supper—Bread and butter, of each two ounces; weak tea, two ounces. For the first three days of this treatment, Ju. tr. digitalis gut. decem ter in die, being ninety drops

three days; but it so weakened the heart's action that it was discontinued. Ordered wine one ounce and a half. For a time that this method was followed, the patient was placed under full doses of opium to narcotism; no benefit whatever was derived from it.

Chloroform was subsequently administered, for hours being fully under its influence, equally unprofitable in any way affecting the tumour.

Hydriodate of potash in five-grain doses ter in die was prescribed and taken for many days, in accordance with successful cases recorded by Bouillaud, with no benefit.

Acetate of lead and opium in three-grain doses three times daily; in forty-eight hours productive of Burton's characteristic blue line on the gums, which was well marked. It was discontinued, owing to the colic caused by it. After a time it was again ordered, and again abandoned from colic. Of all the treatment Medically adopted, the lead was the only agent that appeared to produce any effect on the aneurism, giving some feeble evidence of a partial circumferential coagulum being deposited at its external and superior boundary. He had administered the trœ ferri muriat. in ten drops three times a day for many days; no benefit whatever from it.

Carte's compressor having failed, as already indicated, I availed myself of Mr. L'Estrange's for compressing the abdominal aorta above its division into the primitive iliac and azygos sacral arteries for nearly a fortnight; though acting well, no utility whatever from it. Digital pressure was next had recourse to, and for fifty continuous hours I would affirm that no blood flowed into the aneurism. This pressure was maintained in the most sedulous manner by the educated, well-trained, and untiring care of the pupils of the hospital, whose zeal, activity, good feeling, and kindness in supporting my efforts to benefit this patient is beyond my praise; no advantage from it, still it was persevered in for five continuous days without any satisfactory result.

The double combined compression—that on the cardiac side of the tumour, and on the distal side of it on the femoral artery—was of no benefit to the aneurism, but in my judgment was injurious to the patient, as it increased the œdema of the inferior extremity. The direct pressure on the aneurism by means of four seven-pound weights was of no advantage whatever. During the entire of the treatment by compression the continued and sedulous application of ice to the tumour was of no avail. Nothing now remained but the operation.

The following table expresses very accurately the times and manner of compression up to a short time prior to the operation:—Dr. Carte's apparatus from December 26th to January 9th, 1865. Conical leaden seven-pound weights from January 10th to February 11th. Carte's apparatus re-applied for twenty-four hours and forty minutes without intermission, February 13th. This apparatus with the leaden weights to February 26th. From this period, instrumental and digital pressure to March 10th. From this date L'Estrange's clamp applied, combined with digital compression, to the 18th of April.

The Medical treatment comprises the liquor permit. ferri, substituted for the sol. ferri perchloridi, it changed for hydriod. of potash, which was discontinued, and the acet. plumbi with opium ordered. The limited diet prescribed on his admission was augmented considerably one month after it, and continued so up to the operation; in fact, full diet, alternating with wine and porter, according to circumstances.

The operation was performed on Saturday, April 29, 1865, in the presence of many of the surgeons of the city, also of Drs. Hadaway and O'Flaherty, Inspector-General and Deputy Inspector-General of Military Hospitals in Ireland.

(To be continued.)

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. HYDE SALTER continues his lectures "On Dyspnœa," and he now considers the question as to the nature of dyspnœa, and explains the phenomena attending a simple example of that inconvenience. Thence he proceeds to show how, in different diseases, the respiratory movements may be disturbed, whether on the side of deficiency or excess, how the length of the interval between the respirations may be too long, too short, or irregular, and how other abnormal conditions may arise, and what pathological states they indicate.——Mr. I. BAKER BROWN commences the relation of "Twelve Cases of Completed Ovariotomy," all the cases described in the present paper having recovered.——Dr. GEORGE JOHNSON makes a "Suggestion in Aid of Laryngoscopy," consisting of the use of a shade, placed over the eyes, but beneath the reflector on the forehead of the operator, and fastened by two hooks and eyes to the band which passes round the head.

"The effect of the shade," writes Dr. Johnson, "is to protect the eyes entirely from the direct glare of the sun or of the lamp, while the light reflected from the laryngeal mirror passes beneath the shade to the eyes of the operator, and the result is a more distinct view of the laryngeal image, with much less of fatigue and annoyance to the eyes than in the ordinary mode of practising laryngoscopy. When a lamp is used, its flame should be about the level of the top of the patient's head. The shade must be sufficiently wide to protect the eyes from the direct glare of the lamp or of the sun, without obstructing the rays reflected from the laryngeal mirror. The shade can be made and fixed without the help of an instrument-maker, and I commend this simple contrivance to the notice of my fellow-workers in the interesting field of laryngoscopy."

Mr. F. J. GANT contributes a paper "On Pathological Conservative Surgery; its Definition and Purpose," in which he criticizes some observations made in the course of lectures lately delivered by Mr. Fergusson, and argues that the real end of conservative surgery is to prevent the necessity of any operation at all, by the adoption of Medical measures calculated to cure the disease.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. C. HANDFIELD JONES continues his Lumleian Lectures "On Some Points in the Pathology of Nervous Diseases." Dr. Jones's object in this course of lectures is to prove that many nervous diseases have only a functional origin, and he now shows that malarious influence is capable of producing functional paralysis, and he adduces several cases illustrative of this view. Several skin diseases also, which are controlled by arsenic, such as eczema, impetigo, and pemphigus, are regarded by Dr. Jones as caused by paresis of the vaso-motor nerves of certain districts of the skin. The nerves of special sense seem also certainly liable to suffer from functional paralysis, as the optic nerve in nyctalopia or night-blindness, which seems to be definitely connected with

causes of depression. Dr. Jones thus sums up his views on the subject :—

"The general conclusions which the above review inclines me to adopt are that primary paresis of ganglion cells in the nerve centres, encephalic, spinal, or sympathetic, is a condition of rather frequent occurrence, that it is commonly the result of enfeebling and prostrating influences acting for a longer or shorter time, that its phenomena may set in suddenly, that they are not dependent on general or local anæmia, or on a reflex irritation, that it is attended with no visible structural change in the early periods of its existence ; but that, if prolonged considerably, it may become complicated with atrophic degeneration, and that the remedies suited to it are generally all such as can excite and maintain nervous power, sufficient rest, good food, pure air, nervine remedies, cod-liver oil, electricity. It seems to me very evident that if these conclusions are admitted, we must regard functional nervous paresis as a form of disorder deserving to be most distinctly recognised in our nosology, and not merely tacitly admitted as a matter of probability. I believe that further consideration and experience will show that the conception of paresis must replace, to some extent, those of congestion and effusion which have been so largely invoked."

Mr. BAMLET W. SWITZER, of Bengal, contributes a paper "On Trephining for Compression of the Brain from Fracture of the Skull, with Remarks." He illustrates his remarks by the history of a case in which the operation was performed with a successful result.——Mr. F. J. GANT communicates some remarks "On Pathological Operative Surgery," illustrated by four consecutively successful cases of excision of the hip-joint, and their permanent results.

THE 'NEW YORK MEDICAL JOURNAL.' No. 3. JUNE.

This excellent journal improves as it goes on, and whether in the department of Original Communications, or in those of Proceedings of Societies, Reviews, and Bibliographical Notices, and Selected Articles, it is equally creditable to the taste and talents of the editor, and to the character of Transatlantic Medicine. The original communications comprise a paper by Dr. S. WEIR MITCHELL, of Philadelphia, "On Arsenical Albuminuria," which from the rarity of the affection of which it treats, we have transferred to our columns.——Dr. J. S. LOMBARD, of Boston, communicates a very able and scientific paper "On the Influence of Alcohol upon the Animal Temperature," his conclusions being that this agent possesses the power of increasing the temperature of the body, and that as long as the quantity taken is not excessive, this increase of heat is not followed by any depression below the temperature existing before taking the alcohol.——Dr. WILLIAM A. HAMMOND contributes the second part of a paper "On Sleep and Insomnia," the present part being "On the Pathology and Treatment of Insomnia." In the course of his paper he maintains that insomnia is often the cause of serious cerebral affections, and even of insanity ; and although he admits that insomnia is sometimes only a symptom of the disease, yet in many cases he regards it as a disease in itself, and caused by an increase of the quantity of blood circulating in the brain.——Dr. T. A. EMMET contributes a paper "On the Treatment of Dysmenorrhœa and Sterility, resulting from Anteflexion of the Uterus." His treatment consists in dividing the posterior lip of the os uteri, and afterwards applying a solution of chromic acid once or twice a month to the entire uterine canal.

THE CATTLE PLAGUE.

Dr. Murchison has published in the 'Lancet' the following note :—

On the Anatomical Lesions of the Cattle Plague now Prevalent in London.

During the last few weeks I have dissected a considerable number of cattle which have died of the present epidemic disease in all its stages. Although my observations are not yet ready for publication in detail, a brief notice of the principal morbid appearances which I have found will at the present moment not be devoid of interest.

The main anatomical characters of the disease, according to my observation, are catarrhal inflammation of the lining membrane of the respiratory passages, of the digestive canal, and, in fact, of the mucous membranes generally, a more or less fluid condition of the blood, and ecchymoses or hæmorrhages in various parts, such as beneath the skin, beneath the mucous membrane of the stomach and bowels, beneath the endocardium, and beneath the arachnoid on the surface of the brain. The parts which are most altered from their healthy condition vary considerably in different cases.

The lining membrane of the nasal passages, and more particularly of the windpipe and bronchial tubes, is almost invariably much inflamed. The mucous membrane is more or less reddened, and its surface is coated with a viscid fluid and with numerous soft membranous flakes of yellowish exudation, some of them an inch or more in diameter. These flakes are easily scraped off from the subjacent membrane, which often presents a raw or excoriated aspect, but never any appearance of an eruption on the surface, or of submucous deposit. The bronchial tubes are often filled up with frothy mucus and with the inflammatory products thrown off from the mucous membrane, but the lungs and pleuræ exhibit little congestion, and no sign of inflammation, except as occasional complications.

The mucous membrane of the digestive canal is inflamed throughout, but in some parts the inflammatory signs are more intense than in others. On scraping off the thick layer of epithelium from the first two stomachs, which is done with abnormal facility, the subjacent membrane is found to be intensely red. The mucous membrane of the third stomach, or *omasum*, is still redder, and often presents patches of ecchymoses. It is in the fourth stomach, or *abomasum*, however, that I have found the inflammation most advanced. Here there is not only intense redness with much adhesive mucus on the surface, but the membrane is studded with numerous minute superficial ulcers, like those erosions which are so common in the ordinary catarrhal inflammation of the human stomach. In addition, the membrane often presents extensive patches of claret-coloured discoloration, apparently due to submucous extravasation. These patches are often surrounded by a distinct fissure in the mucous membrane, and, in some instances, the mucous membrane corresponding to the patch is in a gangrenous state, and more or less detached.*

The small intestine is more or less inflamed throughout, but the inflammation is usually most intense about the middle. The coats of the bowels are much attenuated and softened, while the mucous membrane is intensely injected, and sometimes ecchymosed and deprived in a great measure of its epithelium covering, but coated with a quantity of transparent and viscid, or opaque and puriform, secretion. I have failed to discover any change of the solitary glands of the ileum which could be ascribed to the disease. Peyer's patches are usually less vascular than the surrounding mucous membrane, and throughout the disease very

* Mr. Simon informs me that he has found these appearances most marked in the *omasum*.

much less elevated and thickened than in a healthy animal. Their component glandules are more distinctly seen, because the epithelium covering, which obscures them in health, has been mostly removed. Many of the glandules seem empty, while other contain a minute drop of softened secretion like pus, which can be squeezed out by the slightest pressure. There are no submucous deposits, and none of the lesions running through the definite stages, which I am familiar with in the typhoid or enteric fever of man. In this opinion I am corroborated by Dr. A. P. Stewart, Mr. Simon (Medical Officer of the Privy Council), Dr. Buchanan (my colleague at the Fever Hospital), Dr. J. Burdon Sanderson, and many other physicians who have dissected the animals, either in conjunction with me or independently.

It is right to mention, however, that in all the cases which I have examined, many of the solitary glands, and sometimes certain of the component glandules of Peyer's patches, have been greatly enlarged, filled with a soft cheesy matter, and sometimes even ulcerated on the surface. A drawing of an inflamed piece of bowel studded with these enlarged glands might readily be thought to represent the lesions of enteric fever. Careful examination, however, clearly shows that the appearances in question are of old standing, and quite unconnected with the disease of which the animals have died. This view of the matter is confirmed by the fact that I have found precisely similar appearances, in some cases indeed even more strongly marked, in the small intestines of every one of four healthy oxen which I have examined. I remember, also, Professor Goodsir of Edinburgh describing this common condition of the intestinal glands in cattle, in his lectures on Comparative Anatomy, nearly twenty years ago.

The lining membrane of the large intestine is also inflamed. It is always more or less reddened, the redness being greatest over the prominences of the rugæ. Here also may be seen patches of ecchymoses, and sometimes superficial excoriations. The surface is coated with a quantity of viscid mucus, more or less opaque, and often mixed with blood.

The contents of the bowel are fluid, and consist of fæces mixed with inflammatory products and often with blood.

The vagina, bladder, and urinary passages often, but not always, present signs of inflammation. The kidneys are often intensely hyperæmic, and the uriniferous tubes gorged with finely granular epithelium.

The liver and spleen appear healthy. The bile is thin, and of a light-green colour. The mesenteric glands contain none of the abnormal deposit met with in the enteric fever of man.

The tissue of the muscles presents no alteration of its microscopic structure.

Lastly, it is worth mentioning that in several animals suffering from the disease, which had been killed, the diseased organs appeared to me to be returning to a healthy condition; and that from personal observation I am satisfied that many animals are now condemned, and sent to the knacker's yard, which are suffering from maladies totally different from the prevailing epizootic.

"CYCLOPS'" SIXTEENTH LETTER ON PHYSIOGOLY.

To VIGILANS.

From the observations contained in my last letter, it will be clearly seen that gases act in the system largely, both for good and evil. Generated as they are in the active stomach in all meals, they have their special influence for the benefit of the individual, and we cannot wonder at the stomach being an acid alembic of the most important kind. It is not my province to encroach upon the chemist's science, but I can appeal to those laws which chemistry has already developed, and which it has much more to do with, to show the analytical bases of acids, and that it is totally impossible the system could exist as it is, without its well and regularly-formed gaseous aura being everywhere present. And here I say that physiologists have been hitherto too much given to view alone the solid and fluid constituents of the body, and have not sufficiently studied the gases. I have no hesitation in saying, that in bringing these more prominently forward, greater progress will be made towards the understanding the wonders of the body, not only in its laws of health, but in its laws of diseases and treatment of them. The gases made by the stomach in all its digestive acts can at least explain the reason why that organ, more than any other, secretes its own peculiar acid, for no other does the same, and hitherto this fact has not been sufficiently explained. To show the extent to which its coats and substance are impregnated with this, we use *rennet*, or portions of it, to make curds and whey with milk. The medicine called "pepsine" is fabricated from it, and so the Medical fraternity ape the old practitioners who they would probably laugh at now, in the stewing of fox's lungs, as a remedy for certain diseases of those organs in the human body. The ancient Pharmacopœia and treatment of disease contain many such things, equally fanciful to our present generation, which serve us to wonder and laugh at, but not more so probably than many things we do now for the amusement of a future generation.

I have said in a former letter that the study and writing on physiology lead us to sudden jumps. I am compelled to deviate from the strict line of my proceeding in taking the organs regularly, by occasional questions of correspondents on the subjects most prominently presenting themselves. Thus, a correspondent of the MEDICAL CIRCULAR, of last week, at page 131, has given two cases of erratic cholera in a mother and daughter, and asks "Cyclops" to explain them. Now, I was going on with my paper, showing the presence of gases in the system. When all the periodicals, both lay and Medical, are teeming with all the old doctrines, views, opinions, dogmas, and systems, to meet a probably impending cholera. Everybody admits its existence, and no one pretends to know what it is. The "*cholera wave*" is the last new idea, and that animals have epidemics as well as human beings; also, that when an epidemic comes to them, another or the same, or a visitation, similar to cholera, seizes mankind somewhere and spreads all around. Now what is the "choleraic wave?" Is it a solid, a fluid, or a gas? Do insiduous solid or fluid elements come over the seas, born by the aërial currents, from infected places and persons, and become swallowed and absorbed by others in other countries? If so, it is a very wonderful thing that they have not been so well buffeted as to have disappeared in the ocean *in transitu*. Supposing this insiduous substance is neither solid or fluid, is it then a gas? an aura? which nobody can seize to weigh, or measure, or analyze; which, by the way, the meteorologists ought to have caught, the same as they have done the ozone and antozone, and such like allotropic forms of oxygen; so that they may lay the blame to them, and not to the bastard oxygens. Well, whatever it is that come or does not come, and whatever is the cause, the influence of malignant stars of the ancients, or these modern fancies, to account for what people now-a-days are honest enough to say they know nothing about. Something, nevertheless, produces a Rinderpest or murrain in cattle, or a cholera in men. The former is now present amongst cattle, and an epidemic is expected amongst men. Now, why not, for noveltys' sake, make observations nearer home, and ask, What are the conditions of our own self-generated gases? I have already, in these letters, spoken of the electric aura and special electric conditions of our own bodies, producing disease without any contagion or contagious influences at all. Far down in the country we have generated by two women, a disease simulating cholera, which appears to have been very nicely and judiciously treated *empirically*. No scientific observations are made by the writer, yet we ought to elicit some science out of them.

Here, then, the elder female first suffers from an evident war of morbid gases in her system, from some disturbances in the secretions. Irregular electric action first takes place in all the secretions, and the system cannot regulate them. Poisonous gases are always present in the system, and we

cannot do without them, and from some rude shock, will not combine as they do in health, and so they set themselves free. Vomiting and purging of these noxious matters ensue. Here, then, the electric batteries are knocked to pieces, and in the present language of telegraphy, you have only *earth currents*. All those fluids necessary for the due lubrication of tissues are removed, which I have elsewhere said, never came out of the blood, and would never go into it; yet they are most useful in the animal economy. How stands the theory of the blood of the old school, which ought to have restored the system? The writer says of his patient, there is "a purple colour, cold sweat, pulse imperceptible, tongue and lips livid, breathing quick and spasmodic, appalling expression of countenance, &c." Some would say, "this is the effect of choleraic blood poison;" which, like the philosophers' stone, all the physiologists are looking out for, in order to get something to inoculate the people with and destroy it as they do the small-pox virus with the vaccine; but I tell then—they won't find either. Well, there was "spasmodic jerking every few minutes, not unlike tetanus," with some "opisthotonos." Do we not have these twitchings also in broken limbs? Why do we want to fix them? Splints keep the bones in apposition, but they also prevent these tetanic spasms from displacing them. Electric currents being destroyed by ruptures and displacements, their aura no longer traverses the wires or nerves in any continuity. The same phenomena occur in sprains of long tendons, without broken bones. In these cases, however, we have caloric in excess, because we have elements which are the continual generators of electricity, and are the natural heat producers of the body; but when these are suddenly removed, as in diarrhœa and choleraic actions, what is the consequence? Why, precisely what the writer has said. Mind—not a drop of blood has been removed; the fight is all between the gases and those fluids, with which the blood had nothing whatever to do, and very merciful this is for the patients; for that element is still left to make and uphold structure. Let us review the rationale of treatment: chlorodyne was given, which is a powerful sedative. This suddenly arrests the wilful conduct of these erratic gases and uncombining fluids, which produced them, and a temporary stop is put to their malicious acts.

In these cases, the positive currents of nervous sympathy rush to the centres, but the batteries being suddenly broken, no negative ones are returned. Viewed in the light of art and empiricism, the turpentine flannels brought them again to the surfaces, and these were assisted by the strong brandy and water. The soothing influence of the mixture, composed of chalk, acacia gum, cinnamon, catechu, &c., gave the elements in the alimentary canal something to do. Chalk took up loose fluids, causing cohesion; and fresh combinations were instantly made. By all these means, in forty-eight hours, that state which threatened life was reversed. All these things were, in the first case, most appropriate and satisfactory, and can all be explained. The exhaustion had produced coma; but when all the causes for its continuance had been stopped, the first effects on coming out of a state of coma was, "a tingling all over the body and extremities." "I think," says the writer, "caused by the turpentine applications." Let him rather say, in scientific parlance, that they were caused by the gradual return of electric actions from restoration of the galvanic batteries throughout the body, exerting their beneficial powers over the whole nervous system, and these, again, over the heart and general circulation.

The second case seemed like the first, only more severe; but being younger, she was better able to bear it. This case was treated most judiciously in the same way, and recovered like the first, by the same laws acting in the system. Now, as these are cases which happen frequently, the first object should always be to stop pain, arrest the fluxes, and restore electric actions. The only fault is, that the Faculty, when they have succeeded so well in this, often undo all their work by giving opening medicines too soon, and so bring back all the symptoms they had so much difficulty to arrest. Why not let the bowels remain quiet for days and days, if necessary. But if, as in the two cases related, they act naturally, nothing can be said, especially if the stools are somewhat consistent. Nature is all wise; but even this should be regulated, for there is much to be made up before the colon gets full enough for all purposes. The "cord-like feeling across the chest, not unlike angina pectoris," was evidently from the shock to the solar pexus; for it is from this centre of nerves, that the spasmodic cramps arise in true Asiatic cholera, and continue until the electric currents are re-established between the brain and lower extremities, which can only be done through the solar pexus; then these spasms cease, and this fact is always to be watched, and when it occurrs a good prognosis may be given. Here, then, we conclude and praise the treatment. But on the other hand, supposing the same writer or any other man, saw apparently the same phenomena in other patients, and did the same things and failed, what could then be said? Here, then, is the touchstone—the difference between empiricism and science. The cases already quoted evidently showed a highly congestive and acid condition in both individuals, and the alkaline sedative remedies cured them.

Now, it might happen, as I have previously said, that other cases apparently similar, would die under the same treatment; then, I say, they were not similar, but in fact totally opposite, for instead of being congestive or acid, they may be highly inflammatory, in which condition there is a great want of the vital acid gases and secretions in the system. Opposite remedies must, of necessity, be employed, and these would consist of the acids combined with sedatives and opiates—the choice of these resting with the prescriber. To discriminate between the congestive and the inflammatory type is what we want, for on this hangs all differences of opinion and treatment in cholera, fevers, &c. For if the chalk and other alkalies are given in the latter, and acids in the former, they aggravate disease in both cases. While in both the anodynes and opiates may be used to relieve pain, for pain is an exaggerated act in the system, that in any case ought to be relieved as quickly as possible, because intensity is given to, and kept up in the vital-electric nervous system while it lasts, and which always has a tendency to ultimate prostration of power. To use the term "extreme hyperæmia of the spinal and lymphatic nervous centres," is as difficult to understand as to apply, and which phrases only tend to make physiology so hard to be understood.

Whatever cholera is, how engendered, how caught, or propagated, is the problem of the day. Popular writers on this give us the idea of "atmospheric infection," and if so, the cause must be invisible and subtle, and in every case an aura similar to that conveyed along telegraphic wires. If, then, it is an aura or a gas, it cannot immediately affect either the solid or fluid structures or elements of the body, because it must first mix with elements of its own kind, and when so mixed, the product then affects the more tangible one of fluids, and these again must act upon the solids, and so the agency gathers power in the system and produces the effects we see. Nevertheless, as long as the two distinct actions remain unrecognised by science or empiricism, so long will men be deceived and disappointed in their treatment, for what will cure one will kill another, and *vice versa*. Thus, when opinions and practice have gone the old old rounds of the treatment of the cholera *we are going to have*, we shall come to the mud in which we all stick so fast now—namely, that we none of us know what the disease is, and that one treatment is as good as another, and that the epidemic will have its certain number of victims, because prejudices are not to be overcome, and the Faculty will not move in the right direction to find out why and how they sometimes cure, and why and how they as often fail. Thus they conclude that it is all a matter of accident, and follow the golden rule of "Secundem artem."

I am &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

GENERAL CORRESPONDENCE.

THE TREATMENT OF DIARRHŒA AND CHOLERA.

To the Editor of the Medical Circular.

Sir,—I observed an article in the Medical Circular of the 2nd of August instant, taken from the 'Medical Times and Gazette,' on the "Origin, Proximate Cause, and Cure (by means of Ice) of Diarrhœa and Cholera," by Dr. John Chapman, M.R.C.P., and in which the author would seem to suggest, and try to make us believe, that cholera and diarrhœa are almost the same disease, and are brought on by the means of heat, motion, nervous irritation, fear, or emotion, &c. With the exception of the latter—viz., fear, or emotion—I do not believe that cholera, at least, can be said or proved to be caused by any of the other three specified causes; still we owe the Doctor a debt of gratitude for even having made the attempt to solve or throw a light upon this hitherto most difficult and mysterious subject. But "Hyperæmia of the nervous centres and spinal column are the proximate causes of diarrhœa and cholera," says Dr. Chapman; yet the Doctor has not furnished us with any proof of this from his post-mortem examinations, or his anatomical knowledge of the lesions or effects of the disease left on the dead bodies of those who have died of cholera: we must believe it, therefore, upon the mere assertion of Dr. Chapman. But as cholera has been known to prevail and spread as much in winter as in summer, in cold as in hot climates, and at all seasons of the year, it is hard to say or think that either heat or cold can be the cause of cholera, although, no doubt, they are often the cause of common diarrhœa. Now my own opinion is, that spasmodic or Asiatic cholera is always caused or brought on by some peculiar morbid or specific poison prevailing in the air or water at the time—some unknown miasm (*sui generis*) of extreme tenuity, which we have not been able as yet to detect, demonstrate, or analyse, notwithstanding all our chemical and physiological knowledge. Cholera has been known to move on and spread in an opposite direction to the prevailing winds and the current of rivers, dealing out its fatal arrows on this side and that side, as it moves along in its dreadful course.

But with regard to Dr. Chapman's late discovery of the spinal ice-bag being a most perfect cure for all kinds of cholera and diarrhœa, I must say candidly (no odds how sincerely we should wish it to be the case), that I entertain very serious doubts about the matter; for instead of spinal ice-bags, or any such intensely cold application, being a cure for cholera, I would much rather prefer applying to a cold cholera patient intensely hot applications, both externally and internally, and that, too, even to the application of the actual cautery, or a few drops of boiling water, on the fleshy parts of the legs, thighs, or feet, so as thus to raise a sudden blister, to act as a counter-irritant and revulsive to the morbid and perverted action of the alimentary canal, which we all know and admit to be the immediate cause of death to almost every one who succumbs to that awful malady; for no matter what may chance to be the real nature of the poison or miasm of cholera, we all know perfectly well that extreme cold and freezing down of the body is almost invariably the result of it; for as heat promotes digestion and assimilation of our food and aliments, so extreme cold, on the contrary, must and does often reverse this salutary action, and be often the cause of death, which we may see clearly exemplified by the morbid craving and perverted action of the alimentary canal in all real cases of spasmodic cholera. Yes, we behold there the whole process of digestion and assimilation to be reversed, and a most violent morbid craving and perverted action set up instead, throughout the entire length of the digestive and alimentary canal, and which seems to be aided and kept up chiefly by the intense coldness or freezing down most rapidly of the entire body, as it were. But as cholera is a disease of complete debility, coldness, and prostration, in which there is little or no power left for reaction to take place, I cannot bring myself to think that the spinal ice-bag is the only or most proper remedy for it, seeing that, unless we were quite sure that reaction would take place under its influence, it must obviously do more harm than good, and this I beg to tell Dr. Chapman. As the symptoms and phenomena of spasmodic cholera have been so often and so minutely described by many able and acute observers, it is not my intention to detain you, or occupy your time on these points; but, with your kind permission, Sir, I would beg leave to state, as briefly as possible, what I do believe and have found to be the best and most effectual remedies, as far as my own experience has led me to adopt them in cases of spasmodic cholera. The first remedy I would try, so long as no other symptom but the diarrhœa made its appearance, would be:—

℞ Tincturæ opii, ℥ss.;
Ess. menth. pip., gtt. x.;
Aquæ, ℥j. M.
Ft. haustus statim sumendus.

The above draught to be repeated in the space of half an hour or so. I would recommend half a glass of brandy or best whiskey to be given to the patient, and this to be repeated also in the course of half an hour, if necessary; but as soon as the throwing-off or vomiting did take place, I would order a large mustard poultice to be placed over the region of the stomach, and kept on for half an hour, or a whole hour even, in case it did not redden the skin or take effect sooner. I have found five or six grains of calomel to be very useful often to check the vomiting. I would also recommend the following mixture—viz.:—

℞ Tincturæ catechu, ℥ss.;
Tincturæ rhei, ℥ij.;
Aquæ, ℥vj. M.

A table-spoonful of this mixture to be given every hour, and plenty of warm drinks and hot stimulants to be given at the same time; for although the patient may call for nothing but cold drinks, through a depraved and perverted appetite, I would, nevertheless, give as little cold drink as possible, but I would allow of it to be given occasionally, to console and satisfy the poor, tortured, and exhausted patient. I do not believe there is much use in hand-rubbing the limbs in case of cramp, as I never observed any benefit accrue from it. Thus hot applications and stimulants, both externally and internally, are the best and only remedies for all cases of real cholera, in my opinion; and, with all due respect towards Dr. Chapman, I must say and declare, that I have very little faith or confidence in his spinal ice-bag.

I am, &c.,
Neil M'Greevy,
L.R.C.S. Edin., and L.A. Dublin.

Drogheda, August 23rd, 1865.

Queen Charlotte's Lying-in Hospital.—It has been lately decided to increase the Medical staff of this hospital. There is a vacancy for a Medical officer for the out-patients.

Chorlton Union Hospital.—This building is now in course of erection near Manchester. It consists of five "pavilions" or blocks, at a distance of 100 feet apart; each pavilion being 124 feet in length by twenty-four feet in breadth, with three floors, and to contain ninety-six beds. To each patient will be allotted 1,350 cubic feet of space, which is considerably above the regulation quantity as defined by the Poor-law Board.

Mortality in Emigrant Ships in 1864.—Not the least pleasing feature of emigration from the United Kingdom during the past few years is the low mortality which the returns present, as compared with those of an earlier date; and in this respect England contrasts favourably with any other country. The mortality in the ships despatched to Australasia by the Emigration Commissioners, at the expense of colonial funds, during 1864, gave ninety-one deaths to eight thousand six hundred and seventy passengers, or 1·04 per cent., showing a slightly higher death-rate in these vessels than in their corresponding vessels for the last two or three years. Still this death-rate is by no means excessive, especially when it is remembered that there is often a large number of young children on board, to say nothing of the many births that occur on the voyage.—'Social Science Review.'

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 30, 1865.

HAS DISEASE CHANGED ITS TYPE?

The admirable address of Dr. Stokes, delivered at the recent meeting of the British Medical Association, at Leamington, has put very clearly before the Medical world the question now so often asked, as to the probability that disease has changed its type, and therefore requires a different method of treatment from that which it formerly demanded. The very same diseases which our predecessors, and many among ourselves, used to treat by the abstraction of blood, and by the adoption of other lowering measures, are now treated by the administration of nutritous diet and stimulants, and the inquiry naturally arises whether this change is due to the influence of mere fashion, or to the improved notions of pathology and therapeutics now prevalent, or to the fact that the type of disease in general has altered.

Dr. Stokes, it will be remembered by those who have heard or read his address, argues in favour of the last view, and his arguments are so cogent that it is difficult to avoid being convinced that he is in the right. His opinion, at all events, is entitled to very great weight, not only from the copious illustrations and the reasoning by which it is supported, but from the personal character and the experience of Dr. Stokes himself. He is neither so old as to have imbibed antiquated principles which he is unable to shake off, nor so young as to despise the lessons taught by his predecessors in the practice of the healing art; and in his forty years' experience he has observed that gradual change in therapeutics which has been attributed by some to the enlightenment of the present day, and by others, including himself, to the alteration in the character of disease in general.

In adverting to the assertions of those who condemn the former method of treating disease, Dr. Stokes very aptly compares such writers to Broussais, who, as is well-known, invented a novel theory of fever, and blamed all the practitioners of his own and former days, because they did not treat fevers and acute diseases by local bleeding and starvation. Broussais thought that all his predecessors were in error because they did not bleed and starve, and now there are writers who accuse of ignorance and incompetence all those who did bleed and starve.

As Dr. Stokes observes, a thinking man finds it difficult to believe that the fathers of British Medicine were always in error, and that they were bad observers and mistaken practitioners; and that such men as Sydenham, Fothergill, Heberden, Gregory, Cullen, Alison, Cheyne, and Graves, were persons who blindly followed a mere routine. Dr. Stokes asks which is the more probable of the two suppositions: namely, first that our predecessors, including such men as those first mentioned, were bad observers, and blind adopters of an antiquated and mischievous mode of practice; or secondly, that the type of disease has changed in recent times?

It will generally be found that those who adopt the former view are among the younger race of practitioners, who have really had no opportunity of making themselves personally acquainted with disease as it existed at the commencement of the present century; while those who advocate the latter, are among those whom the Profession justly regards as its brightest ornaments—men in whom the energy of youth is tempered by the experience which time alone can bestow—men such as Dr. Alison and Graves, who have lately passed away, or such as Dr. Stokes himself, Dr. Watson, and Dr. Christison, who still remain among us.

Bnt not only is it generally believed that a change in the type of disease has lately occurred in our own and other countries, but the time when this change began to be manifested is pretty accurately fixed. The presence of cholera in London in 1832, and the presence of epidemic influenza in the next year 1833, not only exhibited to the then existing race of practitioners two diseases with which they had been previously unfamiliar, but they marked an era at which the sthenic type of diseases began to make way for that of an asthenic character, and when consequently the treatment required was very different.

It is quite idle to assert, as some have done, that cholera was not a new disease, and that it had prevailed under some other name at some former periods of history. As far as the practitioners existing in 1832 were concerned, it was a new disease, at least in Great Britain; and even if it be believed that it may have prevailed at some former period, such a circumstance would not at all militate against the theory that disease has recently changed its type, because the advocates of the latter view only maintain that diseases return in cycles of undetermined duration, and that the asthenic and sthenic types have alternated with one another at different periods and in different countries. To prove also that the members of the Medical Profession did not follow mere routine in their treatment, it is only necessary to observe that they did not treat either cholera or influenza with bleeding and other forms of depletion, as it was very soon found that such a method would be injurious to the patients.

But we have trustworthy authority to prove that the treatment of fevers has been modified during the

present century, not in obedience to the prevalence of peculiar views in therapeutics, nor in accordance with improved methods of diagnosis, but simply in consequence of the different indications presented by patients. Dr. Christison, who has had abundant experience in the treatment of fevers in Edinburgh during a long series of years, has shown, in a memoir published by him in 1856, that the abandonment of bleeding in idiopathic fevers arose from the altered character of the fevers themselves. He shows that in 1817-20, and in 1826-29, their characters were those of Cullen's synocha and synochus, and were of a sthenic character. We cannot disbelieve such an observer when he tells us of the hard, incompressible pulse of the patients at those periods, of the ardent heat of their skins, the florid hue of the venous blood, and the impetus with which it escaped almost *per saltum* from the veins; nor can we doubt his veracity when he informs us that bleeding was then practised with the greatest success, and with an actual diminution of the mortality. But in 1834, Dr. Christison found that probably for two years previously a change had been going on, the synocha, or the inflammatory fever of Cullen, had disappeared, the synochus, or the mixed fever of the same author, had lost the vehement reaction of its early stages, and the typical typhus was much more common. Dr. Christison accordingly began to doubt whether bleeding was applicable to the new form of fever, and he actually found that the patients ceased to bear this treatment, and in fact fainted after the loss of a few ounces of blood, and did not rally afterwards. To prove that this statement was not the result of an after thought of the present day, this physician refers to his clinical lectures delivered between 1833 and 1835, to show that he then declared the necessity of a change of practice.

SUMMARY OF THE WEEK.

THE CATTLE DISEASE.

A common theme of conversation and of alarm, not only among the residents of the metropolis but throughout the length and breadth of the British Islands, is the continuance of the disease among the horned cattle, which has perpetuated, if it has not caused, the very high price of meat, has produced a scarcity of milk, and is calculated, unless the disease be arrested, or unless the harvest be much better than is anticipated, to induce great and general privation of the necessaries of life among all classes of the community. That the disease unfortunately prevails is too true, and the loss of cows, in particular, has entailed utter ruin upon some small dairymen, and has excited alarm among all the trade. Amidst the suffering entailed by this cattle-plague, the aid of science has been invoked as to the investigation of its cause, and as to the adoption of preventive measures, but we cannot help remarking that several eminent authorities are at variance upon the first point, and that, as to the second, the remedies proposed are almost as bad as, or worse than the disease. The assertion that the disease has been imported from abroad is by no means clearly borne out by all the facts, but it is adopted, we are sorry to find, in many quarters, for the purpose of supporting the principle of protection,, and enhancing the price of meat by prohibiting supplies from foreign countries. Again, as the slaughtering of the animals supposed to be diseased, there is reason to believe that some have been destroyed which are not really infected, and, as Dr. Murchison states in a letter which we publish to-day, some have been killed which appeared to be getting well. Although the disease is very dangerous, it does not seem to be necessarily fatal, nor from the post-mortem appearances observed, is it characterised by such features as to make the animals which recover from it unfit subsequently for furnishing milk or being used as food. We earnestly hope, therefore, that while the nature of the disease is thoroughly investigated, no elements will be introduced into the discussion likely to enhance still further the already exorbitant price of meat, and thus to entail privations upon the human race of a worse character even than the cattle disease which now justly excites so much apprehension.

CONFESSION OF CONSTANCE KENT.

The following statement has appeared in the newspapers from Dr. Bucknill:—

"Constance Kent says that the manner in which she committed her crime was as follows:—A few days before the murder she obtained possession of a razor from a green case in her father's wardrobe, and secreted it. This was the sole instrument which she used. She also secreted a candle with matches, by placing them in the corner of the closet in the garden, where the murder was committed. On the night of the murder she undressed herself and went to bed, because she expected that her sisters would visit her room. She lay awake watching until she thought that the household were all asleep, and soon after midnight she left her bedroom and went downstairs and opened the drawing-room door and window shutters. She then went up into the nursery, withdrew the blanket from between the sheet and the counterpane and placed it on the side of the cot. She then took the child from his bed and carried him downstairs through the drawing-room. She had on her night-dress, and in the drawing-room she put on her goloshes. Having the child in one arm, she raised the drawing-room window with the other hand, went round the house and into the closet, lighted the candle and placed in on the seat of the closet, the child being wrapped in the blanket and still sleeping, and while the child was in this position she inflicted the wound in the throat. She says that she thought the blood would never come, and that the child was not killed, so she thrust the razor into its left side, and put the body, with the blanket round it, into the vault. The light burnt out. The piece of flannel which she had with her was torn from an old flannel garment placed in the waste bag, and which she had taken some time before and sewn it to use in washing herself. She went back into her bedroom, examined her dress, and found only two spots of blood on it.

These she washed out in the basin, and threw the water, which was but little discoloured, into the foot-pan in which she had washed her feet over night. She took another of her night-dresses and got into bed. In the morning her night-dress had become dry where it had been washed. She folded it up and put it into the drawer. Her three night-dresses were examined by Mr. Foley, and, she believes, also by Mr. Parsons, the Medical attendant of the family. She thought the blood stains had been effectually washed out, but on holding the dress up to the light a day or two afterwards she found the stains were still visible. She secreted the dress, moving it from place to place, and she eventually burnt it in her own bedroom, and put the ashes or tinder into the kitchen grate. It was about five or six days after the child's death that she burnt the night-dress. On the Saturday morning, having cleaned the razor, she took an opportunity of replacing it unobserved into the case in the wardrobe. She abstracted her night-dress from the clothes-basket when the housemaid went to fetch a glass of water. The stained garment found in the boiler hole had no connection whatever with the deed. As regards the motive of her crime it seems that, although she entertained at one time a great regard for the present Mrs. Kent, yet if any remark was at any time made which in her opinion was disparaging to any member of the first family she treasured it up and determined to revenge it. She had no ill-will against the little boy, except as one of the children of her stepmother. She declared that both her father and stepmother had always been kind to her personally.

"She told me that when the nursemaid was accused she had fully made up her mind to confess if the nurse had been convicted, and that she had also made up her mind to commit suicide if she was herself convicted. She said that she had felt herself under the influence of the devil before she had committed the murder, but that she did not believe, and had not believed, that the devil had more to do with her crime than he had with any other wicked action. She had not said her prayers for a year before the murder, and not afterwards, until she came to reside at Brighton. She said that the circumstance which revived religous feelings in her mind was thinking about receiving sacrament when confirmed.

"An opinion has been expressed that the peculiarities evinced by Constance Kent between the ages of twelve and seventeen may be attributed to the then transition period of her life. Moreover, the fact of her cutting off her hair, dressing herself in her brother's clothes, and leaving her home with the intention of going abroad, which occurred when she was only thirteen years of age, indicated a peculiarity of disposition, and great determination of character, which forboded that, for good or evil, her future life would be remarkable.

"This peculiar disposition, which led her to such singular and violent resolves of action, seemed also to colour and intensify her thoughts and feelings, and magnify into wrongs that were to be revenged any little family incidents or occurrences which provoked her displeasure.

"Although it became my duty to advise her counsel that she evinced no symptoms of insanity at the time of my examination, and that so far as it was possible to ascertain the state of her mind at so remote a period, there was no evidence of it at the time of the murder, I am yet of opinion that owing to the peculiarities of her constitution it is probable that under prolonged solitary confinement she would become insane.

"The validity of this opinion is of importance now that the sentence of death has been commuted to penal servitude for life; for no one could desire that the punishment of the criminal should be so carried out as to cause danger of a further and greater punishment not contemplated by the law."

EXPENSIVE MEDICINES FOR THE POOR.

Some time ago we published a circular letter addressed by the Poor-law Board to boards of guardians directing their attention to the recommendation of the "Select Committee of the House of Commons on Poor Relief," that cod-liver oil, quinine, and other expensive medicines required for the sick poor should be provided at the cost of the Unions, and requesting the guardians to consider what arrangements could be made with a view to carrying that recommendation into effect. We now understand that in very many instances boards of guardians have adopted this suggestion, and have relieved their Medical officers from obligations under their contracts to supply these Medicines at their own cost. The arrangements that have been made vary in different unions. In the majority of cases cod-liver oil and quinine are now either supplied by druggists, on the orders of the Medical officer, the account being sent in to the guardians at the end of each quarter, and paid by them, or they are provided by the Medical officer themselves, the guardians reimbursing them the actual cost. In other instances, however, the guardians have procured a supply of cod-liver oil, which is given out by the master of the workhouse or by the relieving officers as ordered by the Medical officers; in other cases it is provided by the relieving officers, who give orders for it in the same way as for wine, spirits or extra nourishment, recommended by the Medical officers. There are also cases in which the guardians have increased the salaries of the Medical officers to cover the cost of the medicine supplied by them. It is very desirable that Boards of guardians generally should carry into effect the recommendation of the Committee on this subject, and thus remove any ground for the allegation that the sick poor, in some cases, are not provided with proper medicine on account of the cost which they would entail upon the Medical officers. When commenting on that portion of Mr. Richard Griffin's proposed "Medical Relief Bill" which related to this subject, we stated our conviction that the interests of Medical officers would be better subserved by means of the interference of the Poor-law Board on their behalf, than by an appeal to Parliament. The result, so far, appears to justify our expectations; and, as it is but a few months since the circular was issued, affords good ground for hoping that before the conclusion of the year, all Medical officers will find themselves in such a position in regard to these medicines as will enable them to do justice to the poor under their care without impoverishing themselves and their families.—'Medical Times and Gazette.'

MEETING OF THE BRITISH MEDICAL ASSOCIATION AT LEAMINGTON.

SCIENTIFIC MEDICINE.

DISCUSSION 1.—*The Antecedents of Cancer.*—The first question open for discussion was as follows:—

Are there any antecedent conditions influencing the production of Cancer?

Mr. Charles Moore, of the Middlesex Hospital was entrusted with the opening of the debate on this topic.

Mr. Moore said that in this inquiry there must be agreement at to the conditions and the period of the disease which were to be the subject of discussion and he expressed his own conviction that cancer commenced at the appearance of the first tumour. At the terminal examination of a case of cancer there might be tumours throughout the body; but one of them had preceded all the rest, and one in many instances constituted the solitary and fatal malady. To what antecedent conditions could this first tumour be traced? it had been alleged that there was a prior disease of the blood; but neither chemistry, the microscope, nor argument had estabiished that allegation as a fact. Dr. Fenwick had discovered changes in the gastric and intestinal mucous membranes of persons dying of cancer, but had not been in a position to demonstrate these or any other changes previously to the outbreak of the disease. Local irritations, both abundant and various, had their part as causes; but they were not of themselves adequate to produce cancer. The remaining occasion supposed to initiate cancer was comprised in the notion of its constitutional nature. This notion Mr. Moore examined at some length. The constitutional nature of cancer was held to be proved by the following chief reasons: 1. Its final universal diffusion in the body: 2. Its growth in various textures; 3. Its supposed outbreak in many tumours simultaneously; 4. Its local occurrence after operations on the primary disease; 5. Its appearance in internal organs, notwithstanding its final extirpation from its first seat; 6. Its repetition in members of the same

family; 7. Its relation to tubercle. These facts in some cases, and the bearing of others on the question of the constitutional nature of cancer, Mr. Moore contested, calling especial attention to the remarkable manner in which cancer was inherited as a local disease. He then gave reasons for concluding cancer to be primarily a local disease. 1. Its invariable origination as a single tumour. 2. The dependence of the later tumours on the first, as proved by—the similarity of morbid substance in various textures and distant organs; the order in which it is disseminated; the delay, the progress, and dispersion of cancer by operation; the possibility of its extirpation by an early and adequately extensive operation. 3. Its heritableness as a local more than as a general peculiarity. 4. Its preference of the healthiest persons. In this last fact was comprised the chief observation as to the antecedent condition of those who become subjects of cancer. Their previous life has been eminently healthy; their appearance when attacked is healthy; the adjoining tissues are natural; longevity is remarkable in the parents of these persons; those attacked are generally the strongest and of ten the eldest of a family; the disease increases numerically with the wealth and well-being of the nation; and it prevails in great excess in the healthiest divisions of the country.

At the conclusion of his argument Mr. Moore was warmly cheered.

Dr. Richardson confined his observations to one point—viz., the localisation of cancer in particular parts of England. Mr. Moore had studied the point from mortality of cancer in certain districts, Dr. Richardson had studied it from the vital statistics of Hospitals; but both of them had arrrived at the conclusion that there were certain spots were cancer was rife, and other spots where it was comparatively rare. Both of them had, for instance, fixed on Norwich as an illustration of the first kind, and on Reading as an illustration of the second. The Association might consider there was fair ground for the inference—quite a new inference—that cancer was under the influence of certain local or social conditions which materially influenced its development.

Mr. Jonathan Hutchinson contended for the origin of cancer as a local disease. He thought the commencement of cancer implied a morbid activity of one or more cells, had a tendency to develope themselves very rapidly without regard to the requirements of the other parts of the economy.

Dr. Mead (Bradford) had come to the conclusion that cancer in its early stages was purely a local disease.

Dr. Stuart coincided with Mr. Moore's proposition that cancer often attacked the most healthy individuals, and recorded a case where a strong, powerful navvy, who had never felt any inconvenience until three weeks before his admission, died from a cancerous tumour on the liver which could not have existed altogether more than six weeks; previous to which attack the patient had enjoyed the most robust health. He believed their was ground for the view that local causes were at work in producing cancer.

At the close of the debate a resolution was carried that the Medical Officer of the Privy Council should be requested to institute an inquiry in respect to the localisation of cancer in England.

DISCUSSION 2.—*Question: Is there any Foundation for the Hypothesis of the Origination of Disease by Zymosis or Ferment?*

This discussion was opened by Dr. Richardson, who began by stating that the hypothesis that, in certain diseases, there is a fermentative process analogous to the fermentation of wine, was first advanced by Willis in the seventeenth century; and the hypothesis had held its ground until now. Was it true? It might be admitted that the introduction of certain organic poisons into the organisim was followed by a divergence from the ordinary standard of health; whether the poison were introduced into the blood from without, as in vaccination and syphilis; or from within, as in rheumatism. The diseases which seemed to be produced by such action of poisons were—small-pox, vaccinia, syphilis, gonorrhœa, rheumatism, scarlet fever, diphtheria, measles, typhus fever, typhoid fever, cholera, pyæmia, glanders, hydrophobia, and perhaps tetanus. Dr. Richardson said these poisons were separable—as separable as snake poisons. He related a series of experiments bearing on the separation of one form of pyæmic poison. He doubted the cellular character of the poisons as necessary to their construction, but said they were nitrogenous. They were all neutralised by bromine and by mercurial salts; and they seemed to form salts with hydrochloric acid, as morphia does. They were probably organic alkaloids, of the ammonia type. Of these poisons, some might be derived in the first instance from without the organism, and even from the vegetable world; but in many instances, they were products of the body itself—secretions or excretions—modified either by the oxygenation of the blood, or by exposure to the air out of the body, and by peculiar decomposition. The natural secretions of some animals—as the snake secretion—were poisonous to other healthy animals; and human saliva was poisonous to inferior animals such as rabbits. The poisons differed in their action; and the same poisons might produce different symptoms. Thus scarlet fever poison might cause malignant fever or mild fever. Dr. Richardson was of opinion that this depended on the organic constitution of the poison itself at the period of its absorption. The poison of pyæmia, which was present in the secretions of wounds, could produce two forms of disease—one in which the leading signs were those of typhus; another, in which they were those of inflammatory fever, with fibrinous separation and fibro-purulent deposits. In the first class of cases, the poisons acted immediately on the blood, causing death from direct interference with the process of oxidation. In the latter class, the action was more prolonged; and new products of oxidation, lower than carbonic acid, were the result: these lower products—acted as secondary poison. In some diseases the secretion first poured out might be simple; but when exposed to air it underwent change, became poisonous, was absorbed, and led to death from secondary action. In this manner simple diseases often assumed a fatal form, A common illustration of this fact was afforded in tonsillitis merging into diphtheria from secondary absorption. The quantity of poison introduced into the system, or the rapid absorption of the poison, intensified the symptoms, but did not alter the type. The type was changed by the action of the air on the poison, and by the stage of the decomposition of the poison. The author held that there were conditions of the atmosphere in which these poisons underwent specific changes, giving rise to special disease. He accounted for Surgical fever in this manner. The influence of the poisons in every case was on the blood, and was most simple. The poisons all more or less prevented free oxygenation; and thus they changed the character of the secretions of the body, rendering them in turn poisonous, and capable of reproducing their likes. In conclusion, Dr. Richardson urged that there was no foundation for the theory of zymosis, in the common acceptation of that term,—*i.e.*, there was no propagation of the poison in the blood by formation of such poison from cell to cell. The process consisted in transformation of the natural parts of the organism, not in the production of new organic developments cell by cell.

After an interesting discussion, in which Dr. Budd, Mr. Steele, and Mr. Wood took part, a vote of thanks was carried to Mr. Moore and Dr. Richardson.

SUBJECTS RELATING TO STATE MEDICINE AND PUBLIC HEALTH.

DISCUSSION 1.—*Question: What Measures should be Advocated by the Association for securing an improved Position to Medical Scientific Witnesses in Courts of Law?*

Dr. Symonds (of Clifton) opened this debate. He began by speaking of the difficulties under which Medical witnesses laboured in courts of law—difficulties which often neutralised their evidence. For instance, they were often called upon to give direct answers to questions put on the spur of the moment; and, in addition to that, they were required to cast aside the current language of their Profession, and utter their thoughts and opinions in words which did not

fully convey their meaning. There were also other difficulties; and the existing practice was disadvantageous, not only on account of the incapacity of his audience to understand the witness, but also because he was constantly endeavouring to accommodate himself to them. The best witnesses were those who gave their evidence without any anxiety as to the impression which their statements might produce; but, Medical men, feeling the responsibility of their position and the serious results depending on their words, and knowing that most of those who heard them might not comprehend them, naturally felt very solicitous to express themselves in such a way that they might be understood, and, in consequence of that, the value of their evidence was frequently much deteriorated. Dr. Symonds also mentioned that Medical men were very much underpaid for the scientific evidence they were called upon to give. The great question to consider, then, was, whether some amendment in the mode of obtaining Medical evidence could not be obtained? In his opinion, that amendment might be obtained; and he believed that that Association might be instrumental in inaugurating certain reforms. As a remedy for these inconveniences, he thought that regularly qualified Practitioners should be established by the Government, and placed where Medical men could consult them in cases of great difficulty, and sometimes delegate to them certain extra duties. Medical men were called upon occasionally to give certificates of insanity, and those certificates might be the means of bringing them into courts of law in the character of defendants. It should be borne in mind that in giving those certificates they often conferred a benefit on the family of the insane man by separating from them, and also to the man himself, by removing him to a place of safety; and in the third place, to society, by taking away a person dangerous to life and property. In granting these certificates Medical men ought to have the support of officers appointed by Government; and he thought they ought to be released from the responsibilities of those certificates; and if the Legislature refused to take away the responsibility, they would be justified in refusing to give certificates. He suggested that these Medical officers should be placed on Boards of Health. In conclusion, he moved:—"That a committee be appointed to take into consideration the present position of Medical Practitioners in respect to Medico-legal investigations, and to confer as to the expediency of pressing upon the Legislature the appointment of State Physicians, whose duties might embrace both Medico-legal inquiries and the care of the public health; that the committee be requested to present their report to the next annual meeting of the Association, or to report to the Committee of Council; and that the Committee of Council be requested to devote a sum not exceeding 20*l.* to the purpose of carrying out the objects of this resolution." He also moved—"That the following gentlemen be requested to serve on the committee now appointed: Dr. Jeaffreson, Sir Chas. Hastings, Dr. Richardson, Dr. Stewart, Dr. Barker, Dr. R. Hall, Dr. Acland, T. Heckstall Smith, Esq., Dr. Robertson, Dr. Westall, and Dr. Tuke." [The names of Dr. Symonds and Dr. Rumsey were subsequently added.]

Mr. Rumsey thought that there should be thorough preparation for the office which Dr. Symonds had suggested; that undivided attention should be given to the subjects with which such an officer would have to deal; and that such an officer should be placed in a thoroughly independent position by the Legislature. He should not be a witness either for the prosecution or the defence, but shonld act as *amicus curiæ*. He did not advocate specialities in the Profession, of which he thought they had more than enough already. But it was impossible for one engaged in the ordinary practice of the Profession to bring to bear the knowledge which might be required instantly for some difficult inquiry; and although a few persons were available as witnesses on scientific and abstruse matters, yet the number of such required to be greatly increased. These officers would have certain definite districts assigned them; and in addition to acting as Medical jurists, they might also discharge the equally important duties of officers of health; and if they had charge also of the registration of births and deaths, much more accurate statistics than those at present collected would be obtained. For the elucidation of the more difficult questions that might be brought before these Medical jurists, he would suggest an ambulatory commission, composed of men of the highest eminence, who would go, like the judges on circuit, wherever their services might be called into requisition.

Dr. Radcliffe Hall observed that the cases which usually brought the members of the Medical Profession into collision were those of poisoning, lunacy, and accidental injury. He did not see any way of getting out of the dilemma of Medical men giving conflicting evidence in a case of the latter description, where the question to be solved was, whether the imagined persons would recover from certain anomalous nervous symptoms. After alluding to several recent cases of poisoning, he suggested, as a means of obviating conflicting Medical evidence, that certain Medical men, and not less than three, should meet and deliberate upon the facts, and then pronounce a decision on the matter to be investigated. In that way individual responsibility would be lessened, greater justice would be done, and it would materially tend to put an end to conflicting Medical testimony in the cases to which he had adverted.

Dr. Markham pointed out that one argument had been overlooked by Dr. Symonds, which was likely to have great influence on the minds of those engaged in the administration of the law. It was, that often in deciding whether a criminal was a lunatic, the investigation was not conducted according to law; in illustration of which he cited the case of Townley. This brought justice into disrepute; because, after a criminal had been found guilty by a jury and sentence had been passed, the Lunacy Commissioners, or some other authority interposed and overrode the decision of the Court and the jury. He thought that in all cases of difficulty or doubt the assistance of an expert should be called in to decide the point at issue, and that then the jury should give their verdict, which should be strictly adhered to.

DISCUSSION 2.—*Question: Why are Sanitary Measures not always followed by a decrease of Mortality?*

The discussion was opened by Dr. Robertson, of Nottingham. The conclusions arrived at were:—1. Boards of Health should be established in every township, and composed of two laymen, one Medical man, one lawyer, one civil engineer, and other inferior officers, all properly qualified for the office by their talents, their education, and their experience. 2. These Boards, while endeavouring to carry their wishes into effect in a conciliatory manner, should, on the principle of *salus populi suprema lex*, have full compulsory powers when the public good required it. 3. Each Board should form an annual digest from its reports, and transmit this for incorporation into the annual report of the General Board. 4. A systematic and uniform plan of registering atmospheric phenomena, in connection with disease, should be carried on at certain stations throughout the kingdom. 5. In laying out new streets, and in altering and extending old ones, ample provision should be made for a supply, in purity and abundance, of light, air, and water. 6. Drainage, sewerage, and paving should be carefully attended to. 7. In the erection of churches, schools, and in other public buildings, and in private houses, so far as possible, ventilation should be more carefully attended to. 8. Measures should be taken to ascertain the amount and character of sickness in different localities. 9. The habitations of the poor should be placed under special superintendence. 10. Baths (if on ever so small a scale) should be established in every city, town, and village. 11. The sale of patent medicines should be discouraged, instead of encouraged, by the Legislature. 12. Unwholesome, spurious, and adulterated articles should be confiscated, and their vendors fined. 13. Institutions should be formed to train and qualify nurses for the sick. 14. The subject of infant mortality should be referred to a committee, and brought under the notice of the Legislature.

In the discussion that followed, Mr. Whitfield, of Ashford, led the way. He said that, with a view of checking the spread of any infectious disorder in the locality where he resided, he had built a cottage to which all such cases

might be removed, the charge for the right to do so being secured by the annual payment of sixpence for each individual. This Institution had been in existence for six years, and had been the means of completely checking the spread of small-pox on four different occasions. But he had found by experience that, although those afflicted with small-pox would readily pay 5*l.* to be cured, very few would give sixpence a-year to prevent the danger of being attacked by it.

Dr. Budd (Clifton) exhibited a wire dog-muzzle, prescribed by the authorities of Berlin for the prevention of rabies. He explained that the use of the muzzle had reduced the cases of hydrophobia from the bites of dogs from the large number of 123 to, at the very most, three during the years in which its use had been enforced by the authorities.

Dr. Ransome (Manchester) thought nothing had been done to prevent the overcrowding of the population of large towns. It was a fact that, whilst the population of the country at large had only doubled during the present half century, the population of many large towns had quadrupled. There was, therefore, intense compression of human life in great centres ; and the result was necessarily increased mortality, notwithstanding all the sanitary improvements that had been effected.

Mr. Turner (Manchester) thought that one fruitful cause of the apparent failure of sanitary measures was the entire ignorance which prevailed amongst the masses of the people respecting sanitary measures. The Sanitary Society of Manchester has been endeavouring to remedy this by giving periodical lectures on sanitary matters. The poor especially were grossly ignorant of the laws of existence, and had no conception of the possibility of poison entering the system except through the mouth.

Dr. Richardson (London) thought there had been a considerable revolution, both in the public opinion and in the opinion of Professional men, on the question under discussion. There was a time when sanitary science was almost totally unknown ; and there was a time when it was thought that its perfection would result in a millenium of health. In the parish of Marylebone, the mortality a few years ago fell lower than he had ever known it before, being only 19—22 in every 1,000 of the population ; whilst in the Cavendish square district (where Dr. Burrows resided) the mortality had actually been reduced to 17¼ per 1,000 inhabitants. But, whilst there had been a gradual extension of sanitary measures and regulations, the mortality of the parish had lately increased, until by recent returns it was shown to be nearly 27 in every 1,000. He thought that there were two reasons for this failure of sanitary measures to reduce the mortality. The first was, that in this country the Legislature did not, and perhaps never could, directly legislate for the individual. The other was, that there were causes at work which physiological science could alone fathom. Dirt was no doubt the ally of diseases, but there could be disease—aye, and spreading disease—without dirt. We had, in fact, yet to learn the true nature of the organic animal poisons. When they were understood, sanitary science, so called, would be extended far beyond the mere removal of smells and nusiances, and preventive Medicine would be a science in truth.

Dr. Burrows (London) thought there had been unusual causes in operation which had affected the mortality of Marylebone, to which Dr. Richardson had not adverted. The construction of the Metropolitan Railway and the great middle level sewer, through the centre of the parish, had, in his opinion, prejudicially affected its healthiness. Soil saturated with animal matter and excretions had been thrown to the surface, the exhalation of the gases from which into the atmosphere would certainly be detrimental to health. Besides, schoolchildren and workmen were in the habit of standing by the side of the works for a length of time inhaling the noxious effluvia. When he held the office of Physician to St. Bartholomew's Hospital, it was remarkable what an increase there was in the number of patients brought to the institution whilst the Metropolitan Railway was being constructed through the parish of Clerkenwell. Had Dr. Richardson, with his usual penetration and ability, taken what he (Dr. Burrows) had stated into consideration, he would probably have admitted that the construction of the works referred to had had something to do with the increase of mortality to which he had alluded in the parish of Marylebone. He was frequently called to consultation in towns in the vicinity of London, and had invariably noticed that, whilst any great sanitary improvement was in progress, there was positively a great increase of disease, although eventually the healthiness of the locality would be materially augumented.

ARMY MEDICAL DEPARTMENT.

The Director-General presents his compliments to the Editor of the MEDICAL CIRCULAR, and begs to enclose a list of the candidates for commissions in H.M.'s British Medical Service who were successful at the competitive examination in February last, and who have passed through a course at the Army Medical School, showing the combined results of the examination :—

Names.	Studied at.	No. of marks.
Weame, V.	Cork and London	5,602
Collins, R.	Glasgow University	4,080
O'Farrell, F.	Galway and Dublin	3,995
Robertson, S.	Edinburgh	3,979
Hinds, W. R. G.	Dublin	3,940
Lewis, A.	Dublin	3,937
Hogan, R. E.	Dublin	3,915
Sanders, G. B.	Dublin	3,910
Andrew, G.	Dublin	3,737
Bellmore, A. J.	Leeds School of Medicine	3,728
Ruttledge, W. F.	London	3,683
Powell, F.	London	3,653
Robertson, W.	Galway and Dublin	3,635
Traynor, G.	Dublin	3,598
Fishbourne, J. E.	Dublin	3,563
Tobni, R. F.	Dublin	3,530
Jackson, R.	Birmingham	3,500
Campbell, J. A.	London	3,435
Haurahaw, J. J.	Galway and Dublin	3,435
White, W. O. B.	Dublin	3,410
Carew, R. H.	Dublin	3,398
White, C.	London	3,343
Clapp, A. I.	Dublin	3,263
Evatt, G. I. F.	Dublin	3,252
King, T. R.	Edinburgh	3,200
Creed, I.	Dublin	3,149
Shedden, A. W.	Edinburgh	3,144
Keith, R.	Aberdeen	3,117
Bate, A. W.	Dublin	3,035
Churchill, G. F.	Dublin	2,965
Pickering, T. A.	Dublin	2,915
Richardson, J. F. H.	London	2,915
Purefoy, I. W.	Dublin	2,858
Waghorn, H.	London	2,770
Wakefield, W.	Glasgow	2,635
White, G.	London	2,532
O'Toole, G. R.	Dublin	2,525
Thorp, J. C.	Dublin	2,293

Army Medical Department, 6 Whitehall yard.
August 24th, 1865.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 27.

Dr. ALDERSON, F.R.S., President.

A PAPER, by Mr. J. LOCKHART CLARKE, was read on

THE PATHOLOGY OF TETANUS.

In this communication the author describes the condition of the spinal cord in six cases of tetanus. In every one of these there was not only more or less congestion of the blood-vessels, but there were also definite, and frequently, extensive, lesions of structure, such as have never yet been discovered. These lesions consisted of disintegrations of

tissue in different stages of progress, from a state of mere softening to that of perfect fluidity, and were accompanied by certain exudations and extensive effusions of blood. They were found chiefly in the grey substance, which, moreover, was in many places strangely altered in shape —unsymmetrical on the opposite sides, or partially fused with the adjacent white column in a common softened mass. Although lesions of this kind existed, in one form or other, in every region of the cord, they were absent in some places; nor did they ever, for long together, maintain the same shape, size, or appearance, but were constantly and alternately increasing, diminishing, or disappearing, at short but variable intervals. These lesions in tetanus are precisely similar in character to those which the author has discovered in the spinal cords of many ordinary cases of paralysis; and on comparing together the lesions and symptoms of both kind of diseases, he finds good ground for the support of the following conclusions:—1st. That the lesions are either not present, or are present only in a slight degree, in those cases of tetanus which recover. 2nd. That they are not the effects of the great functional activity of the cord, manifested in the violent spasms, but are effects of a morbid state of the blood-vessels. 3rd. That they are not alone the causes of the tetanic spasms. 4th. That the tetanic spasms depend on two separate causes—firstly, on a morbidly excitable condition of the grey substance of the cord, induced by the hyperæmic and morbid state of its blood-vessels, propagated from the injured nerves, and resulting in exudations and disintegrations of tissue; and secondly, on irritation propagated and spread through the morbidly excitable cord from the same source—from the periphery, by the diseased nerves.

Mr. BROOKE thought the facts brought forward by the Author tended strongly to support the views of Dr. Radcliffe on muscular action. He should say that they pointed to the conclusion that in tetanus the disintegration of the spinal cord must necessarily imply diminished, not exalted, functional activity.

Mr. DURHAM said that he had examined, on the plan introduced by Clarke, the spinal cord of a patient who had died of hydrophobia. He found intense congestion with extravasation in the dorsal region, but congestion only in the lower parts of the cord.

Mr. GANT referred to a post-mortem on a case of tetanus, in which a very large quantity of blood was found in the vertebral canal. To the naked eye the cord did not present any remarkable appearance; it was very elastic.

Dr. ALTHAUS asked the Author how many cases of tetanus he had examined, as in some cases in which the cord had been examined no changes had been found.

Dr. HARLEY thought the Society was deeply indebted to Mr. Lockhart Clarke. They were indebted to him because he had opened a new field. Until Schrœder Van der Kolk began his investigations, nothing had been done in this way. He (Dr. Harley) thought that with the researches of Clarke a new era in the study of nervous diseases had commenced.

Mr. LOCKHART CLARK, in reply, stated that the above observations described in the paper were made on the spinal cords of six cases of tetanus; and that since the communication of the paper he had examined the cords of three more cases with precisely the same results. The lesions and alterations of structure, though numerous, were in some places exceedingly small, and appreciable only under glasses of considerable magnifying power.

A paper, by Dr. SAMUEL FENWICK, was read on

THE MORBID CHANGES IN THE STOMACH AND INTESTINAL VILLI PRESENT IN PERSONS WHO HAVE DIED OF CANCER.

The object of this paper was to induce pathologists to examine the blood-making organs in cases of cancer, instead of confining their attention to the structure and development of the tumour. The microscopical examination of the stomach and intestines in fifty-seven cases of cancer were given. In fifteen cases the breast was the organ affected by the cancer, and in eleven the mucous membrane of the stomach was atrophied, the solitary glands were enlarged, and the gastric tubes adherent or destroyed. Chemically, there was an excess of fat in the mucous membrane. Physiologically examined, there was a deficiency in its power of dissolving albumen. In four cases the microscope showed no appearance of disease. Twenty-four were cases of cancer of the uterus, and in only three was there any serious disease of the gastric mucous membrane, but in five other cases the tubes were unusually adherent. Chemically —in some there was an excess of albumen, in others of fat, and in others a large amount of gelantine could be extracted. Physiologically examined—the power of digesting albumen was lessened. There was eighteen cases of cancer of other parts of the body, and the condition of the stomach varied according to the parts effected. Brunner's glands, the villi, and the intestinal tubes presented similar appearances of disease. The villi in some cases were in a state of fatty degeneration; in others the basement membrane was greatly thickened, and the number of nuclei increased. The most general form of disease was a deposit of pigment in the villi. Although the author was of opinion that the facts were not sufficient to enable him to determine whether these diseased conditions were the cause of the caucer, or only a result of some other pathological condition producing both, he thought the subject worthy of the attention both of pathologists and Practitioners of Medicine.

A paper, by Dr. H. G. SUTTON, was read on

FIBROID DEGENERATION OF THE LUNGS.

A section of a fibroid lung shows that in parts it is solid, firm, tough, and conveys a grating sensation while being cut with the knife. The indurated portions are either smooth and non-granular, or in other cases markedly granular in appearance. Closer observation shows the consolidated portion to be mapped out in different colours, having a so-called "grey granular appearance," which is due to the increased quantity of interlobular tissue, and scattered amidst the latter a large quantity of dark pigment matter. The consolidation is not the primary stage; the earlier indication of this stage is seen in the apparently increased quantity of the connective tissue of the lung. The two sides of the pleura are usually found to be very firmly adherent, and in some cases the pleura is very much thickened. The fibroid induration is liable to undergo degeneration, and in consequence cheesy-looking matter is occasionally noticed amidst the hard fibroid masses. Further, in consequence of this degenerative transformation, the new tissue softens down, and a cavity is produced which is usually discovered in one or in both apices of the lungs. The microscopic examination resulted in showing—1st. That there had been a formation of new tissue elements, and that these were such as are usually considered to represent newly-formed connective or fibrous tissue. 2nd. That the newly-formed fibroid tissue had invaded, and in some parts destroyed, the normal lung-tissue; or, in other words, the lung had undergone fibroid degeneration. 3rd. That these fibroid elements were found to be the most highly developed in the immediate vicinity of the connective tissue surrounding the minute bronchial tubes, lobules, and lobulets, and also in the vicinity of the thickened pleuræ, which would appear to show that the cell formation had commenced in the connective tissue of the lung, and that it had extended in every direction amidst the elastic fibres of the air-sacs until the pulmonary cells were completely filled up and obliterated. The clinical history appeared to show that this disease is very commonly found in those who have suffered for many years with vesicular emphysema and chronic bronchitis; also that acute pleurisy appeared to have been in some cases the immediate exciting cause; but the evidence tends to show that pleurisy is an accidental, and not essential exciting cause, and well-marked cases of fibroid lungs have been discovered in which no history of pleurisy could be obtained, and the post-mortem examination showed no induration of the pleuræ. In the majority of the cases there was a history of intemperance, especially of long-continued spirit-drinking. The fibroid degeneration was in by far the majority of cases found associated with fibroid changes of the liver, kidneys, capsule of the spleen, pyloric

end of the stomach and of other organs. Nearly all the patients were males of middle or advanced life, although it does occur even before thirty, and in every case a particular conformation of the body was observed. Dr. Sutton draws attention to certain facts which tend to show these fibroid changes are not due to so-called "scrofula," but that it is a general "fibroid disease," and is associated with a fibroid diathesis. It has been found possible, and in many cases by no means difficult, to diagnose this form of chronic lung disease from that which it is most likely to be mistaken for—that is, from tubercular pthisis.

Dr. Graily Hewitt said that it was well known that collapse of the lung was associated with emphysema. He would, therefore, ask the author if the part affected by fibroid degeneration had not been previously collapsed.

Dr. Sutton replied that he had no knowledge that collapse of the lung gave rise to fibroid degeneration, but he thought that under the microscope a piece of collapsed and atrophied pulmonary tissue might be mistaken for fibroid transformation; nevertheless, it was not difficult to distinguish one from the other. In the collapsed lung the elastic fibres lie side by side, and if of some standing gives a general linear or fibrous appearance: but on closer examination it may be noticed that each individual elastic fibre can be traced to some distance, and that the margin of the elastic fibre is well defined, and the light being readily refracted through its centre, it presents a bright sparkling appearance; whereas, in the fibroid change, the newly-formed fibres are imperfectly formed and each individual fibre cannot be distinguished. Other differences, Dr. Sutton remarked, he had called attention to in his original communication.

THE CHOLERA IN ITALY.

(Extract from a letter from Florence in a weekly paper.)

The cholera, which for some time confined itself to Ancona, is undoubtedly on the increase. Isolated cases have occurred in Modena, Rimini, Milan, and Florence, but could always be traced back to Ancona. Now, however, the disease is spreading through the towns of the Capitanata, and cannot be explained away by *provenienza da Ancona*. During the first days of its appearance at San Severino twenty cases were registered, of which twelve were fatal; then it raged less fiercely for a time, but now again it has increased, and in five days we have ninety cases, forty of which have proved fatal, while from noon on the 18th to noon on the 19th we have eighty-six seizures and thirty-five deaths. San Vicandro, Tarrimaggiore, San Paolo di Civitale are all more or less infected, and the squalid desolation of these places facilitates the ravages of the foe; doctors, nurses, ice, and medicine are sent liberally from Naples, and the frequent rains are opportune; still no one feels any longer secure that his town or village is safe from invasion. The abject terror of the Italians is incomprehensible. I do not refer to known cases, such as the poor letter sorter's, condemned to die in the sorting carriage on the railroad between Bologna and Ancona, because none of the station-masters would allow him to descend, but to individuals who in ordinary cases would show an ordinary amount of courage; the very word cholera makes their teeth chatter and blanches their lips, and though there are many who would probably offer their services as volunteer nurses were the scourge to enter Florence, I do believe that the very terror of contact would suffice to produce the disease. The one benefit resulting from this universal terror is the increased cleanliness of the city; the streets are swept, the accumulated filth of the summer months has been removed from the vicinity of pumps and fountains; stale fish, rotten fruit, and vegetables are not allowed to enter the city gates; while the central market is no longer the cesspool which it has been hitherto. Outside the city gates little or no progress has been made, and the state of things in the suburbs of Florence would astonish, not only our sanitary commissioners, but whomsoever has ever heard of the civilisation of Tuscany. Take a villa near Bellosguardo, that far-famed resort of foreigners, that favourite residence of English and Americans. Three families, owning some eight rooms apiece, pay an aggregate rental of 2,500f. per annum. On Saturday last, under a blazing August sun, the peasant coolly emptied the contents of the common sewer at noon into barrels, and poured said contents on to the garden in front of the house. A hue and cry was raised by the *villeggiante*, who happened to be Turinese and Neapolitans. "Am I not to *governare* my cabbages," he asks, "because your *signorie* have chosen to come and live here?" "Certainly not," was the answer; on which the peasant returned to his employment, saying, "What I've done all my life I shall do still; you are masters in the house; the landlord and I are masters in the grounds." Exasperated and alarmed, the tenants drew up a petition to the sanitary commissioner, and also went to the nearest station of the carabinieri to see whether the nuisance could be stopped. On Monday the sanitary commissioner sent an order to the landlord to disinfect his grounds, of which he has taken no notice, and this morning two carabinieri came up to tell the peasant that at a certain time they should send and see what he was about. Of course he laughed, winked, and is at his old tricks again, and the inmates of Villa P. have had four days to take cholera, or any other illness going, and die at their "earliest convenience." I ought to add that the villa in question is actually in the city, as it is on the city side of the new boundary; but custom is stronger than law, and it will indeed need a numerous and fearless police force to carry out the city laws in the suburbs of Florence.

MEDICAL NEWS.

Apothecaries' Hall.—Names of the gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, August 17, 1865:—Charles James Hardy Smith, Upper Craven place, Kentish town; George Henry Madeley, Holland road, Kensington; Louis Francis Lundy, Feltham, Middlesex; Henry Weekes, Brompton, Kent; John Pearson Hughes, Llandery, South Wales; Nelson Albert Hilder, New terrace, Camberwell park; Charles Thomas Heaven, Thistle grove, Brompton; John Gittins, Shrewsbury; Edward James Fairland, Guy's Hospital.

The following gentleman also on the same day passed his First Examination:—John Ucomanson, St. Bartholomew's Hospital.

A Model Parish.—The sanitary history of St. George's, Southwark, during the past five years is a catalogue of horrors. Mr. Rendle was found to be too active in the performance of his duties as medical officer of health, and his place was made untenable. Then another officer was appointed, and since his appointment the parish has been swept time and again by typhus fever. The density of the population, and the close, badly-built dwellings in which they for the most part exist, are not small evils. These alone afford means for the spread of disease when once it has gained a hold. But their strength has been frightfully augmented by the neglect of the vestry to enforce such conditions as the law enables it to dictate to owners of property. In street after street, if one traverses the parish, complaints are heard of a deficient supply of water. In court after court it is found that scores and even hundreds of human beings live without any water at all. Where receptacles are placed, they are often incapable of holding anything. People were weeks without the means of cleanliness, and then were nearly as long deluged, until some stranger discovered by chance a great hole in the butt. Unsound water-butts have taken weeks and even months to put in repair; dust-bins have been months in progress. Such dilatoriness and neglect have produced their necessary consequence in the production and spread of typhus fever to the number of upwards of three thousand cases during four years.—'South London Chronicle.'

The Question of Inspection of Cattle.—At Southwark, on Tuesday, Mr. Ebsworth, officer of health for St. Mary's, Newington, said he had that morning received an order to attend a man who was seriously ill in Kent street. Whilst with the patient, his attention was drawn to a

slaughter-house on the other side of the street, where there had been fifteen cows, which the Government officer had ordered to be destroyed and buried. The men in the employ of the proprietor of the yard destroyed the cows, but instead of burying them, carted the carcasses through St. George's parish to Mitcham, where they were boiled down, and brought back through St. Mary's parish as cats' meat. He though this would tend to spread the infection, and, therefore, he wished to prevent a repetition of the practice. —Mr. Fred. F. Stanley, of the Royal College of Veterinary Surgeons, and inspector of cattle under the orders issued by the Privy Council, said there were no means in the district of burying the diseased carcasses, and therefore they were sent to the knacker's yard, where it was supposed that they would be disposed of.—Mr. Ebsworth : That is what I complain of.—Mr. Burcham : You think it tends to propagate the disease?—Mr. Stanley : The skins were disinfected under my special order.—Mr. Burcham remarked that the animals were taken to the slaughter-house not to be killed and buried, but to take off and disinfect the skins. Why were they taken to Mitcham?—Mr. Stanley : A dead animal could not communicate the disease; it could be conveyed only by inoculation, or through the breath of a living animal.—Mr. Burcham did not agree in that opinion. —Mr. Ebsworth : Nor did he; and having 28,000 patients in the parish he felt bound to make this complaint; such things ought not to be allowed.—Mr. Burcham agreed that diseased carcases should not be conveyed through the public streets.—Here Mr. Stanley introduced Professor Simonds, and after a long conversation in private, Mr. Burcham said that Professor Simonds informed him that it was very difficult, if not impossible, to find any place near London in which diseased carcases could be buried. Mitcham was, he believed, the nearest place at which they could be buried and disposed of, and the neighbourhood thereby disinfected. Professor Simonds felt confident that the meat when boiled down could not spread the infection; but diseased cattle should be removed in closed carts, and not in open carts.

CHOLERA AND OZONE.—The following letter has appeared in the 'Times':—Sir,—During the past month there has been a manifest diminution of atmospheric ozone. On three days only has the *maximum*, or 10° of Schönbein's scale, been attained. To-day, however, both my exposed ozonoscopes are at a *maximum*. Yesterday the test stood at 4°, which is very low in this elevated and comparatively uncontaminated atmosphere. In the original reports, soon after the discovery of ozone, it was stated that the extension of cholera was greatly facilitated by a diminution of elemental ozone. In 1855, at Strasbourg, the invasion of cholera coincided with a period of antozone, and the decline of the epidemic was accompanied by the return of ozone. If, as has been supposed, the proto-carburet of hydrogen is the vehicle which contains and distributes the poisonous germ or leaven of cholera, it would, *à priori*, be conformable to theory that ozone should combine with this carbonetted hydrogen and destroy it; and subsequent experiments have proved the fact. Ozone is, therefore, itself destroyed by the act of decomposing organic poisons. It would be interesting to learn from carefully compiled statistics the comparative degree of its manifestation in countries at present suffering from an invasion of pestilential cholera; and what diminution of ozone, if any, has occurred since the accession of the epidemic. It is a curious fact that influenza, which in this country has sometimes preceded the cholera, should be so manifestly augmented by a superabundance of ozone as to lead certain pathologists to conclude that it is the very principle of this form of zymotic disease. A medical practitioner, in a recent report from Western Australia, states that diphtheria itself has been traced in certain districts to follow the course of an abnormally high manifestation of ozone. In hospitals, and in sick rooms in every dwelling-house occupied by cholera patients, a factitious atmosphere of ozone should be constantly maintained. It may be produced with facility, modified as occasion requires, and a notable quantity maintained in every inhabited place within an affected district during a dearth of elemental ozone. Chemical ozone is produced by the following process :—Take a piece of clean phosphorus, about half an inch long, which has recently been carefully scraped; put it into a clean two-quart bottle of a temperature of about 60° Fahrenheit, with as much water as will half cover the phosphorus; close the mouth slightly, so that if inflammation take place no harm may happen, and leave it. The formation of ozone will quickly occur, and its presence will be indicated by a luminous condition of the phosphorus and the ascent of a fountain-like column of semi-translucent vapour. In less than a minute the test will show ozone, in five or six hours it will be comparatively abundant, and then, the phosphorus being removed and the acids formed at the time washed out, the bottle may be closed and the contents used for diffusion when required. The air in its normal state contains one ten-thousandth part of ozone; when the proportion is raised to one two-thousandth part, it is sufficiently powerful to kill small animals and occasion death by suffocation. Its employment, therefore, will require skilful regulation.—I am, Sir, your obedient servant, R. H. Allnatt. —Frant, Sussex, Aug. 24.

A STRANGE STORY.—An incident is just now being discussed in military circles so extraordinary that, were not its truth capable of being vouched for by official authority, the narration would certainly be deemed absolutely incredible. Our officers quartered at the Cape between fifteen and twenty years ago, may remember a certain doctor attached to the Medical staff there, and enjoying a reputation for considerable skill in his profession, especially for firmness, decision, and rapidity in difficult operations. This gentleman had entered the army in 1813, had passed, of course, through the grades of assistant-surgeon and surgeon in various regiments, and had served as such in various quarters of the globe. His professional acquirements had procured him his promotion to the Staff at the Cape. He was clever and agreeable, save for the drawback of a most quarrelsome temper, and an inordinate addiction to argument, which perpetually brought the former peculiarity into play. He was excessively plain, of feeble proportions, and laboured under the imperfection of a ludicrously squeaking voice. Any natural "chaffing" with regard to these, however, especially roused his ire, but was at length gradually discontinued on his "calling out" a persevering offender, and shooting him through the lungs. About 1840, he became promoted to be "Medical Inspector," and was transferred to Malta. There he was equally distinguished by his skill and his pugnacious propensities, the latter becoming so inconveniently developed upon the slightest difference of opinion with him, that at last no notice was allowed to be taken of his fits of temper. He proceeded from Malta to Corfu, where he was quartered for many years, still conspicuous for the same peculiarities. When our Government ceded the Ionian Islands to Greece, and our troops, of course, quitted the territory, Dr. —— elected to leave the army, and to take up his abode for the rest of his days at Corfu. He there died about a month ago, and upon his death was discovered to be a woman! Very probably this discovery was elicited during the natural preparations for interment, but there seems to be an idea prevalent that either verbally during the last illness, or by some writing perused immediately after his (for I must still use the "masculine") death, he had begged to be buried without any post-mortem examination of any sort. This, most likely, only aroused the curiosity of the two nurses who attended him, for it was to them, it appears, that the disclosure of this mystery is owing. Under the circumstances, the fact was deemed so important that Medical testimony was called in to report upon and confirm its truth. By this investigation, not only was the assertion placed beyond a doubt, but it was equally beyond a doubt brought to light that the individual in question had at some time or another been a mother. This is all that is as yet known of this extraordinary story. The motives that occasioned, and the time when was commenced this singular deception, are both shrouded in mystery. But thus it stands an indubitable fact, that a woman was for forty years an officer in

the British service, had fought one duel, and had sought many more, had pursued a legitimate Medical education, had received a regular diploma, and had acquired almost a celebrity for skill as a surgical operator! There is no doubt whatever about the "fact," but I doubt whether even Miss Braddon herself would have ventured to make use of it in fiction.—'Saunders's News-Letter.'——The 'Medical Times and Gazette' endorses this story, but adds the following remarks :—"The above has been the subject of not a little 'club tattle.' There need be no hesitation, therefore, about our stating what we have heard. The author of the above has fallen into many inaccuracies, but he is correct in the main point—the sex of the deceased. There is quite enough to stimulate curiosity and provoke astonishment in this bare fact without any artificial dressing. The deceased was very well known, and many were the stories circulated during his (?) lifetime. The physique, the absence of hair, the voice, all pointed one way, and the petulance of temper, the unreasoning impulsiveness, the fondness for pets, were in the same direction. The deceased Doctor died in London—not in Corfu—and was buried at Kensal green. His declining years were comforted by the cat, dog, and parrot, so dear to elderly women, especially single ones. It appears that a woman employed to perform the last offices for the dead discovered the sex. About this point she was very positive indeed, declaring that she was not likely to be deceived as the mother of a large family herself. 'Call him a general? Why, *he's* a woman, like myself!' was her exclamation, spite of the paronomasia it involved. Moreover, she asserted, with equal assurance and decision that there were undoubted signs of maternity. In these conclusions the woman was supported and corroborated by others. The deceased had fought a duel, we believe; but whether she shot her adversary through the lungs is another thing. As to the 'firmness,' 'skill in operating,' 'decision of characterr,' &c., about her possession of these there may be a question; but about the querulousness, irritability, and quarrelsomeness, there can be none."

A CATTLE PLAGUE IN AMERICA.—The 'Memphis Bulletin' of July 25 has the following :—"We learn from a gentleman who has just returned from Philips and Crittenden Counties, Arkansas, that the planters in the Mississippi bottoms have been and are still suffering severe loss by the death of their horses, mules, cattle, and hogs by a singular disease, which is carrying them off in great numbers. In the early part of the summer an incredible number of black gnats made their appearance in the bottoms, and attacked not only cattle and horses, but also birds, wild turkeys, deer, and other game, with such ferocity as to kill in a short time quite a number of them. After the disappearance of the gnats, a disease broke out among the cattle, horses, and hogs, and has been raging for some time, and is still prevailing, though the indications now are that the epidemic—for such it appears to be—is abating. This disease resembles very closely erysipelas, the attacked swelling up, sometimes under the breast, at other times on the side, but more frequently under the throat, and dying in generally from twenty-four to forty-eight hours after being attacked. Our informant conversed with several intelligent planters who have been great sufferers by this strange disease, among them a physician eminent in his profession, and all of them concurred in the opinion that it was closely allied to erysipelas, and also that the visitation of the gnats in the early part of the summer had some influence in producing the disease. It is thought that the great amount of poison which was necessarily absorbed into the system by the bite of the gnat—which is a most poisonous insect—is developing itself in the disease which is now ravaging the whole animal race in that region. Some cases, when taken in time, are cured by precisely the same treatment practised in cases of erysipelas, painting with iodine the affected parts having a fine effect. The loss of stock, especially of hogs, has been very great. One planter in Walnut Bend has lost over 200 hogs and seven horses and mules, besides oxen and milk cows. Another, living a short distance above the one named, has lost thirteen mules and horses, and hogs and cattle in proportion. This is only two of many similar instances of losses sustained. On Saturday morning it was reported that two men, who had been treating their cattle for the prevailing disease, had been similarly attacked, their throats swelling up in an alarming manner."

"CROWNER'S-QUEST LAW."—On Wednesday, Mr. Bird, the West Middlesex coroner, held an inquest at Isleworth, on the body of Daniel Dosset, who on the 14th of June last was found by the side of his murdered wife in a garden at Isleworth with his throat severely cut, and who lingered on until Monday last. The inquiry, so far as evidence was concerned, was very short, three witnesses only being examined, and they in the briefest manner possible, but the proceedings were remarkable for a somewhat warm discussion between the coroner and jury on a subject which has of late attracted some attention—namely, the sanity of homicides. The first witness called was a lad about fourteen years of age, residing in Isleworth. He deposed that he knew the deceased, whose wife was a laundress, and who had a house, with a drying ground, at Isleworth. The witness stated that in the evening of the 14th of June last, he was in a field which overlooked the drying-ground, where he saw the deceased man lying beside his wife, who had her throat cut and was apparently dead. While witness was looking the man reached a razor lying near and cut his throat, then got up on his hands and knees, spat blood, and, walking down the drying-ground, waded through the river Colne (a streamlet dividing the garden from a public footpath) to the opposite bank, where he was secured. Sergeant Wilson deposed that he was called to the deceased on the evening of the 14th of June, and found him lying on the footpath side of the river's bank with his throat cut. He assisted in conveying the man to his own house, and afterwards to the infirmary of the Brentford Union Workhouse. Dr. Mackinlay was then called, and, in answer to the coroner, stated that he attended on the man at both places, and that the deceased was under his charge until the time of his death, which took place on Monday morning from the wounds in his throat. The coroner then addressing the jury said,—Now you have heard the evidence showing very clearly that this man died of wounds inflicted by himself, and I should think you can have no difficulty in returning a verdict. You are not investigating, remember, any matters in relation to the death of his wife, for an inquiry has taken place with respect to that death, and if you are satisfied that the man was not in a sound state of mind when he cut his throat, you will return a verdict to that effect. I think the best evidence of the state of mind of the man is to be seen in the act itself, for no man in a right state of mind would commit such a deed as this. A juror asked if the man had made any statement while in the infirmary, to which Dr. Mackinlay replied that the deceased had not been able to articulate, but that he had given them to understand that he had committed the crime. A juror asked,—Don't you think we had better hear evidence, which is to be obtained, as to the state of the man's mind just before the deed was committed?—The coroner rejoined, What has that got to do with it? We don't want evidence as to the man's state of mind an hour before, or a day before, or a week before the commission of the act; but at the moment this act was committed. A juror.—Well, I believe that at the moment the act was done the man was in a right state of mind, and knew what he was about. I don't think a man can be sane one moment and insane the next. The coroner.—Well, what do you think, doctor? Dr. Mackinlay.—Well, this question of insanity is a very difficult one to answer. I should say the man was labouring under momentary excitement. Passion will render a man perfectly uncontrollable. The coroner.—And if a man is not under control, he must be insane. Dr. Mackinlay.—Well, I saw the man a short time after the commission of this act, and he was then perfectly rational. A juror.—If the man had lived to be arraigned at the bar for the murder of his wife, can any of us suppose that a plea of insanity would have saved him? Several jurors.—Certainly not. The juror.—Then, I say we should return a proper verdict in this case. The coroner.—What do you call a proper verdict? The juror.—Well, I certainly should not say that he committed this deed in an unsound state of mind. The coroner.—Then return a verdict that he died from injuries inflicted upon himself. Several of the jury thought that verdict would do; but one interposed with the question, "But ought we not to have the evidence as to the man's state of mind?" To which the coroner replied, you have nothing to do with that. The verdict was accordingly returned that "Daniel Dosset died from injuries inflicted by his own hand."

FOUNDLING CHILDREN.—Dr. Lankester, the coroner for the central district of Middlesex, attended before Mr. Knox on Wednesday for the purpose of calling attention to an advertisement which had appeared in the 'Morning Post,' as follows :—"Home of Compassion, Oakley crescent, City road. Patron—the Earl of Dartmouth. Established for the reception of foundling children and their mothers. Funds are greatly needed to receive the numerous applications from all parts. Dr. Lankester, the coroner (who is on the committee), the 'Morning Post,' and 'Daily News' speak highly of the endeavour to stop

the national disgrace of child murder. Any amount gracefully acknowledged by the assistant-secretary, Mr. Thomas Parry, No. 6 Burney street, Greenwich." He had with him a gentleman who was prepared to state that the Home has not and never had any existence. He had no knowledge of the Home whatever, and had never heard of Thomas Parry, of Burney street. He believed the advertisement was only an attempt to get money from the public. A gentleman present, who was connected with an institution of a *bonâ fide* character, would prove that no Home existed, and as his (Dr. Lankester's) name had been used, he thought it was his duty to come forward and disclaim all knowledge of the advertisement. Mr. John Allen, of No. 8 Little Woodstock street, agent of the St. Joseph's Society, Marylebone, stated that the society had an institution for repressing infanticide under its charge. He went to Mr. Parry and asked him if he was secretary of the Home in Oakley crescent, and he said he was. He asked him if the Home was in Oakley crescent, and he replied it was. He gave Mr. Parry 2s. 6d., and asked him the name of the lady superior. Mr. Parry said he did not know, neither could he tell the number of the inmates in the alleged Home. He was shown by Parry a list of subscribers, but Parry refused to let him have it, on the ground that owing to the negligence of the printer it was the only one he had for himself. He noticed that Dr. Lankester's name was on the list as one of the committee. Mr. Parry promised to send him a list, but had not done so. In the course of conversation Parry said there had been leading articles in the 'Daily News' and other journals advocating the Home. After leaving Mr. Parry he made inquiries, and found there had been some Home of the kind somewhere, but never in Oakley crescent, and that the Home had already ceased to exist. He made an application to Mr. Maude at the Greenwich Police court, and Mr. Maude told him that had he spoken to him outside the court he should have said it was a swindle. He put advertisements in some of the local papers requesting that subscriptions might not be sent for the Home. Mr. Knox thought Dr. Lankester's end would be best attained by the publicity which his statement of what appeared nothing less than a fraud would receive.

THE following letter on lead poisoning has been addressed to the Editor of the 'Times.'—Sir,—Poisoning by drinking water which has acted on lead happens far more frequently than is often suspected, and the mode in which the water is rendered poisonous is frequently difficult of discovery. From a rural parish, where the drinking-water is got from draw-wells, and there are neither leaden pumps nor leaden pipes to contaminate the water, several of the peasantry came lately to the neighbouring county infirmary suffering from lead poisoning. Careful investigation led to the discovery of the source of the evil—the so-called "tinned" kettles, in which the water used for tea and for cooking was boiled. It was ascertained that the "tin" with which the kettles were lined was an amalgam of tin and lead. The adulteration of tin with lead is, I fear, one of the most common frauds. Some years ago I inquired of one of the principal dealers in "block tin" if he could supply me with tin pipes which he would guarantee not to contain any particle of lead, and he declined to do so, because he could not be sure that some tin adulterated with lead would not be put into his melting-pot. His confession was more honest than his practice. He still sold as "block tin" that which he believed to be a mixture of tin and lead.—It is of very great importance to public health that some way of escaping from poisoning by leaded tin should be discovered, and it would be desirable that we should know whether there is any coating for iron which would resist heat and the ordinary action of water, and which could be substituted for what is called "tin." About a year ago I heard that a French patent had been taken out for such a coating, and that the coating had stood very severe tests of heat and acids. I have also heard that such a coating has been discovered lately in England.—If any of your correspondents could give accurate information respecting any such coating, they would do good service to the public; and if any workers in iron would apply the coating to kettles, saucepans, boilers, frying-pans, &c., they might be sure of securing good custom. —There is an easily applied test for lead in water. Take two tumblers; fill one with water which is known not to have been in contact with lead; fill the other with the suspected water. Dissolve in each about as much bichromate of potash as will stand on a groat. By daylight the water in each tumbler will be of the colour of pale sherry and water. Cover the tumblers so as to keep out dust, and let them stand in a warm place in a room with a fire in it for twenty-four hours. If the suspected water be free from lead it will still have the same colour as the other; but if there be lead in the water it will have a more or less opalescent tint, as if a drop or more of milk had been put into it. If there be a great quantity of lead in the water, a very slight film of lead will be deposited on the glass.

MURRAIN IN THE GREAT EASTERN.—When the Great Eastern steamed from Valentia upon the important business of laying the Atlantic cable, she carried a supply of victual so various, so large, and so choice as to provoke the envy of ordinary seafarers. How many live oxen, sheep, chickens, ducks, geese—what wonderful provision of sweet vegetables, and ice, and wine was told at the time; but, after all, the voyagers got no beef. Before the vessel had been long at sea murrain appeared among the oxen, and one after another they were killed, and thrown overboard. Nothing was known on board the ship then that the same pestilence was ravaging our herds at home.—'Pall Mall Gazette.'

DISPENSARY PHYSICIANS.—At a late meeting of the governors of the Newark Dispensary, a resolution was passed, the effect of which is to disqualify physicians actually practising as apothecaries from being elected to the office of physician to the dispensary.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, AUG. 30.—Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, AUG. 31.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, SEPT. 1.—Operations at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, SEPT. 2.—Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, SEPT. 4.—Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, SEPT. 5.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Orthopraxy: the Mechanical Treatment of Deformities, Debilities, and Deficiencies of the Human Frame. By H. H. Bigg, Assoc. Inst. C.E. &c. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

To SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross post-office.

In Report of Cholera Cases, by Dr. Lane, of Bishop's Castle, for (2nd case,) "Eyes swollen," read "Eyes sunken." For "Bowels ached," read "Bowels acted." For "Lymphatic nervous centres," read "Sympathetic nervous centres."

CORRESPONDENTS who favour us with copies of newspapers would oblige us by marking the passages to which they desire to draw attention.

A SKYEMAN.—The question is a very difficult one to answer, but our impression is that an epileptic patient, such as is described by our correspondent, should not be regarded as a lunatic; but we must observe that a long-continued succession of epileptic attacks is often attended with impairment of the intellect to a very serious degree.

DR. JOHN T. MORRIS.—On receipt of the letter we caused immediate inquiry to be made as to the cause of the omission, for which we tender our sincere apologies and regret.

ONE WHO IS PUZZLED.—It is quite impossible to answer the question as to the relative merits of the artificial and natural systems of botany in the limited space at our disposal. We can only state generally that, while the artificial system is the easiest for beginners, the natural is by far the most philosophical.

HYGEIA.—As a general rule, a month should be allowed to elapse before the family returns to the house. The infection lingers for a long time in the walls and floors of the building, notwithstanding all sanitary precautions.

A FATHER.—The English Schools open in the beginning of October, those of Scotland and Ireland in the month of November.

X. Y.—The proceedings of the British Association at Birmingham will commence on Wednesday next with an address from the President, Professor Phillips, of the University of Oxford.

The Medical Circular.

SCIENTIFIC ARTICLES.

LIGATURE OF THE LEFT COMMON ILIAC ARTERY,

BEING THE SECOND OPERATION IN IRELAND, AND THE FIRST SUCCESSFUL CASE OF IT.

By WILLIAM HARGRAVE,

Fellow and Professor of Surgery, Royal College of Surgeons, Surgeon to the City of Dublin Hospital.

(Continued from page (117.)

Operation ten a.m.—The patient was well under the influence of chloroform before and during the operation. An incision was made from the point of the last rib, slightly curving downwards to Poupart's ligament, mid-distance between the anterior superior spine of the ilium and symphysis pubis, about eight inches long the superficial fascia; and the three broad muscles were next carefully divided from below upwards and from angle to angle of the incision. Any hæmorrhage was venous, with the exception of the internal branch of the circumflex ilei vessel, which *was sliced.* A ligature was tied on each side of the opening, and the vessel divided between them. The transversalis fascia was perfectly *cleansed* and *free from any blood*; it was very strong. The smallest possible portion of it was pinched up in the forceps, and found by its transparency to be free of the peritoneum, which was divided on the director for the entire extent of the wound, the peritoneum was freely exposed, and the colon seen beneath it. There was much less bulging of the viscera through the wound than I expected. The peritoneum was removed from the iliac fossa to the mesial line of the body with the greatest facility, I would say with more ease than in the dead subject; it carried with it firmly adherent the ureter. The aneurismal sac occupying the external iliac artery remained almost in a state of repose—*i.e.*, did not project into the wound, as has occurred in similar operations. It was well defined at the cardiac or proximal end, and corroborated what was ascertained before the operation of dipping deep into the pelvic cavity, perhaps compressing the external iliac vein, so accounting for the great œdema of the entire of the left limb. The common iliac artery was now exposed and visible to the naked eye, the vein was not equally apparent. The separation between these vessels was easily effected by slight scratches with my finger-nail, which I had previously sharpened by filing the inner edge, serving by so doing as a blunt knife, and could scarcely commit any mischief, and a hempen ligature passed under the artery from within outwards. On compressing it on the aneurismal needle all pulsation in the aneurism completely ceased, *it becoming so flat as to have disappeared.* The genito-crural nerve was embraced by the ligature in the first instance, from *which it was excluded.* The extreme sensitiveness of this nerve astonished me. It was twice very gently touched to free it from the ligature. On each occasion it roused him to perfect consciousness from a deep anæsthetic sleep, and the artery tied about half or three-quarters of an inch above its division into the external and internal iliacs.

Prior to the operation a doubt passed through my mind as to the effects of the instrumental and digital pressure upon the peritoneum, rendering it more or less adherent to the iliac artery and vein, also as to more or less intimate adhesion of these vessels to each other. This doubt was completely set at rest by the great facility with which the peritoneum was removed, both from the iliac fossa and the vessels, also from the little impediment I experienced in separating them from each other so as to permit the needle and ligature to pass between them. It may be instructive to remark on this step of the operation, a few days before it I operated upon a thin adult female; the artery and vein were intimately adherent. In passing the needle between these vessels I wounded, as I thought, the common iliac of the vein, as blood flowed; on the instant, it was withdrawn and a fresh place selected, which allowed the needle to be passed without any injury, the ligature was tied, the artery and vein were subsequently removed to examine what injury was inflicted on the vein. It was laid open and was found to be uninjured. The vein which had been wounded was a vas aberrans, in close contact with the common iliac one. In contrasting this operation with that on the dead body, which I have performed some forty or fifty times during my professional opportunities, what struck me as so remarkable and exceptional was the great facility I experienced in removing the peritoneum from the iliac fossa to uncover the artery and vein, also from the extreme ease in passing the needle between them. Though furnished with a numerous variety of aneurismal needles to surmount this anticipated difficulty, the ordinary one, with the handle a little longer than usual and the eye circular, as near to the point consistent with strength, rounded well off in the smoothest manner, afforded every facility for passing the ligature under the artery. It was made for me by O'Neal of Henry street, a surgical cutter who is *au courant* with all the surgical improvements of the day.

The wound was then dressed with metallic sutures, straps of adhesive plaster, the limb carefully enveloped in cotton wadding and flannel, and the man placed in bed.

Before the operation the pulse was firm, full, and eighty in the minute.

Observations on the operation.—The incision selected afforded the greatest facility in bringing the vessel into full view, it also showed the ureter attached firmly to the external surface of the peritoneum, altogether free of the artery. I experienced very little or any inconvenience from the protrusion of the intestines into the wound, though prepared with retractors of various sizes and kind. The best were the hands of my assistants, completely superseding all others, from what I experienced in this operation as to retraction and maintaining the peritoneum and contained intestines away, and kindly protected from injury of any kind. I would say no retractors were equal to the hands of intelligent and trusty assistants.

As already mentioned, the aneurismal sac did not project into the wound, nor in any way add to the depth of it. The iliacus internus and psoas magnus muscles were also well brought into view. The little inconvenience experienced by the intestines but slightly projecting into the wound, I attribute to two causes:—1st, the Thursday previous to the operation the bowels were freely opened by pil. rhei co. gr. x., followed in some hours by a Seidlitz powder, and three hours before the operation an enema of full quantity with some oil was administered by the long tube, which completely emptied the rectum and sigmoid flexure of the colon. 2nd. To the advantage of the administration of chloroform so judiciously given by my young friend Mr. Hewitt, and so carefully and continuously maintained by him during the operation, which placed the system in absolute repose, rest, and quietude, *with complete relaxation of all the abdominal muscles,* even the diaphragm—an incalculable benefit.

The comparative indistinctness of the iliac vein I attribute to it being compressed by the aneurismal tumour, which passed over it into the pelvic cavity and prevented it being in any way distended by the returning blood to the heart. This compression of the vein also explains very satisfactorily the œdema of the entire of the left inferior extremity, which was two inches greater in circumference than the right thigh on Thursday, or forty-eight hours before the operation. Until the operation was being performed, I attributed the œdema in part to the distal pressure which had been applied for many days before the operation.

In performing this operation all the steps were taken in reference to securing the common iliac artery, and in place of seeking for it from the guidance of the external iliac, I sought it directly from its own anatomical relations. By

a very simple proceeding the projection of the viscera into the wound was prevented by gently turning the patient slightly on his right side, when they glided and rolled over into the right iliac fossa, and caused no embarrasment whatever in the subsequent steps of the operation.

On applying my finger upon the artery before tying it, the rapidity of the course of the blood through it was most remarkable, accompanied by a constant whiz, whiz, whiz, the sensation of friction, was also most remarkable as if caused by very minute grains of very hard sands. If the friction which I felt under very moderate pressure is the normal condition in the arteries during the circulating torrent, the value of the lining coat in preserving them uninjured against friction is not generally appreciated or known.

In place of giving the daily reports as noted in this case, it will be equally interesting to record the principal symptoms as the *résumé* of what was observed. Three hours after the operation the pulse rose to 88 full, from being 80 before it was performed; no pain in the limb but slight numbness referable to the great toe; some arrowroot was given to him at six p.m. Complained of great aching and burning pain around the ankle-joint, particularly at the external malleolus, feels the limb very warm and very heavy. ℞ Liq. opii sed. Bat. gut. xx., sp. am. arom. gut. x., ether chlorici gut. x., aq. distil. ℥i. ft. haustus statim sum.; to have ice and whey. Eleven p.m.: Much relieved; had some sleep; pulse 100, not as full as at two p.m. Rept. haustus anod. *April* 30, second day, eleven a.m.: Very tranquil night, scarcely any pain about the ankle. Feels weight of limb less than yesterday; little thirst, had a severe fit of sneezing, and was alarmed by a show of blood from the wound, but no evidence of hæmorrhage. Countenance less haggard than yesterday; pulse 120, not full; passed water frequently during the night. To have beef-tea, rice.

Five and ten p.m.: A most favourable day; no pain or uneasiness; weight of limb less; pulse 120 full; micturated freely; inclined to sleep. Haust. anod. si opus sit.

May 1*st*: very quiet night; slept well on the draught; pulse 116, full, wound dressed, with a *free discharge* of sanguineous serum, and traces of pus in it. To have chicken broth and oranges.

May 2*nd*: A good night; pulse 120; copious discharge of puriform fluid from the wound, the result of Cellulitis, with a strong feculent odour from the superior part of it, and agglutination at the inferior angle of it. The tumour smaller but very soft; a blue vein appearing in the mesial line of the abdomen, extending from the xiphod cartilage of the sternum to the pubis. Diet as yesterday, to a have cathartic enema, P.B. vespere.

Ten p.m.: Enema acted well, bringing away much flatus; the pain has returned in the ankle, of the same character, but not so severe; pulse 120; the anodyne increased by five drops; œdema of the thigh diminishing.

May 3*rd*, fourth day: A tranquil night; some pain still about the ankle, describing accurately the course of the filaments of the external saphenic nerve; pulse 120, soft, wound dressed, the edges in close apposition, a large quantity of brownish coloured serum easily pressed from the inferior angle of it and free from feculent fœter. Had an anodyne draught at four a.m. To have chicken broth, beef-tea and rice; perspiring. Ten p.m.: Pain in the ankle continues, numbness and sensation of weight of limb less; some pain from laying on the right trochanter; relieved by a water-cushion. Repeat the anodyne.

May 4*th*, fifth day: Easy night; pulse 112; no pain of limb; œdema rapidly subsiding; full discharge of dark-coloured serum from the wound; incision diminishing in length; tumour less prominent, contents more firm; no pulsation: still of the same dimensions; abdominal veins more evident; perspiration less than yesterday; countenance assuming a haggard appearance: four ounces of sound claret added to his diet.

Ten p.m.: A dark, large, solid alvine evacuation, with much pain, but great relief following it; abdomen slightly tympanitic.

From this date till the 8th of May, and the *ninth day* from the operation, the brown-coloured serum was succeeded by *large quantities of laudable pus* from the wound, which was daily dressed; the diet and claret wine continued; the anodyne of Battley's sed. liquor, sometimes twice in the night. To relieve the perspiration, the syrup of cinchona (Donovan) in half-ounce doses in cinnamon water was ordered; he suffered occasionally from an over-distended bladder, requiring the catheter No. 9; the urethra perfectly free; tumour diminishing in size. This day *pulsation was detected in the aneurism*, feeble but quite evident, more so *immediately above Poupart's ligament some indication of an artery pulsating in this locality*; the pulsation was unaccompanied by any bruit or vibratory thrill. Pergat in omnia medicamenta.

From this period, the 8th, the daily reports can be condensed into the following; commencing sensation in the foot; can move it and is inclined to move it; free purulent discharge from the wound; the upper half uniting and united permanently; complains of burning pains at the upper and external part of the patella; return of pain in the ankle; this patella pain was very distressing to him; bowels moved by cathartic enema with sp. terebinthinæ. The pulsation in the aneurism ceased on the thirteenth day after the operation, being present from the ninth to this date. Scarcely any discharge from the wound; bladder occasionally requiring to be relieved by No. 9 catheter; getting more power over the limb; œdema lessening; the extensor tendons on the dorsam of the foot well defined; nocturnal rest good, but assisted by the anodyne.

May 20*th*, twenty-first day from the operation: Ligature firm and fixed upon the artery; countenance cheerful; pulse 88, full, round, and bounding.

May 21*st*, twenty-second day after the operation; Ligature appparently protruding from the wound; at ten p.m. the pulsation returned more evident than at any time since the ninth day after the operation; still neither bruit nor vibratory thrill in it. From this date nothing much worthy of note was observed, except the intermission in the pulsation, always best marked in the vicinity to Poupart's ligament; co. pil. rhei occasionally required to regulate the bowels.

May 28*th*, twenty-ninth day after the operation: I mark the pupils were much gratified by being able to bring away the ligature; not a drop of blood appeared: it was as strong and sound as the day it was applied; the arterial loop would admit but an ordinary small sized probe. This fact proves the success of the operation on the artery.

From this period all apprehension as to secondary hæmorrhage was removed, and the report on the thirty-first day after the operation states, scarcely any discharge from the wound, which gapes much at the inferior part of it, owing to the action of the abdominal muscles drawing the integument edge to the mesial line, which was in part prevented by appropriate dressing. On readjusting the flannel roller and cotton wadding on the limb, the external edge of the foot, and the integuments in relation to the little toe and corresponding half of the metatarsal bone presented a dark ecchymosed appearance, and was perfectly cold, which he did not perceive; the œdema gone except a little puffiness about the external ankle, and the limb much atrophied.

This appearance too plainly announced that the powers the circulation were unable to maintain the vitality of the parts; he was ordered bark and ammonia, phosphate of iron in pill, and port wine substituted for the claret to meet his desire. From June 3rd to the 9th, forty-first day, he was gaining power over the entire of the extremity, feeling as strong as he ever did; but anomalous symptoms occasionally were present, as neuralgia of the rectum, allayed by opiate suppositories, occasional retention of urine, and vomiting relieved by hydrocyanic acid in effervescence. But the gangrene attacking the great toe; while the aneurism was evidently smaller, still occasionally exhibiting pulsation but no bruit or thrill. Up to June 13th, forty-fifth day from operation, though expressing himself "as being quite strong and fit for walking," with full power over the toes, that toe had never recovered sensation from the time of the operation, and the gangrene was extending to the other toe perfectly dry, in fact mummifying them, and strictly limited

to the phalanges, the aneurism slowly diminishing under well-regulated compresses, but at irregular intervals pulsating in silence. He was attacked with purging and occasional involuntary discharges from the rectum, but in small quantities checked by starch enema and trœ opium. His spirits good and sanguine as to restoration to health. Report states in June 15th, complains of much uneasiness about the anus, very painful when he sits up; a small superficial fissure was detected, one on the anterior and one on the opposite side of it, both touched with the solid nitrate of silver.

On this day he was taken to very comfortable lodgings in Sandymount, without any distress, expressing great delight at the change of air and scene. For the first eight or ten days every thing promised well for recovery, spirits good, strength returning, walking about his bedroom with the assistance of crutches, fissures of the anus healed, retained power over all his toes, but the dry gangrene indelibly marked, and no fœtor, a line of demarcation appearing accurately parallel to the metatarso-phalangeal articulations. Has had some diarrhœa, with involuntary alvine discharges, controlled by chalk mixture, kino, trœ, opium, and starch opiate enemata. 28th June, sixtieth day from the operation; Improving in strength; moving well about on crutches; wound filling up; diarrhœa less, but a lurid, dark-red blush appearing on the dorsum of the foot. From this date the gangrene extended on the foot, both on the dorsal and plantar surface, of the moist character, with some fœtor, which was entirely checked by dressing with powdered charcoal. He was given bark, ammonia, opium, capsicum, and camphor; œdema of the leg extending up to the hip-joint.

July 3rd, sixty-fifth day from the operation.—It was noted, I have been much disappointed by the symptoms presented by this patient since his removal to the country, now nineteen days; no permanent improvement from change of air, and the weather magnificently fine; tumour slowly diminishing, but the contents still fluid near Poupart's ligament.

July 5th.—Brought to the hospital; virtually no permanent improvement, while a large pelvic abscess presented in each nates, freely communicating from side to side between the rectum anteriorly and the sacrum, and coccygeal bones posteriorly, from which, by puncture, twelve to fourteen ounces of thin, fœtid pus of a feculent odour flowed, mixed with gases; the abscess was opened in each nates. ℞ Decoct. cinch. ℥v., trœ cinch. co. ℥i., chlor. pot. ℥i., acid. mur. dil. ℥i., syrup. cort. aurant. ℥iv., trœ opii. ℥i., ter. horis. ℞ Sulp. quinæ, gr. xxx., camp. gr. xviii., pil. xii., cap. ii., unam sing., dose decoct. cinch.

7th, sixty-ninth day: Quiet night; abscess discharging; freely injected or washed out with a solution of permanganate of potash; pulse fuller, but he is much prostrated.

8th, seventieth day: Restless night; continued drain from the abscess—very fœtid; gangrene not extending; aneurism diminished in size and getting hard. When the abscess was injected with the solution of permanganate of potash, he suffered more pain than yesterday. Ten p.m.: Ordered mur. morph. gr. ½, to be repeated.

9th, seventy-first day: Arterial hæmorrhage at seven a.m., from the abscess in the right pelvis, arrested by liq. fer. perchlor. Found him very weak and chilled; wine and stimulants rallied him.

10th, seventy-second day: passed an uneasy night; no hæmorrhage: took forty-eight ounces of wine yesterday. Tumour reduced to a very small size; the wound very flabby, and not inclined to heal; line of demarcation on the whole circumference of the tarsus well marked, exposing the extensor tendons and planta fascia. Ten p.m. Rambling; pulse frequent and small; great discharge from right nates, of a rusty colour, not very fœtid. ℞ Sp. am. arom. q. Hoffman anod., sp. lavand co., sp. chloroform and camp. mist.

11th, seventy-third day: Smart arterial hæmorrhage at 3 a.m. from the right nates, but little blood lost; arrested by compress and liq. ferri perchloride. Gradually sinking, and expired about nine p.m.

Post-mortem examination:—An incision was made through the integuments from above the umbilicus to the symphysis pubis, and a second incision from the same point to the anterior superior spinous process of the ilium. The muscles and fascia transversalis were next divided; the intestines were adherent in the left iliac fossa, bound down by firm bands of lymph, evidently the result of inflammation. The intestines being drawn up the fascia iliaca was exposed, covering the iliacus internus muscle; the ureter was observed crossing the anterior surface of the common iliac artery, just at its bifurcation. The aneurismal tumour, which was soft and fluctuating to the touch, measured five inches by two and a-half, behind, and to its outer side, lay the anterior crural nerve, flattened and expanded. The abdominal aorta was exposed as high as the origin of the inferior mesenteric branch; it presented a normal appearance as regards size; an inch above its bifurcation into the common iliacs a calcareous deposit, about the size of a four-penny piece, was seen protruding through the coats of the artery, it occupied the right side of the vessel. The left common iliac artery (that on which the ligature was applied) was much smaller than the corresponding artery of the other side; there was a fibrinous clot in it, just below its origin from the aorta—the vessel was severed by the ligature, half an inch above the bifurcation into the internal and external iliacs. On passing a probe through the internal iliac into the common iliac, it was stopped by the adhesion of the vessel at the distal side of the ligature. The same occurred on passing a probe through the aorta into the common iliac. The common iliac vein was closely adherent to its artery, and the external vein was pressed on by its artery. Femoral artery and vein healthy and of natural size. Iliac fascia unusually dense, and closely bound to the vessels; a large oval lymphatic gland occupied the left side of the common iliac artery, which was seen during the operation of a blueish colour. The pelvic cavity was filled with unhealthy pus, the pelvic bones sound, and not indented by the tumour. Internal epigastric artery slightly enlarged. A probe passed through it into the aneurismal sac touched a soft fibrinous clot. Walls of sac thin.

The aneurism was egg-shaped, the large end downwards and a little inwards, measuring five inches in length, three and three-quarters in depth, and extended from about one inch from the origin of the external iliac artery, *which was enlarged* to within one and a-half inches of the profunda covering the external iliac vein for about two inches of its course externally and posteriorly. The tumour, on being laid open for the entire of its extent, contained at its two superior thirds, a very soft, greyish fibrinous clot, but not distending it, in the inferior third was a soft, black blood deposit, scarcely to be considered a coagulum, being so friable. The aneurism communicated with the external iliac vein by a well-defined oval opening of about one quarter of an inch in diameter, situated a little below the middle of the tumour on its internal and posterior aspect. The epigastric, slightly enlarged, could be traced backward to the same opening, the arterio-venous on the internal and posterior opening of the aneurism, *and seemed to form, prior to its communication with the aneurism, a small cavity capable of containing a bean, which was filled with fluid blood.* By this examination, the disease I had to contend with was not true aneurism, but that of aneurismal varix (or arterio-venous aneurism), in this case being a spontaneous formation (in contradistinction to the traumatic variety), which has been recorded by Bransby Cooper, Perry, and my late colleague, Professor Porter, affecting the femoral vessels, being a primitive disease, the result of thinning of their coats. This rare variety was surmised early in February, for, combined with a well-marked bruit de soufflet, there was also a most remarkable vibratory thrill which was occasionally so loud and strong as to mask the proper aneurismal bruit; although from the phenomena indicated by the stethoscope no doubt remained on my mind, which was often expressed to the class, that there was more in this affection than a simple aneurism; the surmise being completely cleared up by the post-mortem examination presenting a well-marked com-

plication of the direct communication between the vein and artery, and still more complicated by the direct entrance of the epigastric artery into the inferior part of the aneurism. The specimen is in the Pathological Museum of the Royal College of Surgeons.

Observations.—After reading the disclosure made by the post-mortem examination, so accurately noted by my colleagues, the result of the operation was most satisfactory, the ligature having acted in a most efficient manner, when the aneurism was laid open and its true pathological character seen, revealing as it did the disease of aneurismal varix, which frequently presents so much difficulty in the successful treatment, in this complicated example affording difficulties insurmountable to effect a cure by operative surgery. Would any surgeon be justified? even after having ascertained the true character of the disease; first, to secure the common iliac, then to tie the external where it emerged from the aneurism, which would have failed unless the epigastric was also secured by ligature which carried the blood direct into the sac, as established by the post-mortem examination, and was the principal vessel for carrying on the collateral circulation to the inferior extremity, causing the feeble and silent pulsation so often observed in the aneurism after the operation; or, would he more heroically extirpate the entire of the disease with the vein and tie the ends of it and of the artery, if it could be performed, what would have been the condition of the circulation in the inferior extremity after such a proceeding? The manner in which the epigastric artery communicated with the aneurism showed the stream of blood divided between it and the limb—the extraordinary fact elicited by this was the length of time intervening between the operation and the incipient mortification being thirty-one days, when the supply of blood was in such a small quantity to nourish the limb for this comparatively lengthened period. This case must be considered a most exceptionable one in relation not alone to the pathology, but also to the difficulties which the surgeon would have to encounter and to surmount for successful treatment; it will also serve as a beacon to those who follow the high mission of conservative surgery to consider and carry out what may be the successful practice, which will afford me the greatest gratification and pleasure. In this case the disease was not stationary, the tumour gradually increasing under every kind of compression; the enlargement of it was in no way checked till the artery was tied, which completely and permanently arrested its further increase, establishing, in certain cases, the superiority of the ligature over compression; it is well for surgery that we have the ligature always in reserve, from the time of its application feeble efforts were made to form a fibrinous deposit at the superior part of the tumour, while the slightly enlarged epigastric by the collateral circulation fed the inferior part of the aneurism with blood, which, twenty hours after death, presented an unadhesive clot and some in a fluid state. Still, from the appearances presented in the aneurism, though gangrene had attacked the foot as high as the tarsus, which was being arrested by a well-defined line of separation, I am strongly inclined to the opinion this patient would have recovered with the partial loss of his foot but for the formation of the very large pelvic abscess, which was formed in a few days, announced by no constitutional premonitory symptoms, none but some trifling pain referred to the nates, three or four days before his death. It may be asked, what caused this abscess to form so silently, I might say secretly, and to be of such magnitude in so short a time? The only solution presented to me for explaining this occurrence is, that the blood in a healthy estimation was below par, consequently more liable to be affected by debilitating causes, such as gangrenous purulent absorption, and thus giving rise to the extensive pyæmia and gangrenous abscess which caused his death—in fact, a blood disease. It may be objected to the treatment of this case, that the compression was too long continued before proceeding to operation; but be it remembered, that the success of treatment by compression varies considerably; in twenty successful cases the time varied from sixty hours to eight months, the average being nineteen days."

From the experience gained in this case, in any other in which it would be prudent to have the ligature applied to the common iliac artery, after having given both instrumental and digital compression one month's trial in case of failure, I would then proceed to the operation, which was delayed so long for two reasons—one was to give the fullest trial to compression, the other was that the collateral circulation woald have been better developed, no such result followed, except a small increase in the diameter of the epigastric artery. The practice of surgery appears to be experiencing a remarkable change in the controlling of arterial hæmorrhage by other means than by the ligature. From the position which I have the honour to hold in the School of the Royal College of Surgeons, I cannot, without much more experience than we at present possess, supersede this valuable and well-tested means of commanding hæmorrhage, in favour of acupressure, the catgut, lead, metallic silk, and others; we have now the *hemp ligature*, which will supersede all others, for the firm way in which it remains on the artery, the complete absence of irritation, and no alteration in its strength or soundness.—'Medical Press.'

GONORRHŒAL HYSTERIA.

M. Beau has, on more than one occasion, shown, at the bedside of his patients, that in women gonorrhœa often induces the development of hysteria, and thus gives rise to what may not inappropriatly be termed *gonorrhœal hysteria*. An interesting instance in point has already been recorded. Cases of the kind are easily forgotten, and yet they are of sufficiently common occurrence, and invested with enough practical interest to warrant further remark, and to induce us to point out their natural inferences by a comparison of recent with previously remarked facts of a similar nature.

Urged by this motive, we now reproduce M. Beau's remarks on a case at present in his wards, in which the connection between hysterical symptoms and gonorrhœa of several months' standing was distinctly perceptible. From the date of the first appearance of the disease the patient had lost flesh; her appetite declined, digestion became laborious, and the gastric dyspnœa, attended with a dry cough, set in, subsequently followed by a sensation of tightness in the throat: finally, characteristic nervous paroxysms, gradually increasing in violence and frequency, were observed, presenting the pathognomonic aspect of genuine hysteria. On inquiry, the previous existence of gonorrhœa was ascertained. Careful examination with the speculum raised all further doubt as to the presence of venereal metro-vaginitis. M. Beau at once pronounced himself satisfied that the disease of the organs of generation had been the remote cause of hysteria.

The learned Professor observed that the fact was by no means surprising. Properly speaking, hysteria is not an independent autonomous affection, but a mere appendage of disturbance of the digestive functions in a pre-disposed subject. Now, gonorrhœa operates in a twofold manner to produce dyspepsia; in the first place as a source of sorrow, and secondly as a cause of metro-vaginitis, which alone might well give rise to dyspeptic phenomena. When the gastric functions are involved, nutrition is imperfectly accomplished, impoverishment of the blood and anemia follow, and the least predisposition is sufficient, in a debilitated system, to cause hysteria to appear, with its gastric and pharyngeal complications, and pathogonomonic spasmodic attacks. In cases of this kind mere antispasmodic treatment is of no avail, neither will tonics or peptic medicines yield any satisfactory results, because the disease is governed by a latent cause in constant operation. It is to the removal of this cause that all the efforts of the practitioner should be directed; and if he has the good fortune to discover and relieve it, the dyspepsia, anæmia, and hysteria will all disappear in succession.

M. Beau's views were fully confirmed in a case formerly related. The patient had suffered from hysteria for ten or twelve months, and had received no benefit whatever from the various measures of treatment instituted by M. Briquet, who opines, with Georget, that the womb is entirely unconcerned in the production of hysteria. M. Beau, on assuming the charge of M. Briquet's wards, carefully examined the organs of generation of the patient, and discovered unmistakeable signs of gonorrhœal metro-vaginitis, to the treatment of which he at once devoted his attention. By dint of perseverance the disease was at last subdued, the integrity of the gastric functions was subsequently restored, the constitution recovered its tone, and the hysteria finally yielded in its turn.

In the case which suggests the present remark, the same results have been obtained by a similar process of induction, and we may safely assert that equally favourable consequences will be attained, if, discarding all previously formed theory, practitioners will inquire more carefully into the true origin of the nervous disturbance in hysteria.

If the existence of gonorrhœa is suspected, the necessity of a thorough investigation of sexual organs should be impressed on the patient. This inspection has a twofold advantage, and, in addition to a knowledge of the state of the vagina, supplies information as to the presence of leucorrhœa, hypertrophy of the cervix, granulations or abrasions of the os uteri, which, more commonly than is generally supposed, give rise to hysteria in the same manner, and by the same process as gonorrhœal irritation.

Gonorrhœa in many instances does not suggest itself to the surgeon's mind as a possible cause of hysteria, because in women the disease often assume a deceptive aspect. It is, to use M. Beau's expression, a polymorphous affection, in the study of which we should not be guided by our knowledge of its character in the male.

These two kinds of gonorrhœa have no other connection with each other than that of cause and effect. Gonorrhœa may be detected in the female *à priori*, without the use of the speculum, by a knowledge of its leading features, and more especially by the predominence of abdominal symptoms. Pain is then found to exist, spontaneous or excited by pressure, of so intense a character as to suggest the idea of circumscribed peritonitis, which doubtless might be present, but is of extremely unusual occurrence except in the puerperal state, whereas it is very common in the early stages of gonorrhœa. Sometimes severe neuralgia, or aggravated dyspepsia, usher in the affectation, accompanied by loss of appetite, dyspnœ, gastric cough, vertigo, &c. These particular must, therefore, be borne in mind, and M. Beau lays especial stress on them, because many women refrain from any allusion to a morbid condition of the organs of geneneration, either from a natural feeling of shame, or from actual unconsciousness of any existing local disease, which may not give rise to any obvious symptoms or appears too insignificant to be mentioned in the same breath with other apparently much more serious morbid phenomena.—'Journal of Practical Medicine and Surgery.'

PARISIAN MEDICAL NEWS.

Congenital Hydrocele.

One of the beds in the wards is at present occupied by a lad affected with congenital hydrocele, which presents peculiar characters. The presence of the fluid in the scrotum, for instance, is not constant. M. Jarjavay took this opportunity of adverting to an analogous fact which he observed in M. Velpeau's wards, at La Charité, when he was the Professor's interne. A child had been conveyed to La Pitié to be relieved of hydrocele of the cord, but on examination no such disease could be detected. He was then brought to La Charité where M. Velpeau at once discovered, above the testicle, a most obvious tumour, which was pronounced to be congenital hydrocele of the cord. An attempt was made to force back the fluid into the abdomen, but without success: the tumour was then admitted to be a cyst, but but very gentle pressure having by chance been substituted for the previous more forcible efforts, the liquid at once returned into the peritoneum, showing the case to be one of congenital, and not of encysted, hydrocele of the cord.

From these cases, we may infer that in young subjects the contents of congenital hydrocele cannot always be returned at will into the abdomen. The passage is not straight, and by strong pressure its walls are brought into contact, so as to close the channel as perfectly as might be effected by the action of a valve. This is, doubtless, an exceptional circumstance, but not being of very rare occurrence, is not altogether undeserving of the student's attention.—'Journal of Practical Medicine and Surgery.'

Onychia.

Our readers are well acquainted with the various proceedings devised by the ingenuity of surgeons for the relief of the sufferings induced by what has been termed the growth of a nail into the flesh. The method recommended by M. Long was recently applied by M. Jarjavay with admirable dexterity and results most satisfactory. No preparations are necessary for this operation, nor bandages, nor local anæsthetic measures; it is performed in the simplest manner with a common spatulæ.

The patient having been placed in a sitting attitude, the surgeon grasped the foot in the left hand, and firmly secured the great toe; and with a spatula, held like a pen between the thumb and the two first fingers, gently raised the skin at the root of the nail; having reached its posterior edge at the bottom of the groove of the follicle, he rapidly inserted the spatula beneath the nail, which he raised and detached in a moment.

In his 'Manual of Operative Surgery,' M. Malgaigne expresses his disapprobation of the procedure, which he asserts has not succeeded with him: he states that it is of difficult performance, and exquisitely painful to the patient. This may be the case, but we cannot believe that, had M. Malgaigne proceeded in the same manner as M. Jarjavay, he might not have effected a similar result. The facility with which the nail may thus be removed is accounted for by the fact, that its attachment to the subjacent surface is close in its anterior part only, and pain is, therefore, experienced but at the conclusion of the operation. It is, moreover, transient, and can bear no comparison with that induced by the forcible introduction of scissors beneath the nail in a region copiously supplied with nerves.—'Journal of Practical Medicine and Surgery.'

Ganglion of the Wrist.

Ganglion of the wrist, also termed hygroma and synovial cyst, is a tumour of varying nature. It may be the result of a hernia or protrusion of a tendernous sheath or of an articular synovial membrane, it may consist in a closed cavity, or in a cyst entirely unconnected with synovial structures, or a bursa, whether original or created by friction. The tumours situated at the back of the wrist are different in nature from those which occupy the front. M. Chassaignac has shown that, when the ganglion is found on the palmar aspect of the wrist, it is not unfrequently formed by an appendage of the articular synovial; whereas, at the back of the hand, MM. Gosselin and Michon's dissections teach us that the tumour consists in small cysts resulting from the enlargement of a brusa, the existence of which was long unsuspected. On the posterior surface of the wrist, the tumour is always situated in the same spot—viz., opposite the insertion of the extensor carpi radialis brevior into the base of the metacarpal bone of the third finger. Near this insertion is placed a bursa analogous to that which exists beneath the tendo-Achillis, and under the influence of local irritation, the cavity acquires unusual size, and forms what is termed hygroma.

Under these circumstances, it is not surprising that crushing the ganglion with thumbs, or a watch seal, is not an infallible cure. After its rupture the bursa forms again even when methodical pressure has also been used. The same remark applies to puncture, and to subcutaneous laceration. If the contents of the cyst were merely of a serous nature, iodine injections or electricity might, as in hydrocele, effect a cure; but it is generally filled with a

thick fluid, often mixed with blood, and the two powerful methods of treatment alluded to are, therefore, resorted to in vain.

M. Jarjavay had recourse to the plan advocated by Bérard, jun., who, after incision of the skin, dissected the wall of the cyst as far as possible, and removed the tumour even at the risk of exposing the tendon. In order to avert inflammation and its consequences, the wound was closed by first intention. Gentle pressure was exercised by means of a soft lint padding, secured with adhesive plaster, and a stream of cold water flowing from a reservoir placed above the bed was allowed to run permanently over the wrist.

This operation was performed a fortnight since, on a girl aged eighteen. Six days afterwards, although the cold douche was still persevered in, a complete cure was effected.

The same treatment has been applied with equal success by M. Jarjavay in twenty-three other cases.—'Journal of Practical Medicine and Surgery.'

TREATMENT OF HEMATOCELE.

We are not in a position to assert whether the immediate puncture of effusions of blood within the joints was first performed by M. Velpeau, or by M. Jarjavay; this, however, is a question of very secondary importance, our present object being to invite attention to the great benefits arising from this perfectly harmless proceeding.

A young stonemason, after a fall from the top of a house, was brought to hospital, where very considerable traumatic effusion of blood was ascertained to have taken place in the left knee. The distension of the joint caused excessive pain and feverishness, attended with deprivation of sleep. M. Jarjavay having promptly discerned the nature of the injury, punctured the knee with a narrow-bladed lancet, and about three ounces of pure fluid-blood escaped from the aperture, which was closed with a round of adhesive plaster. Compresses of cold water, supported by a moderately tight roller, were applied over all. The limb was then placed in an attitude of extension, the knee being protected by a hoop from the weight of the bed-clothes, and absolute rest was enjoined. Immediate relief followed the operation, the fever at once subsided, refreshing sleep was the consequence, and the patient was enabled to take soup and other light food. After an interval of a week we again saw the case, and neither the pain nor the effusion had returned. Pressure was still persevered in, and, a fortnight after the occurrence of the accident, the patient was permitted to leave his bed and take gentle exercise.

In this instance, a single puncture proved sufficient, but, in others, M. Jarjavay has been obliged to resort to the operation three times, at intervals of two or three days. In one case only were any untoward results observed, and they were due to a peculiar hæmorrhagic diathesis.

We witnessed in another patient the good effects of this practice; the subject was an old woman, who was admitted into the wards for the treatment of severe contusions, complicated by the presence of a sanguineous tumour of considerable dimensions in the thigh.—'Journal of Practical Medicine and Surgery.'

UTERINE RHEUMATISM.

Cazeaux states that febrile uterine rheumatism is a cause of abortion or of premature delivery, and further remarks that the progress of labour may in such cases be arrested by venesection and opium, provided the os uteri has not expanded beyond fifteen lines. A case of this description was recently observed at Brussels in M. Pigeolet's wards, and its particulars have been forwarded to the 'Presse Médicale Belge,' by M. Corten, the interne on duty.

The patient was a primipara, aged twenty-five, habitually in the enjoyment of excellent health, who had completed the seventh month of her pregnancy. On the 28th of April last, four days before her admission into hospital, she remained seated for an entire afternoon on a stone bench and caught cold. In the evening she experienced in the right flank and the umbilicus severe pain, which gradually increased above on the following days. The pain returned in paroxysms, with frequent exacerbations, and was aggravated by every movement of the mother and of the child. Fever and headache soon made their appearance, the feverishness being in some degree intermittent, and copious perspiration supervened at the close of the paroxysms. These fits, at first distant, gradually became more frequent and more intense, and soon assumed the shape of the pre-monitory pains of delivery, and were accompanied by evident uterine contraction.

On the 2nd May, when conveyed to hospital, the paroxysms recurred with little intermission, the countenance was flushed, the skin hot, and the pulse quick and full. In addition she complained of loss of appetite, thirst, frequent desire to pass water, and pain during the emission of urine. On palpation of the abdomen, uterine contraction was found to exist: the breasts were flaccid, and the sounds of the fœtal heart plainly discernible in the right iliac fossa. On examination *per vaginam* the head of the fœtus covered by the lower segment of the uterus, was found presenting. The os uteri was softened and expanded to the extent of nine lines. Labour had obviously set in under the influence of rheumatic irritation, and premature delivery was impending.

Ten ounces of blood were at once taken from the arm; a warm water enema was prescribed to remove the contents of the intestine, followed by two injections of a smaller quantity of fluid, containing each twenty-five drops of laudanum.

During the night, improvement set in, and the progress of labour was checked. Venesection and anodyne enemas were again resorted to, and the woman was placed in a bath. For ten days in succession, five enemas were daily administered, each containing eighteen drops of laudanum, which were always retained. Every two or three days a bath was prescribed, and mild laxatives were also exhibited.

These active measures soon caused a diminution, and finally a cessation of the pains; the uterine orifice recovered its proper dimensions, and the cervix resumed its physiological size and consistency. On the 18th of May, the womb had again risen to a level with the epigastric region. The organ was restored to a healthy condition, and no further accident occurred to check the regular progress of pregnancy.—'Journal of Practical Medicine and Surgery.'

"CYCLOPS'" SEVENTEENTH LETTER ON PHYSIOLOGY.

TO VIGILANS.

There can be no doubt from what I have said that the gases perform a most important part in the duties of life, oxygen being as necessary to portions of the alimentary canal to assist digestion as it is to the lungs to carry on respiration. As I proceed I will endeavour to show that opposite gases are also as necessary to vitality as oxygen; many of the primary disorders of both the lungs, stomach and upper extremities, are due to the gases; more so, perhaps, than we are at present aware of, and more than to the secretions themselves. These latter having been always considered more tangible, physiologists have singled them out in order to hang causes upon them alone. I mean this because the dogmas and expressions used in Medical phraseology seem to confirm this view, such as "correcting the secretions," "attending to the primæ viæ," "acting well on the liver," "clearing the bowels," &c., all which imply doing something or other to given states and conditions of the secretions, while nothing whatever is said of the gases or the wonderful and important actions going on in Nature's laboratory through their agency. I have in vain searched both ancient and modern physiological works for what might be said of the gases absorbed or generated in the body, but find them entirely silent on the subject. Much of course is said of "skiey influences," of "malaria," of "aërial poisons," of "subtle gases," "atmospheric infection," &c., which are all outside and around us, but those in the body seem entirely ignored. On the other hand

as opposed to the malignant ones, we have the beneficial, and therefore much is said of "free air," "plenty of good oxygen to the lungs," and all such like, which presented themselves equally to the ancients as well as to ourselves. But what more is known of these than what Hippocrates told us two thousand years ago, and surely we ought to know by this time more than he taught us. As concerns digestion, when any portion of the mass is ready to pass through the pylorus it does so. Now, much of the activity of this mass called chyme, depends on its being charged with oxygen, as well as other gases, which keep it bubbling and lively, as on any other law of its passage through the stomach to the duodenum. Here, then, it enters into another beautiful organ, for a totally different process to be performed upon it. This viscus, I think, anatomists have jumbled up too freely with the small intestines, for their books say these intestines commence with the duodenum. Now, the small intestines differ as much from the duodenum as they do from the stomach, or even the large intestines. The stomach is evidently a kneading, pressing, calorific, acid, gaseous alembic, for it does all these things as everybody must admit, and destroys the character of everything but the fat and oils. These it has only separated from all other parts of the chyme, but only so far as to leave them mixed up but not amalgamated; nor is it designed that the stomach should do more with them. We should not want either duodenum, liver, or pancreas, if it did, and what is more, the whole economy would be entirely altered; for what, I ask, would happen if the whole venous circulation from the abdominal organs went direct to the thoracic duct and thence on to the heart? Nature, therefore, made two organs separate and distinct in their character, for two opposite purposes in the processes of digestion: one, an acid; the other, an alkaline alembic. Physiology says, that owing to the number of combining arteries around and about the stomach, "abundance of gastric juice is supplied to the stomach by their exhalation." I hope I have corrected this idea, which seems to have no foundation, as other arterial blood in other parts ought to do the same. I think we should be altogether in a rare mess if such was actually the fact; but then the human mind must always have some basis to rest upon, and we often find that many generations of men are as satisfied with a fallacy as a truth; but when the latter is found, the former falls through in the easiest way imaginable. Against this doctrine physiology also says the venous blood of the abdominal viscera goes to the liver to make bile,—an alkali; so by an *à priori* reasoning arteries exhale acids and veins secrete alkalies. Now this will not do for the present day, at least I should not think so; I therefore prefer my own theory of getting gastric juices from the sources I have mentioned. However, it is certain that the liver makes bile, which is a powerful working secretion, for the express use of the second stomach, the duodenum, which is as distinct an organ for a second process of digestion as the stomach is for a primary one. What does it receive to act upon? Chyme! Imagine a cream-like mass made up of everything that fancy dictates to put into the mouth to be masticated, enjoyed, and swallowed. Within, round, and about it are pellicles of fat and oil, containing air and water in them to a great extent; else when the chyme got into the duodenum how could an alkaline fluid, such as the bile, permeate it so readily and mix the whole mass, previously so atomically disunited into one homogenity, and that too, in the shortest possible time almost unknown to our tallow-chandlers and soap-makers? Now, physiologists say that the separation of the recrementitious from the nutritious elements of the chyle is performed in the duodenum; but this I must demur to, and decline believing anything of the kind. The mass of chyme from the stomach being acted upon by the alkali of the bile in so beautiful and so regular a manner is held so lightly together in all its chemico-vital characters as to be a marvel to any one who would attempt to discriminate by any powers in his laboratory of what would ultimately be fluid or what solid elements. No separation takes place at all in the duodenum, otherwise it would go out of it in two distinct bodies, while it does no such thing. Besides this, there is another fact to be considered, namely, that the duodenum is the first organ we come to which may be called conservative; for this reason, that unlike the stomach, wishing to get everything out of it as quickly as possible, the duodenum has a power to retain its elements by the simple process of dilatation of its coats. Indeed, if it was not for this, alkalization at certain times would not be sufficiently performed, and perfect chylification would not take place; and this is another reason opposed to any doctrine of separation of its constituent parts. Its numerous valvulæ conniventes, its curvatures, and their divisions, its being imperfectly covered with peritoneum, and other circumstances, all indicate a law of arrest to too great rapidity of its duties. There is another fact to be borne in mind, which is the secretion of the pancreas. Are we to give one law to one set of salivary glands and another to another? I fear that it is these inconsistencies which often destroy an uniform philosophy in medicine as well as physiology. If we believe that, during the consumption of our food, the bases of the secretions, of the salivary glands, become acid, they evidently act as diluents to the more caustic gastric acids in the stomach; whilst, on the other hand, their chemical bases become alkaline along with the stomach secretions, when little or scarcely any digestion is going on. All this appears both wise and thoughtful; on the other hand, are we to say that, as the chyme comes down through the pylorus into the duodenum, that the pancreas, a salivary gland, secretes only an alkaline fluid? My opinion is, that our physiology is at fault in regard to this, and that, owing to the extreme alkalinity of the bile, there would be excess of this valuable agent; and, therefore, to guard against this, the salivary secretion of the pancreas at that time partakes of the same character as those of the primary salivary masticatory glands, and that the bases of its secretions during chylification are also of an acid character.

Now, this would give a more fermenting and effervescing character to the mass; and, as the idiosyncrasy of every individual differs so much, some taking large amounts of fluids with their food, some very little, and others sometimes not being able to get any at all, we must seek for fluid properties and powers even in the alkaline digestion of the duodenum. The very fact of its not being wholly invested by peritoneum implies that, receiving oxygen in sufficient quantities from the stomach, it may yet be deficient in aqueous elements. Notwithstanding the fatty and oily pellicles which carry them largely, and though the bile and the saliva from the pancreas are also fluids, it may nevertheless require more, and if it does, where is this to be obtained? The answer is simple, namely that it absorbs hydrogen through the transverse arch of the colon, which combines immediately with the free oxygen, and aqueous fluid is the result. This will account for the duodenum not being wholly enveloped by a peritonical covering, for the more ready passage of gases through the coats of both viscera. When less or very little chylification is to be performed in the duodenum, we can readily imagine that the bile would become diluted by the pancreatic secretion becoming like the bases of other salivary glands, more alkaline when no digestion is going on in the stomach; and thus we see the beautiful order of Nature in its diluent laws; for bile in a highly concentrated state, having nothing to act upon, and still flowing more or less, would produce oftener than it does those biliary actions which we often see, sometimes regurgitating into the stomach and sometimes producing biliary diarrhœas. But if we find a proper check given to it, both by the pancreatic juice as well as by the formation of aqueous matter from the union of oxygen and hydrogen, we at least see some philosophy which might lead us to say:—Have we not hitherto taken too narrow a view of the great laws of life? The duty of the present age is not simply to believe or take for granted what has been brought before it, but to penetrate yet deeper into the mysteries that surround us.

I am, &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 6, 1865.

HAS DISEASE CHANGED ITS TYPE?

In our impression of last week we noticed, in favourable terms, Dr. Stokes's observations upon the question so much agitated in the present day, as to the recent change of type in disease, and the modification in treatment which has been the result. We endeavoured to show that while some of the comparatively younger race of practitioners altogether denied the change of type in disease, and attributed the present altered method of treatment to improved methods of diagnosis, and more enlightened views of pathology, most of the seniors of the Profession, on the other hand, not only asserted that the features of disease have changed, but actually proved that they had noticed the change themselves, and fixed the period when it took place. We have already noticed the opinions expressed and published by Dr. Watson and Dr. Christison, and we now refer to the experience of Dr. Stokes.

That physician remembers the period when the change of type took place in Ireland, and he is under the impression that it was observed earlier in Ireland than in Scotland, or at least in England. The great Irish epidemic of fever in 1828, was a remarkable one for its compound nature, and seemed to be made up of synocha, synochus, and enteric typhus. These fevers have now so entirely changed either their names or their characters, that we think it not unnecessary to observe that synocha was the inflammatory fever, synochus, the mixed fever, and the enteric typhus probably corresponded to our present typhoid fever. "But nothing," says Dr. Stokes, "was more remarkable than the vehemence of the inflammatory reaction in many cases; and it is a curious fact that this was sometimes seen at its highest pitch in the relapses, when it was often far more violent and dangerous than in the first attack. Local bleeding was largely employed. In many cases venesection or arteriotomy had excellent results; so that, although there was abundance of cases of prostration, and others marked by the typhoid condition, the old sthenic character had not disappeared. The amount of wine used at that time in hospital was quite insignificant as compared with its consumption for the last twenty or twenty-five years."

Dr. Stokes goes on to observe that the sthenic character of disease existed between 1822 and 1826, and the lancet was freely used; and he confirms, from his own observation, the frequent occurence of the phenomena observed by Dr. Christison, such as the vehement action of the heart, the incompressi[ble] the pulse, the vivid redness of the venous blood, [and] the force with which it spurted, almost *per* [saltum] from the orifices of the veins. In cases attended [with] such characters, the effect of venesection [was] shorten the duration of the disease, to lower the [fever] and to render the whole case more amenable to [treat]ment. But for the last twenty-five years, Dr. [Stokes] has abandoned the practice of bleeding in [these] inflammatory diseases, and especially in rheu[matic] fever and erysipelas, which, he tells us, were [formerly] benefited by that measure.

Dr. Stokes also offers some valuable evidence [in] favour of the change of type in disease, drawn [from] pathological observations. As one of the Secretaries of the Dublin Pathological Society, which has been established for twenty-six years, he has had full opportunities of seeing and examining the recent exudations of diseased structure brought weekly before that body, and he assures us that the specimens of acute [disease] have presented a very different character from those commonly met with in Dublin between 1820 and 1830. In pneumonia, for instance, he tells us that the redness, firmness, compactness, and defined boundaries of the solidified lung, are now seldom seen, and the [lung] presents the appearance of a diffused instead of an energetic and concentrated inflammation; and in the exudations from serous surfaces, the false membranes are now more or less hæmorrhagic, pasty-looking, or even transparent, instead of being close, firm, and tenacious.

But in addition to the opinions and facts to which we have now adverted, we should observe that those who maintain the above views, do not argue that the asthenic type of disease will always continue as it is at present, and they predict at some future period a return to the sthenic character, and accordingly a resumption, on the part of practitioners, of the old phlogistic plan of treatment.

We make no apology for having devoted so much space to this subject, because we feel that we are not arguing for a mere barren hypothesis, but for a substantial truth of the deepest moment, both to the public and the Profession. Some, indeed, seem to imagine that diseases have always been precisely the same in their nature, and that their treatment can be laid down with as much exactness as a problem in Euclid; but for our own part we believe that the principles of practice are to be drawn from a consideration, not only of the circumstances of each case, but of the epidemic constitution of the time or season at any given time. Regarding the question as this practical, and at the same time, extended one, who can doubt that at the present moment, we are, Dr. Watson observes, living in one of the 'ad

hases of disease? Who is there among us who xamines a great number of patients, either in hospi-ls, or in dispensaries, or in private practice, and oes not perceive that the present diseases are not ited for the adoption of depletory measures? To y nothing of the synocha, or inflammatory fever, Cullen, which certainly, for the present, has dis-peared from among us, where do we now find, en in cases of undoubted inflammation of the pleura the pericardium, such hard and incompressible lses as we were in the habit of feeling at some rmer period? To treat cases of this nature in any ecial manner, because we have founded our faith on any particular view, or followed the precepts of me distinguished authority, would be unphilosophi-l in the extreme; man being but "the minister and terpreter of nature," must follow the guidance of the eat Mistress, and must vary his treatment of the ck according to her dictates. The time has been, and may come again, when pleurisy, and similar diseases, to be successfuly subdued, and their progress ested, by the abstraction of blood; at present, in ne cases out of ten, or perhaps in a much larger oportion, the same disease will be brought to a ccessful termination without any depletory treat-nt at all, and the administration of nourishment l alcoholic stimulants will extinguish, instead of ghtening, the fire which has been lighted up in very centres of vital action.

SUMMARY OF THE WEEK.

CONSTANCE KENT AND ELIZABETH GOUGH.

he unhappy story of the Road murder might now be ly consigned to oblivion, but it is only an act of ice on our part to make known, as widely as we can, fact that a committee of gentlemen at Isleworth have n constituted for the purpose of obtaining some kind of mpensation for Elizabeth Gough, the nursemaid in Mr. t's family, who, for a long time, was subjected to the unjust suspicions of being concerned in the murder he little boy. We earnestly hope that the public will ond to the appeal now made on behalf of this much-ired young woman; and we are requested to state that Horatio Day, of Isleworth, is treasurer to the Com-tee, and that Mr. J. W. Stapleton, surgeon, of Trow-lge, is also a member of the same Committee.

CHRONIC FARCY IN MAN.—A case is published in a French rnal of a blacksmith who used to sleep in the stables. One the horses was taken ill and died, without any symptoms landers, but affected with an extremely fœtid diarrhœa. n afterwards the man sickened and died exhausted in hos-l with a great number of tumours which had formed in erent parts of the body. One of these suppurated, and the was inoculated in various ways on an old horse and a don-Both died a few days after—the first with signs of nic farcy, the second with those of acute glanders. The e autopsies revealed extensive deposits of softish and ll tumours in the lungs.

THE PREVENTION AND CURE OF SYPHILIS.

Amidst the numerous epidemics, actual and threatened, which at present engage the attention of the Medical world, the diseases caused by the so-called "Social Evil" thrust themselves continually under our notice, and their prevention or cure must form a very important subject for earnest consideration to every practitioner. It is quite certain that this class of maladies might be obviated altogether, if mankind were differently constituted to what it is at present; but, unfortunately, we cannot alter human nature, and must endeavour, in the best way we can, to obviate the serious and often fatal consequences which are entailed by the indulgence of licentiousness. One of the most distressing features of these diseases is, that its ravages are not confined to the guilty parties themselves but too often involve innocent victims, and children ye unborn. It is, however, needless to expatiate on this part of the theme; and it is more profitable to contemplate the progress which is being made in the prevention of syphilitic affections, and in their treatment after they have been contracted.

In London, as is well known, there is no machinery yet at work whereby the propagation of syphilis can be prevented, and we well know how numerous have been the complaints of the prevalence of vice and its natural consequence—disease, in the heart of our metropolis; and yet from the following extract from our contemporary, the' 'Medical Press,' it will be seen that matters are still worse in Dublin:—

PARIS—LONDON—DUBLIN, 1865.

As ugly as it looks, prostitution must be regarded almost as an institution of civilization; it is forced under our notice daily, nay, hourly, by some circumstance or other. We must acknowledge that all attempts to put a stop to it by legislation or otherwise have most signally failed, at all times and in all countries; even in those regions where it was punishable by death the evil was not crushed altogether, but merely kept in restraint. In France it is kept within proper bounds by the police regulations and judicious enactments. We might take many a useful lesson from our French neighbours, but by none would the British public be more benefited than by a little legislation which would have for its object the management and possible reclamation of the prostitute. When anything of the kind is attempted here, however, the abstract question of the "liberty of the subject" stops the way: if this were to hold good in every case we would have no laws to restrain the felon or to remove him from the public for their benefit. When prostitution becomes a nuisance, its votaries should be rendered subservient to laws which would tend to keep the evil within certain limits; probably no one would feel the good effects of the change so much as the unfortunates themselves. Any one who recollects the night-houses which remained open all night in the neighbourhood of the Haymarket in London, will call to mind the haggard faces sitting there night after night; when the law came into force by which they were compelled to close at one o'clock there was great indignation in the quarter most interested, but the poor women were glad of the change in the law, as they were thereby enabled to get a reasonable night's rest. In Paris the social evil is kept well in hand by the police, in London it does not hurt the senses, as it will for the most part only be found in certain localities and when sought after; but in Dublin prostitution is rampant;

some say because it is a large garrison town, but that can hardly account for what we find in the most fashionable streets. Let any one walk from the top of Grafton street, through Westmoreland street, and Sackville street about four o'clock p.m., he will see numbers of beautiful women dressed in not only the extreme of the fashion, but extravagantly and notoriously; all these without hesitation he may proclaim to be prostitutes. Such a state of things is not to be found in London or Paris, why should it exist in Dublin? In the former towns the courtezan does not dress differently from the rest of the community, at least not so as to render herself remarkable. There, at night, one does not see the sights or hear the language such as we are accustomed to in our most fashionable squares and streets. There you are not addressed by a female after dusk, but here you are constantly tormented and liable to be pulled about.

In Paris every one knows that the prostitutes are subject to periodical medical inspections, and unless a woman can produce a clean bill of health she is liable to be at once incarcerated in an institution, which is a compromise between a lock-hospital and a gaol, she must confine her perambulations to a certain quarter of the city, nor is she allowed to accost a man; her house can be entered by the police; if a man has contracted a venereal disease all he has to do is to give the particulars, when the woman is examined, and, if necessary, she is placed by the police surgeon beyond the reach of the public for some time; the plain white cap worn by the *grisette* and the lower orders is interdicted to the professional prostitute who must appear in bonnet or hat; besides these there are many other useful regulations which merit imitation.

In London, which may safely be considered as the most wicked city in the world, prostitution does not offend the eye as in Dublin; there we find places to which the women may resort for the purpose of pleasure or business, thus they have their dancing and singing saloons to which any one can go who cares for that kind of company, and any one who does not may stay away, consequently they are not obliged to pass their time in the streets. The reforms which we would like to see carried out, may be summed up in a very few words:—

1. Every professional prostitute to be registered.
2. Every man presenting symptoms of primary venereal disease to be encouraged to give particulars as to the female from whom he contracted it.
3. The police to have the power of compelling a woman suspected of having the disease to be examined, medically, and of confining her in a lock-hospital, if necessary.
4. The prostitutes to be confined to certain quarters of the town.
5. Any woman offending public decency by extravagant dress, so as to excite notoriety by accosting men, or by obscene language, to be severely punished.
6. No difficulty should be thrown in the way of persons seeking for licence to open dancing or singing saloons to which the public women might resort.

If some reforms similar to these were introduced we would be much benefited, both in a sanitary and moral point of view.

Without altogether indorsing all the recommendations made by our contemporary, we cannot help observing that some of the reforms indicated might be carried out without much difficulty, and we are strengthened in this opinion by the operation of the Contagious Diseases Act, which, although at present limited in its sphere of action, appears already to be effecting a certain amount of benefit amidst he communities where it is applied. We have very lately had the opportunity of inspecting, in one of our large garrison towns, the provisions made for the reception and treatment of prostitutes affected with venereal diseases, and from personal observation, and from inquiries made upon the spot, we have come to the conclusion that some good has already been done even with the limited powers conferred by the Act.

This Act, it will be recollected, gives power to the local police to cause women, suspected of being diseased, to be brought before a magistrate, and afterwards subjected to Medical examination; and if they are found to be actually infected, they are then consigned to an hospital and detained until they are cured. The Act also encourages women, who know or believe themselve to be diseased, to apply for admission into the hospital, and to remain there for the purpose of treatment. We were informed that both classes of women—namely, those who were brought under a magistrate's order, and those who voluntarily presented themselves, were increasing in number, and indeed, so much so, that the Government had determined to enlarge the building used for their reception.

So much good, also, appears already to have been accomplished, that whereas formerly the most severe forms of advanced syphilitic disease were admitted into the hospital, nearly all the cases at present are of a mild character. This circumstance, however, may be due to other causes than the operation of the Act of Parliament, such as the milder type of the affections now prevalent; the ingenuity of the prostitutes in eluding detection or apprehension; but still the fact must be taken for what it is worth, and we could not conceal our surprise that in a garrison town, with a population of about a hundred thousand, of whom about five thousand are soldiers and sailors, the cases in the wards were all of the mildest type.

With respect to the cure of syphilis, we are compelled in spite of some very ingenious arguments to the contrary to uphold the use of mercury in some form or other in very many cases, and we believe that our opinions will be confirmed by most of those who have practically studied the disease in question. The following remarks, on the mercurial treatment, from the 'Medical Times and Gazette' will repay perusal:—

THE MERCURIAL TREATMENT.

If the writer gently stepped into the stream of controversy, and gave his body to the prevailing tide, it is very likely he would find himself landed among those who condemn such a treatment altogether. With Dr. Drysdale's book menacing him, and warning us against a mineral against an evil spirit more potent for harm than the old enemy—syphilis itself; with Professor Boëck in the field too, armed with a weapon of such power as the process of syphilisation is said to be, one may well have misgivings in writing on the mercurial treatment of syphilis. Still the writer feels that however much the present tendency may be to restrict the use of mercury, it is not yet doomed to perpetual banishment. This agent has suffered, perhaps, much from the exaggerated encomiums of its friends as from the onslaughts of its enemies.

Mercury does not *prevent* the subsequent progress of the disease. It occasionally postpones the appearance of certain manifestations. The writer thinks that it modifies and disturbs the ordinary evolution of the symptoms. The secondary manifestations may not be so many or so severe, but the anæmia and impairment of health

e quite as evident as if no mercurial treatment had been ursued.

His own experience is, that mercury is the only agent lthough it often fails in this) which exerts any action ver the absorption and dissipation of indurations, and at a chancre will, sometimes, heal rapidly after its use, hen it has been unaffected by other remedies. It appears him that we are bound to try to prevent a patient's going out with a disease, the secretions of which are unestionably capable of giving the like to another. In the imary manifestations, the greater his experience becomes, wever, the more does he temporise, the more does postpone the use of mercury, and administer it tentaely.

The indications to be followed are drawn from the chater and state of the disease, and the appearance and tory of the subject of it.

1. In all *doubtful* cases it is withheld; in *mixed* cases o, or where any suppuration of the groin ensues, whether part of another and conjoined disease (soft sores or norrhœa), or as an accidental complication of the infect- sore.

2. The condition and indolence of the chancre, &c. here the induration is moderate in chancre and glands, and ows a tendency to be dissipated in time by other reme-s, or, at any rate, when the induration ceases to increase, writer defers the use of mercury until the form and ure of the "secondaries" manifest themselves.

3. In no case where sloughing appears, or rapid and unlthy ulcerative action ensues in the indurated parts, s he use it or continue it if already commenced. There however, indolent forms of ulceration which are benefl by the local application of calomel vapour, and when se are present the remedy is used tentatively.

These cases *generally* denote a severe form of the subsent manifestations—whether the unhealthy action arises n the idiosyncrasy of the patient, the specific action of virus, or the improper use of mercury. The sloughing lceration is often limited to the immediate neighbourl of the "ball" of induration; but in some very rare s the primary lesion undoubtedly commences with gedena, or sloughing, without any preliminary indura-. These complications, however, are neither so mon, nor do they generally spread so much in the true ilitic sore as in the local soft affection. It follows, efore, that unless the induration of the chancre be conable in amount, dense in quality, and chronic in chaer, the writer does not use mercury.

nsiderations drawn from the individual:—

In all cases we examine into a man's aspect, strength, erament, past and present Medical history, and modify reatment—and the administration of the mineral or -accordingly.

nd here the writer desires to speak, with as much basis as he can, of the impression left on his mind from se observation of the aspect and health of the subjects philitic disease.

e appearance of these patients is eminently suggestive e blood-impoverishing nature of the complaint; and appearance often begins to be evidenced, within a h or five weeks from the date of the primary lesion, e chloro-anæmic aspect of the patient. As the disease esses, the muscular debility and emaciation become apparent; but the pallor is replaced by muddiness or wness of complexion, and the state of the hair, ym- glands, throat, mucous membranes, and skin generafford sufficient indications of the cause and nature of chectic aspect.

the employment of mercury too much attention cannot ven to

HYGIENE.

The patient should be warmly clad, live upon a good lain diet, take a fair amount of exercise in the open se warm baths occosionally, and avoid stimulants specially indicated.

t is neither necessary nor desirable to depress the n for the cure of syphilis. The disease, in itself, tends directly to induce a chloro-anæmic state, and it too often happens that the sufferers from it are the subjects of some debilitating conditions—congenital or acquired. In all cases it is essential to elevate the general health to a normal standard, and we endeavour to modify our treatment so as to meet the exigences of the case. As in other diseases, individual cases will almost always present a physiognomy of their own.

Not only is there no reason against, but every reason for, giving steel, quinine, vegetable bitters, or cod-liver oil, as circumstances require, at the same time that we apply a specific remedy. Of late we have been in the habit of using some of the above in the treatment of all cases, and we generally advise our convalescents to take a run to the sea-side. Sometimes there is little desire on the part of the patient to further the surgeon's efforts. The convalescent from syphilis no sooner leaves hospital, than he plunges into all kinds of dissipation again, and all is undone, what it has taken so much care and attention to accomplish.

For the primary and consecutive stages of syphilis, when mercury is used, it is applied by us through the skin—by mercurial inunction or the moist calomel vapour bath.

In the primary stages we generally endeavour to procure absorption of the mineral through the diseased parts—chancre and glands—blistering them first or not.

Some of the worst cases are those in which the system becomes speedily affected with mercury, and a rapid ulcerative action sets in about the induration of the chancre.

A rapid mercurial effect seems almost invariably to act injuriously; whether this results from the idiosyncrasy of the patient, or the plan of using the mineral.

If the patient's strength seems to be at all impaired during the mercurial course, we allow him a good meat diet, with steel or some preparations of quinine, &c. A combination of nitro-muriatic acid, calumba, and the muriated tincture of iron is a capital one.

We invariably attempt to affect the system very slowly, and remit for a time, or diminish the amount of the mineral used, as soon as that effect has been obtained. So far from endeavouring to induce salivation, we try to avert it; in fact, the syphilitic manifestations very often disappear without there being any evidence of its physiological action, and we always aim at affecting the disease and not the system.

We never employ mercury for the lengthened periods mentioned by some authors—M. Ricord among them; but we think that some evidence of its physiological action is required, in many cases, to ensure its full therapeutic influence.

Constitutional Manifestations.—It is for the so-called constitutional manifestations that the use of mercury has been attended with such *marked* benefit, according to our observation and experience. These have left a strong impression on the mind that, with all its drawbacks, there is no other remedy to compare with mercury for the treatment of syphilis. Still, the writer does not think that its exhibition is at all essential to all cases, and it certainly is not alike beneficial in all stages and forms.

For the earlier and slighter manifestations—such as the roseoloid and erythematous eruptions, with slight congestion of the throat, slight degree of anæmia, and when the induration in chancre or cicatrix is small, and the engorgement of the cervical glands trifling, we may abstain from mercury, and watch the process, particularly if the exanthem be a diffused mottling only, and slight febrile symptoms—of a mild remittent type—attend its appearance.

In the case of soldiers, who are not so anxious to be promised a permanent cure, and whose subsequent history must be well known to the Medical officers, the writer, would be inclined to delay the use of mercury until he found the dissase intractable from frequent relapses, or its manifestations became more severe or chronic.

The scaly and chronic papular (lichenous) syphilides with iritis or not, and connected with a syphilitic cachexia, are the cases which yield most readily to the endermic use

of mercury; and the best and most permanent cures, within the writer's own experience, have been in these kind of cases. Syphilitic disease of the testicle, again, is best treated by mercury.

He has witnessed *very many times* remarkable recoveries by mercury, where the disease has been of long standing and the patient has been subjected to all other kinds of remedies beforehand. Some of these patients are married and have healthy offspring.

For the cutaneous syphilides of the pustular, erythematous, and rupial forms (whether they appear as late secondary, or, more commonly, as tertiary phenomena), his experience is in accord with the general belief, viz., that mercury is prejudicial, although not invariably so. At any rate, in these cases, and in those manifestations accompanied by cachectic states of the system, he employs mercury with extreme caution.

For the severer types of the disease affecting very cachectic subjects, the results obtained by mercury or iodide of potass are often very unsatisfactory, leaving the patient, perhaps, without the external manifestations, but still uncured of the disease and prone to relapses. In many cases the syphilitic is conjoined with some other constitutional taint—hereditary or acquired—and mercury may be inapplicable for various reasons.

The writer's experience leads him to think much more highly of large doses (gr. x.—xxx.) of iodide of potass. in the tertiary manifestations, and in the symptoms referable to syphilitic disease of internal organs, than of mercury. He should not venture upon its use in such cases until after other remedies had failed.

The writer may here mention a statement which was once made to him by an army surgeon, and it is this:—"Some years ago, the soldiers of his regiment always credited the secondary manifestations to the mercury used, and they were very unwilling to take it. They compared notes one with another, and found that 'secondaries' more frequently followed the mercurial treatment, because it was in fact, commonly restricted to the truly infecting form. Now he always tells the men whether they will have subsequent symptoms or not, and they are perfectly familiar with the main characteristics of the true syphilitic sore, and no longer ascribe every subsequent manifestation to the mercury used."

GENERAL CORRESPONDENCE.

THE following letter by Dr. TILBURY FOX, "On the Cholera in the East," has been published in the 'Lancet':

SIR,—As I have just passed through, on my way from the East, many of the districts now visited by cholera, and had the good fortune to have some considerable conversation with many of the officials whose duty it was to devise sanitary measures for the arrest of the epidemic, a few remarks touching some points which especially fell under my notice may not be unacceptable to your readers. Cholera has spread with rapidity much higher up the seaboard of the Mediterranean than has been its wont—some affirm, indeed, higher than it has ever been before: it has swept round the coast to Jaffa, Beyrout, and to Alexandretta, which is exceptional; from thence to Smyrna, and from thence on to Constantinople. It is difficult to get at any correct information with regard to some of these places, for the natives, officials, and Europeans have fled to the mountains. At Beyrout, up to the 31st of July, the average number of deaths daily has ranged between ten and fifteen. On the 31st an increase had taken place; up to midday seventeen deaths from cholera had been reported, and it was generally credited that, in consequence of the panic, only about half the total had been announced: clearly the disease was on the increase. I have heard no further news of Beyrout, nor anything authentic in regard to Jaffa or Alexandretta: the former is quite a deserted city, and ships decline to touch at the port. Alexandria may be considered clean. True, up to the 7th, no clean bill of health had been issued to ships leaving the port, for a single death had been registered on the 6th I think; but for many days before the city had been free from all mortality from cholera. At Constantinople a decline in the severity and fatality of the attacks is observed according to the very latest accounts. With regard to Malta, the papers announce that on the 10th seventy-four attacks and twenty deaths were recorded; but on the 11th we were assured by the quarantine authorities that there had been only seventy-two attacks and seven deaths on that day, which shows a very marked decline in severity. The report that that cholera has visited Spain is to-day contradicted most emphatically. Cholera, as we know, has travelled inland from Jaffa to Jerusalem; it remains to be seen whether it will visit Damascus. Generally speaking, the latter city is not visited by cholera. The day I left, the pilgrims returning from Mecca were entering the city; it is to be hoped that they will not bring with them the seeds of the disease itself. The Pasha of Damascus estimates that of the whole number of pilgrims who went to Mecca at least 40,000 died. In Lower Egypt alone 80,000 have since succumbed to the attacks of cholera.

The panic which seized the populace was urgent, unprecedented, and, as characterised by the officials, disgraceful. At Alexandria, ships were positively seized by force, and large sums were paid for their hire. Higher up the coast every place was simply deserted. On our arrival at Beyrout, the majority of the shops, even the hotels, were closed; and only those whom business of a pressing nature compelled remained. No one, it is said, remains in Jaffa. To their shame be it said, in many towns the very doctors had been the first to desert. All who could had gone to the mountains. The Lebanon range was the favourite encamping ground; and I noticed that people had not the good sense to give themselves plenty of space and air, but actually huddled their tents together *en masse*—crowded them together. This cannot but be very pernicious, considering that no sort of drainage or disinfection would be adopted, that the heat in the daytime was intense, the nights cold and damp, and the water not of the best quality. Should the seeds of cholera be transported to the locality of the tents (and the intercommunication between the infected town and the tents is free), a mortality of great gravity may be expected.

The state of the public health—"the epidemic constitution," as it is termed—was (and, in fact, always is more or less) in Egypt ripe for mischief. In the first place, water has been very scarce this year; and when this is the case what there is becomes impregnated with vegetable and other impurities, as I most uncomfortably experienced. Throughout the whole of Syria and Palestine there is great scarcity, and only in about three places did we get really clear drinkable water. The Nile is particularly low this year. It is worth recording, that the very places at Cairo whence the common people get their water to drink are impregnated to a very great extent with impurity. At these spots are large barracks, and a numerous collection of grain and other boats. Now, as I have seen and noticed particularly, the soldiers and boatmen all crowd to the water edge, and turn the river-side into one great cesspool—in fact huge water closets. You see these folk by the dozen in the act of defecation, and this goes on the whole day long. The heat is intense, the river is low, and the current, at the time of year I speak of, slow; hence it is not improbable that this state of things may have a debilitating or devitalizing effect on the health of the community.

3ed fish is no uncommon article of diet in Egypt. Sour lk is another, and fruit. Throughout the cities in the st the fruit is eaten in an unripe state; it is then con- ler ed to possess flavour. Ripe fruit is regarded as insipid. ater-melons are abundant, and the indigestible pulp is (if e may judge by what one sees) actually relished. In dition to all this, the vegetation of the country generally s been devoured by locusts. We first saw the devasta- n committed by them at Sinai, and we continued to serve it everywhere, almost without exception, till we ched Beyrout. The air was always full of them wherever went. The murrain, too, is rife amongst the cattle of ypt, similarly to our own land. This has necessitated importation of cattle on a large scale. I was compelled leave Beyrout in a steamer loaded with sheep, and saw aething there worthy of mention. Some two thousand ep were put on board; they had been travelling for ee days from the mountains (the weather being exces- ly hot), subsisting on whatever food they might pick up the march, and no provision was made for any further d or water until their arrival at Alexandria. Twenty- died before we weighed anchor, and many more on the y. The heat and crowding between decks were intense, no one could doubt but that the most favourable con- ions were being fulfilled, not only for the development lisease, but for the provision of unwholesome food for se for whom the sheep were intended. This state of ngs, which exists on a large scale, will perhaps assume ter significance when I mention the fact that out of t thousand workmen employed by the minister of pub- works, Nubar Pasha, upon the railway works, only eight of cholera—comparatively speaking, a wondrously low ge of mortality; and he attributes it entirely to the ding up," which he adopted towards these men. On outbreak of the cholera, he caused to be given them soups, rice, and plenty of good meat, ordering them e same time not to work in the full heat of midday— nk between eleven and three. Good food, without olic stimulation, is a great prophylaxis against the rrence of cholera, and a hint may be taken by our own rnment in this matter in case of an outbreak. I think e can be no question, then, that the average health of community of the East was in a condition which ered the reception of the cholera-poison an easy thing. type of disease has been very well marked indeed; especially in some of the wretched hovels betwoen ndria and Cairo, a great many of the so-called "fou- nte" cases occured. Natives were seized with intense n cramps, and died then and there quickly. One of xplanations may be given of this condition: either he quality of the virus was such as to act upon the machinery at once, or, what is more probable, sudden xtensive thrombosis occurred in many instances, but is we are not well informed. In the East we may be r well sure that the disease has not been cholerine (for re the cases recorded as having occurred in England), ue cholera morbus.

n anxious to dwell, however, more than anything else the question of the origin of the disease. We allow, rse, that there is a poison special to cholera. This i first gave evidence of its existence at Mecca, by a ful mortality; and from the latter place was trans- l to produce disease in Cairo, Alexandria, and other lately visited by it. Now (*a*), was the poison of *a* generated *de novo* at Mecca? or (*b*) was it brought some other part? At Mecca were some 100,000 e assembled, and exposed not only to great heat, ty of water, but very many other elements of the hygiene; and, in addition to the awful putrefaction enormous mass of animal matter—for every pilgrim posed to sacrifice on a particular day one sheep—the and entrails alone collected together and undergoing position would, one imagines, generate any poison. ust also recollect that most of the pilgrims had gone terrible fatigue before their arrival. One thing be very clear, that the above-described state of things y rate occasioned such an impure state of community uld conduce in the highest degree to the development of any imported seeds of disease such as cholera; in fact, a most favourable soil would hereby be afforded. This is the true state of the case most probably; for the most likely disease *to be produced* by overcrowding is not cholera, but typhus or typhoid. It can be distinctly proved, however, that the *de novo* theory is altogether unnecessary, and that the cholera-poison was transported to Mecca, and that cholera existed or "broke out" in the line of march of the pilgrims from India to Mecca long before anything of the kind occurred at Mecca. My information comes from a gentleman holding a high official position at Jedda, who personally ascertained the facts and repeated them to me by word of mouth. At the end of January and the beginning of February pilgrims as usual began to make their way from India, and cholera attacked many of these; but in one ship alone, off Moculla, on the Arabian coast, no less than eighty died from undoubted cholera. There is always a good deal of sickness amongst the pilgrims arriving from India, but this year the character of the disease was decided. From Jedda and the Arabian coast the virus was carried to Mecca. It is believed that the especial source of the cholera was Java. No one can doubt for a moment that the cholera-poison was brought from India, and found a fitting soil for its full fruition at Mecca, and that it was not generated *de novo* at the latter place.

Now, upon the view we take depends in great measure the probability of the occurrence of cholera in England. The *de novo* theory gives attention to hygiene especially, and is not particular as to quarantine (in fact, gives the *entrée* to the poison); *the theory of importation* says also, Be most careful to secure the action of good hygiene, and, in addition, beware of introducing the seeds of disease—adopt a rigorous but judicious quarantine. Moreover, the late epidemic of cholera has very important bearings upon the occurrence of the second epidemic now raging—viz., the cattle plague—and *vice versa*. The histories of the two epidemics run, as regards their behaviour and mode of occasion, a perfectly parallel course, and much may be learned from the one mutually illustrative and explicative of the other.

Now as to the chances that the cholera will visit England. Firstly. The disease in all bygone periods has tended to travel towards, and has reached, the West. A few cases have occurred at Marseilles—something under ten; but for the last twenty days (it is reported) nothing of the kind has happened. Gibraltar, it is said, is affected; at Malta, cholera is on the decrease; at Alexandria it is *nil* now. Secondly. The season is far advanced, and the setting-in of colder weather would effectually negative *all probability* of occurrence. Thirdly, and this is the real point. If poverty and consequent want of food have not lowered the "epidemic constitution" of our people below par, there is hope that, should cholera occur, it will not be severe. Lastly. Perhaps most depends upon the view we take of the *de novo* theory and our consequent action. This much seems pretty clear, that if the disease should advance very near us, and we be not inclined to institute a rigorous quarantine, cholera will most likely break out amongst us. If it occur now, it will certainly not be in accordance with the *de novo*, but the importation theory. Both as regards the cholera and the cattle plague, the *de novo* view is unnecessary, and we humbly think not in conformity with true pathology. Choleraphobia is beginning to show itself in England. Two things certainly the medical press and profession cannot too strongly commend: first, the avoidance of anything approaching a free use of alcoholic stimulants; and secondly, the invention of some social machinery, by which the poor in threatened districts shall be provided with good food in better quantity and kind than is their wont. Cholera is in a great measure to be prevented, not only by those means which surround the individual, such as are comprehended under the term "sanitary measures," but also those which directly minister to the refreshing of the body, and thus tone up the resistent power of the individual himself.

I have shortened these remarks as much as possible, and omitted others which deserve notice, as I am aware how very valuable is your space.

PREPARATIONS OF RAW MEAT. MUSCULINE.

More than a twelvemonth ago, we published, on the various preparations of raw meat in use at the Hospital for Infancy, an article in which we also adverted to a kind of extract recommended to the Profession by M. Guichon, a dispensing chemist of the city of Lyons, under the denomination of *Musculine*. This article was reproduced at the time in many Medical Journals, some of which misprinted the inventor's name. M. Guichon, whom we have not the honour of numbering amongst our subscribers, requests us to rectify the mistake, for which he appears to hold us responsible. His complaint, however, also bears on another part of our article, and we most willingly reproduce his letter, especially as *musculine*, as well as the other preparations of raw meat, are on their trial, and have recently been brought again before the notice of the Profession by Mr. Fuster's communication on the treatment of tuberculosis.

After having clearly established the difference betwen the *esculine* prepared by M. Mouchon, another Lyons chemist, and his own *musculine*, M. Guichon concludes with the following remarks:

". . . . I must further observe that it is not, as the Journal alluded to has stated *recently*, that my preparations have been laid before the Medical Society of Lyons for its approbation. Dr. Passot presented them so far back as November 14th, 1863, under the name of *Musculine Guichon*. I may also remark that at that date the term *musculine* had never yet been applied to any pharmaceutical compound' and that no illusion whatever to this substance is to be found in the formularies of 1864, even in that of M. Réveil. In the second edition only of his annual for 1865 has this gentleman spoken of the *syrup of musculine*.

"I may, however, boldly assert, without fear of contradiction, that of all the preparations of raw meat hitherto brought forward, mine only has succeeded in preserving all the virtues of fresh meat, and is at the same time a pleasant bon-bon, not liable to change, agreeable to the palate, and embodying in a small volume all the essence of raw muscular tissue.

"As Professor Piorry observes, *Musculine* is at the same time a medicine and an aliment, and its utility is now confirmed by the approbation of the entire profession, and daily recurring and unhoped-for success amply secures its future popularity.

"The experiments instituted in the hospitals, and particularly in the Hôtel-Dieu in Paris, have been extremely numerous, and all point to the great efficacy of the compound."—'Journal of Practical Medicine and Surgery.'

GARGLING.

Dr. Garnier, of Montpellier, describes, in the 'Gazette des Hôpitaux,' a method by which a gargle may be admitted into the larynx without passing into the œsophagus. "When gargling many persons" says the author, "laboriously throw back the head in a distressing manner; others endeavour to produce in the fauces an inharmonious and perfectly useless gurgle; while a third class of individuals breathe freely while gargling their throat. In none of these cases is the operation of any benefit to the fauces or larynx. It should be conducted in the following simple manner:—The head being slightly raised, and the mouth partially open, the chin and inferior maxillary should be brought forward and the patient endeavour to emit the sound given by the double vowel *æ*. By the simultaneous action of these four movements, the fauces are widely expanded, the soft palate and uvula raised, the base of the tongue parted from the posterior wall, and the liquid gravitates into the larynx. The gargling is thus continued during the entire duration of a protracted expiratory effort, and inhalation is impracticable. Whoever breathes while gargling performs the operation inefficaciously, and whoever is unable to inhale gargles well. Very short practice will permit any one to bathe the throat effectually in this manner, without swallowing a single drop of fluid. The less the head is raised, the less will any impulse to swallow be felt. But if the head is much elevated, deglutition ceases to be under the control of volition, and inevitably some amount of the liquid must be swallowed." The author further asserts that this method is extensively applied at the pump-room of La Raillière at Cauterets, where numerous patients resort for the cure of laryngeal disease.—'Journal of Practical Medicine and Surgery.'

MEDICAL NEWS.

APOTHECARIES' HALL—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 24th ult.: James Barrett, Pierrepoint street, Bath; Thomas John Colman, Pennywell road, Bristol; Oliver Thomas Dubois, Guy's Hospital; Arthur Henry Pitcher, Blackheath; William Thomas, Newhall street, Birmingham; James Copland Worthington, Lowestoft.

As an Assistant;—James Fell, Preston.

The following gentleman also on the same day passed his first examination:—Charles Arthur Bush, Lansdown, Bath.

ACCIDENTS IN COAL MINES.—The reports of the inspectors of mines in Great Britain for 1864 show that the quantity of coal raised in the year is estimated by the inspectors at 95,112,919 tons, about one ton per working day for each of the 307,000 male persons employed. 867 lives were lost in the year by accidents—that is to say, one in every 354 men employed, one to every 109,715 tons of coal raised. Large as the loss of life still is, the return is satisfactory by comparison. The loss of life by explosions of fire-damp in 1864 happily reached only ninety-four. Mr. Wynne declares that if every colliery had a good, efficient manager, explosions of fire-damp would be few and far between. Some managers have actually admitted that they have on many occasions assisted to brush out the men from places where the men were going to work the next morning; and some have been appointed on account of a very equivocal qualification of having themselves been burnt. Mr. Brough, in recording four deaths at Pontypool, expresses his surprise that two of the men, being experienced persons, could have gone to work where they did, with the warning they had from seeing doors open that ought to have been shut; it almost amounts to insanity; to go into such a place with naked flame. It would be a great step towards safety if overmen and deputies were always to obtain at a mining school some insight into physics and rudimentary chymistry. There are instances in these reports of men walking with naked lights into what is, in fact, an inflammable magazine, of a man going with a candle to a place where he has been expressly ordered not go, of a man of remarkable attainments cautioning a workman not to go beyond a certain point, and afterwards himself walking into that body of gas and exploding it. Another class of accidents, those which take place in shafts, causes a large number of deaths—no less than 184 last year, many of them from imprudence and dangerous practices. It is sad to read of such a recklessness of danger and of valuable life. Still, there is improvement. The Act of Parliament requiring two shafts or outlets in connection with all who have to go underground, and is likely to be of great service, not only as securing means of egress, improving ventilation, and ultimately the physical condition of the miner.

MORTALITY OF TROOPS IN INDIA.—The government of India have replied to the request of the House of Commons for a despatch on the Report of the Royal Sanitary Commission for India. In this reply exception is taken to the Report of the Commissioners on three points; 1, the alleged death-rate of the British army in India. 2, the alleged want of care in the selection of the sites of cantonments. 3, the absence from the Report of a record of the various efforts made in India to improve the health and general condition of the British soldier. On this last point it is urged that the Royal Commision arrives at an average of 69 deaths per 1,000 by taking the whole deaths of the Royal Army in India from the years 18[illegible]

1855, and those in the European forces of the East India Company from 1800 to 1856 which by no means, gives a just estimate of the present rate of mortality. Not only had sanitary knowledge made little progress in the early part of this period, but it also embraced the Mahratta war, when the deaths rose to 134 per 1,000 ; the Burmese war, when the British soldiers perished by hundreds in the swamps of the Irrawaddy ; and many other special casualties. The impressions conveyed by the Report of the Sanitary Commission are thus disproved. In 1861, a year in which a most disastrous outbreak of cholera, rarely exceeded in severity, occurred at Mecan Meer, Gwalior, Agra, and several other stations in Bengal, the deaths to strength were as follows : in Bengal, 45·57 per 1,000, on an average strength of 34,483 royal troops ; in Madras, 15·83 per 1,000, on an average strength of 10,739 royal troops ; in Bombay, 24·72 per 1,000, on an average strength of 8,860 ; or in all India, 36·74 per 1,000, on an average strength of 57,082. This estimate includes all the deaths that took place among invalids on their passage home, or at the invalid depôts shortly after the arrival of the invalids at home. It thus appears that in a year of excessive mortality the deaths did not reach to within 23 per 1,000 of the number stated by the Commissioners to be the present death-rate of the army in India. In 1862 there was a considerable improvement ; for, with an average strength of 38,336 men in the Bengal Presidency (and amongst them are included the sickly sent from all places to convalescent depôts), the mortality was 804, of which 233 deaths were from cholera, giving a total death-rate of just under 21 per 1,000, or below 15 per 1,000 exclusive for cholera. These figures refer to Bengal. In Bombay, from the Report of the President of the Sanitary Commission of that Presidency, dated 11th June, 1864, it appears that in the last fifteen years the average rate of mortality has been 29·6 per 1,000 ; in the last ten years 27·1 ; in the last five years 23·7 ; in the last four years 20·9 ; in the last three years 17·5 ; in the last two years, 16·3 ; while in 1863 (in which year there was great freedom from cholera) it had fallen to 12·06 per 1,000. In Madras again, from the Army Medical Report of 1861, the deaths are seen to have been in 1860 rather under 18 per 1,000 ; in 1861, 22·63 per 1,000 ; and according to a return furnished to the Secretary of State, the deaths in this Presidency were again 18 per 1,000 in 1862. From a similar return sent by the Madras Government, it also appears that during the five years, 1859 to 1863 inclusive, the mortality averaged less than 20 per 1,000 at eleven of the principal military stations. This great decrease in the death-rate of the last few years is attributed in part, to the following facts. Of late all permanent barracks have been constructed on greatly improved principles, and liberal and separate accommodation is provided for the married soldiers ; convalescent depôts on the hills have been established and augmented ; the stations have been greatly improved, particularly by the addition of a liberal daily issue of vegetables ; the old and pernicious custom of serving out drams to the soldier in the morning has been altogether given up, the issue of rum reduced, and great exertions have been made, at a large cost, to induce the soldier to drink malt liquor at a cheap rate, instead of spirits ; while on board ship malt liquor is now alone given, except in special cases ; gardening by the men has been fostered ; coffee and reading-rooms have been established, or enlarged ; and workshops, at which the men can exercise themselves profitably at their trades, have been established, and are most successful. It is thought that the result of these and other efforts will be to reduce the mortality in India below what is hoped by the Royal Commission, and also to reduce the per centage annually invalided. This indeed, has already fallen from 80·88 in 1860 to 74·02 in 1861, and to 59,61 in 1862.—'Social Science Review.'

ADULTERATION OF BEER.—On Saturday, at the petty sessions at Bilston, an old man named Samuel Burton, the keeper of a beerhouse, was charged with having in his possession, and also with using, on the 13th of last May, 2oz. of grains of paradise and 2oz. of tobacco, both to the loss of the revenue. The supervisor deposed that on the day named he went to the defendant's house, and found the daughter of the defendant, assisted by her son, brewing. In the furnace he found the grains of paradise and the tobacco being brewed with the wort. Portions of both he sent to the chemical laboratory of the Inland Revenue Department at Somerset House, where it had been analysed. Mr, James Lever Twynam, analytical chemist of the Board of Inland Revenue, deposed to having analysed the grains of paradise and the tobacco. The grains of paradise were used as a substitute for malt, and the tobacco to give the colour which the wort lost by the use of grains of paradise instead of malt. The tobacco was especially injurious to the public health when decocted in beer, because of its narcotic tendency. The defendant had rendered himself liable to a fine of 200*l*., and the magistrates convicted him in the full amount of the fine, but reduced it to one fourth the amount, The defendant was therefore fined 50*l*.

DEATH FROM DISEASED MEAT.—We have been informed that several deaths which have occurred amongst the peasantry during the present month have been traceable to the use of diseased pork as an epidemic is raging among pigs, large numbers have been carried off, the flesh too frequently being used by the lower orders, and, as a consequence, a species of English cholera attacked the partakers of this unwholesome food. Our attention has been called to this matter by an inquest held by Colonel Ruttledge and Mr. George Maloney, R.M., at Curraghcrow (Kilcommon), on the bodies of John and Martin Sheridan, who, it was found by Medical testimony, had come to their deaths after eating a small quantity of diseased pork, which was also partaken of by members of the same family, but who, fortunately, by Medical care, recovered from its poisonous effects. The jury very properly, under the directions of the presiding magistrates, appended the following caution to their verdict :—"We, the undersigned jurors, from the evidence we have heard, are of opinion that the said Martin and John Sheridan came by their deaths from eating unwholesome food, and we would earnestly caution the poor people of this neighbourhood to abstain from eating the flesh of animals that have been diseased." We trust the authorities throughout the county will use every effort to prevent the sale or consumption of the flesh of diseased animals, as we regret to say their are persons unprincipled enough to purchase these carcases and dispose to the poorer classes. —'Mayo Constitution.'

SANITARY STATE OF LONDON—In spite of the numberless suggestions and the repeated advice of the newspaper press at a time when we are threatened with cholera, London is full of nuisances. What sanitary precautions have been taken in Bethnal Green since attention was called a short time back to its discreditable condition ? Take Westminster as an instance : there are certain streets in the neighbourhood of Victoria-street used as public thoroughfares in which sufficient refuse of costermongers' barrows and greengrocers' sweepings are left to breed a pestilence. Has anything been done by the local authorities to ward off disease from the closely-packed inhabitants of Drury-lane and the courts which immediately adjoin it? These and similar questions might be asked of all the thickly-populated districts of the metropolis, and the answer would assuredly be in the negative. The fact is, that notwithstanding the host of social reformers existing in the present day, there is still the same indisposition in parish authorities and householders to adopt the old adage, "Prevention is better than cure." We can recommend no better way of bringing people to their senses than by a house-to-house visitation, organised by volunteers from the Board of Health. The only thing is, as Mr. Thomas Hughes has remarked, it should be done at once. If the cholera should not visits our shores, the voluntary inspectors may perform a noble service by abolishing those nuisances which bring lesser evils. There is an evident and not singular disinclination in neighbours to complain of nuisances that are not directly injurious, for fear of giving offence. A foolish dignity prides itself upon having a right to do anything in a man's own "castle," and any interference in a neighbour's backyard is looked upon as a gross impertinence. Volunteer inspectors are the best persons to break down prejudices against the removal of

petty nuisances: as they have on former occasions conciliated householders by inducing landlords to look after and repair drains, kitchens, and water-butts.—'Building News.'

KILLED BY LIGHTNING.—From the year 1835 to 1863, 2,238 persons were struck dead by lightning, in France alone. The returns presented by M. Boudin to the Academy of Sciences, supply interesting particulars on the subject:—"From 1854 to 1863, of 800 individuals killed in this manner, 243 only belonged to the female sex—*i.e.*, 26.7 per cent. In several instances, lightning struck groups, consisting of males and females, and the latter were more or less spared. In many cases, droves of oxen or swine, and flocks of sheep, containing upwards of a hundred animals were destroyed, although the shepherds or herdsmen, standing in the midst, entirely escaped injury. It is on record that several beech-trees have been struck; Maxwell was, therefore, mistaken, in his assertion that this tree enjoys a special immunity from the effects of lightning, an error reproduced at the last Scientific Congress at Manchester. In the year 1853, 15 out of 34 persons killed in the fields, were at the time under the shelter of trees, and from 1841 to 1853, 21 out of 107 individuals struck by lightning were in the same position. If we estimate at 25 per cent. the proportion of the victims injured beneath trees, we find that of 6,714 persons killed or wounded in this manner from 1836 to 1863, 1,678 might have escaped had they avoided the neighbourhood of trees during storms.

THE LAST CHILD MURDERESS.—We have neither the wish nor the inclination to prejudge the case of the miserable woman who has just killed her three children at Bankside, Southwark; but it is so certain that the plea of insanity will be raised in her defence that it is as well to call attention at once to the class of cases of which Esther Lack furnishes quite a typical example. She is clearly one of those weak-minded murderers of whom it is difficult to say whether or not they are so mad that they actually have no such power over themselves as to be able to control the homicidal frenzy. But the point which it is so important to press on public attention is this, that the legal question is not whether such persons are the victims of a homicidal frenzy of the nature of madness, but whether they can be so influenced by the dread of punishment as to be deterred from the actual murderous deed. The Medical question as to their sanitary is one thing; the legal question as to the possibility of terrifying them into self-control is another. The Medical question has to be settled in the interests of science; the legal question is solely concerned with the interests of society. Society, which desires to protect itself from murder, has nothing to do with the psychological or pathological phenomena of sanity, except so far as to learn whether or not insane people can be deterred from killing whomsoever they feel disposed to destroy. For all practical purposes we want to know nothing about defects in the reasoning processes of the insane. What we want to know is, whether their imagination can be so impressed with the fact that insane murderers are hanged as to set up such a counter emotion as will silence the whispers of insanity prompting to murder. Mad people, the doctors tell us, are haunted with hideous thoughts which overcome all the suggestions of natural affection, of reason, and religion. We grant it, but in the common interest it is our aim to haunt their poor unhappy minds with some other hideous thoughts—whether of the gallows, or some other terrible vision—which will rise before their imaginations and crush the bloody impulses of disease. We repeat that we say and suggest nothing about the wretched woman Esther Lack. We only repeat that the duty of the law and its administrators is to save society from the crimes of the insane as well as from those of the sane. The law is not concerned with the moral nature of murder, but only with the murderer's acts. The stab of a weak-minded assassin is as deadly as that of a man of iron will, and all we desire is to be protected from it.—'Pall Mall Gazette.'

DEATH FROM BURNING BY STEAM.—While three mechanics were engaged near a steam-boiler the heated steam suddenly burst in upon them, and when they were received into the Hospital St. Antoine, close by, they presented the symptoms of advanced asphyxia, and all died in from four to six hours after the accident. M. Broca expressed his opinion that such rapid asphyxia csuld only depend uron burning the pulmonary mucous membrane; for although the entire external surface was burned in the second degree, the asphyxia which might result from the suppression of the functions of the skin would not be so rapid in its progress. The autopsies confirmed this view. The lungs were found in a state of splenification, but they did not sink in water. The mucous membrane of the trachea and bronchi were of a violaceous black. The heart and great vessels did not, however, contain any of the coagula observed in ordinary cases of asphyxia. These cases teach the precept that persons exposed to the contact of steam should refrain from breathing until they can gain access to the air.—'Gaz. des Hop.,' No. 95.

RELIEF IN CANCER.—Dr. Brandini, of Florence, has recently discovered that citric acid will assuage the violent pain which is the usual concomitant of cancer. One of his patients, aged seventy-one, at the Hospital of Santa Maria della Scala, was afflicted with cancer on the tongue. There was no possibility of performing an operation, the surface attacked being far too extensive, investing the base, the sub-lingual and the sub-maxillary glands. The poor man in the midst of his torments asked for a lemon, which was nothing very remarkable as cancerous patients generally have an extraordinary liking for acids. But the seat of the disorder being in the mouth, a circumstance was observed which might otherwise have escaped attention—the juice of the lemon diminished the pain. The patient, on finding this, asked for another on the following day, and it gave him still greater relief than the day before. This led Dr. Brandini to try citric acid itself in a crystallized state. A gargle was composed of four grains of the acid in 350 grains of common water, and it entirely carried off the pain; on the reappearing the same remedy was repeated with the same success. In the course of a month this treatment not only delivered the patient from all suffering, but even reduced the swelling of the tongue very considerably. Encouraged by this success, Dr. Brandini tried the same remedy on a female patient, seventy-three years of age, who for years had been suffering from an ulcerous cancer on the breast. The affection had been pronounced incurable, and when she was given into our author's hands the torments she suffered were such that she not only could get no night's rest herself, but prevented the other patients in the same ward from having any. Dr. Brandini applied a pledget of lint, previously soaked in the above solution, to the part, and the relief obtained was instantaneous. The pain disappeared, and when, after the lapse of six or seven hours it began again a fresh application was sufficient to keep it off. Our author quotes several other cases in which citric acid produced relief in cancer, and he justly observes that, if subsequent experiments should prove equally successful, citric acid will be considered a great boon to humankind. A substance capable of removing violent pain in an incurable affection is not less valuable than one that will effect a cure in more tractable maladies.—'Galignani's Messenger.'

THE GRIEVANCES OF DOMESTIC SERVICE.—The new remarks are from a "domestic servant" of thirty-eight years' experience—a butler. He complains of "the unhealthy sleeping dens (to use his own language) commonly assigned to men servants where they are situated," he says "almost without exception, in the pantry passage or the servants' hall, and are ill-ventilated, at all; the bedsteads are of the 'turn-up' kind, and the bed which they occupy at night being wanted in the day, there is no opportunity for the bedding to get aired; the room is daily close, and the occupant inhales poison into the system in breathing vitiated air, and he rises in the morning unrefreshed by sleep." That is a very graphic description of a grievance, and it is certainly the duty of every employer to look to it that there is no "den" of the kind in his own house; servants have a right to expect proper healthy sleeping rooms provided for them, as much as they may demand good and wholesome food; but, on the other hand, it must be said that it is often very difficult to induce servants to attend to matters which affect the health of households, even where all the conditions and appliances are at hand, such as means of ventilation, abundance of water, and so forth. Neglect will often arise in spite of the greatest watchfulness on the part of the mistress; indeed how much are we depending upon the intelligence, or at least upon the obedience, of our servants to carry out instructions, and to use the means provided for the preservation of health, and the prevention of sickness, that it would be worth the attention of some of the sanitary societies to adapt a few of their excellent tracts to the special requirements of servants, with a view to their duties in various matters that will readily suggest themselves, and amongst which, perhaps, cooking, and the care of children, are not the least important; in the best-conducted houses, possessing all the requirements necessary for health, there are various matters, such as attention to sinks, drains, dust-bins, and many others, which are under the control of servants whose neglect may plunge the whole family into a fever

some dire disease of the kind.—From an article on Domestic rvice in 'Social Science Review.'

SANITARY PRECAUTIONS IN THE ARMY.—A circular memo-ndum relative to the spread of cholera among Her Majesty's ps has been issued for general information by command of Royal Highness the Field-Marshal Commanding-in-Chief, addressed to general and other officers commanding at ions at home and abroad. The following are extracts from official circular which has been received at Chatham rrison :—"His Royal Highness the Field-Marshal Command-in-Chief desires to draw the attention of general officers in mmand of districts, and commanding officers of corps in neral, to the necessity of examining into the sanitary state of barracks and cantonments occupied by troops. A permanent nitary committee should be appointed at all camps and gar-ons, consisting of a field officer, or captain when no field cer is present, an officer of the Royal Engineer department, available, or an officer of the barrack department, and a dical officer, whose duty it should be to visit periodically all racks or cantonments at the station, and satisfy themselves t the barracks are not occupied to a greater extent than horized; that the barracks are clean, and that all the orders the subject of ventilation are carried out; that the drains, spools, &c., are in good order, and that no accumulation of h is allowed in the barracks or cantonment. The Boards will visit the neighbourhood of all barracks or cantonments, and ce themselves in communication with the civil authorities l Local Boards of Health, in order that any nuisance that y exist tending in any manner to prejudice the health of the ops may be removed. His Royal Highness trusts that the ial co-operation of the civil and military authorities in this ortant matter may benefit the population of the towns re troops are quartered. The sanitary committee will make rts to the general officers commanding the districts in which y may be serving upon any subject that may require their ediate attention. A journal of the proceedings of each mittee will also be kept, which is to be forwarded monthly, the perusal of the general officers in command, who will in manner report to the Quartermaster-General, for the infor-ion of the Field-Marshal Commanding-in-Chief, any circum-ces requiring his Royal Highness's immediate attention, and e a monthly report of the general proceedings of the various mittees under their orders." The order is signed by Lieut.-eral Sir R. Airey, K.C.B., Quartermaster-General.

APPOINTMENTS FOR THE WEEK.

ESDAY, SEPT. 6.—Operations at Middlesex Hospital, 1 p.m.; St. y's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great tern Hospital, 2 p.m.; Unive rsity College Hospital, 2 p.m.; Lon-Hospital, 2 p.m.

SDAY, SEPT. 7.—Operations at the Central London Ophthalmic spital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical se, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hos-l, 2 p.m.

Y, SEPT. 8.—Operations at the Westminster Ophthalmic Hospital, p.m.

DAY, SEPT. 9.—Operations at St. Thomas's Hospital, 1 p.m.; St tholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; al Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

AY, SEPT. 11.—Operations at St. Mark's Hospital for Fistula and r Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2

AY, SEPT. 12.—Operations at Guy's Hospital, 1½ p.m.; Westminster pital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

accination Acts. By Dr. P. Fry. Second Edition. London: Knight Co., 90 Fleet street.

ersary Address delivered before the Anthropological Society of don, Jan. 3, 1865. By James Hunt, Ph.D., &c. London: Trübner Co., 60 Paternoster row.

arities of the Deaf and Dumb, as regards Medical Treatment, and r Idiosyncrasies, which have been observed at the Ulster Institu-. By Henry S. Purdon, M.D. Belfast: Henry Greer, High street.

NOTICES TO CORRESPONDENTS.

is requested that all Communications intended for the Editor may nt to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross post-office.

NEMO.—Gelatine does not belong to the proteinaceous class of compounds. Besides having a somewhat different chemical constitution, it dissolves by heat; whereas albumen, which is at the head of the proteinaceous class, coagulates by that agent.

J. K. (Liverpool).—The risk is about equal of buying a practice or waiting for one. The expense is pretty much the same in either case.

DR. MCK.—Four years' study is absolutely necessary before the student can present himself at any of the Medical examining boards, and the preliminary examination must be passed before the commencement of professional study.

INQUIRER.—Our opinions on the subject have been fully expressed in some recent articles.

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—The following subscriptions have been further received on behalf of the above fund:—

	£	s.	d.
J. W. Combs, Esq., Hurst Green	0	2	6
Pleydell Carter, Esq., Gloucester	0	10	6
Amount previously announced	124	16	9
Received at the 'Lancet' Office	9	9	0

Yours, &c.,
ROBERT FOWLER, M.D.,
Treas. and Hon. Sec.

145 Bishopsgate st. Without,
August 29, 1865.

Royal College of Physicians of LONDON.

FIRST PART of the PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School will commence on Tuesday, October 3rd.

SECOND PART of the PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, October 10th.

Registered Medical Practitioners, qualified before January, 1861, are admitted to Examination under Special Bye-law.

Candidates are required to give fourteen day's notice in writing to the Registrar of the College, with whom all certificates and Testimonials required by the Bye-laws are to be left at the same time.

Pall-Mall East, 1865. H. A. PITMAN, M.D., Registrar.

Royal College of Physicians of LONDON.

The next PRELIMINARY EXAMINATION in the subjects of General Education will take place on the 26th and 27th of September.

Candidates intending to present themselves for this Examination are required to give notice in writing to the Registrar of the College.

N.B.—Every Student is required to have passed an Examination in Arts before commencing his Professional Studies, in order to qualify him for Registration as a Medical Student.

Pall-mall East, 1865. H. A. PITMAN, M.D., Registrar.

St. Mary's Hospital Medical School.

The WINTER SESSION 1865-66 will commence on Monday, Oct. 2nd, at 8 o'clock P.M., with an Introductory Address by Dr. HANDFIELD JONES, F.R.S.

At this Hospital the Medical Appointments, including five House-Surgeoncies, the annual value of which exceeds as many Scholarships of 50*l* each, and a resident Registrarship at 100*l*. a year, are open to the pupils without additional fee To enter, obtain prospectus, and for other information, apply to any of the Medical Officers and Lecturers, or to

ERNEST HART, Dean of the School.

Bethlem Hospital.—With a view of

extending the experience requisite for the efficient Medical Treatment and Management of the Insane, this Hospital is open for the admission of two Resident Medical Students who have recently obtained their Diplomas to practise Medicine and Surgery.

They will be permitted to reside in the Hospital for a term, generally not exceeding six months, and will be provided with such apartments, rations, and attendance as the Committee shall consider reasonable.

They will be under the direction of the Resident Physician, and will be elected by the Committee from candidates whose testimonials appear to be most satisfactory.

Applications for the appointments, with testimonials, to be forwarded to Bridewell Hospital, Blackfriars, E.C., addressed to A. M. Jeaffreson, Esq., on or before Monday, the 9th of October next.

The election will take place on the 16th of October, and the elected candidates will be expected to commence residence on the 1st of November.

A. M. JEAFFRESON, Clerk.

September 2, 1865.

Guy's Hospital.—The Medical

SESSION commences in OCTOBER. The Introductory Address will be given by Thomas Bryant, Esq., on MONDAY, the 2nd OCTOBER, at 2 o'clock.

MEDICAL OFFICERS.

Physicians—G. H. Barlow, M.D.; Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Assistant Physicians—S. O. Habershon, M.D.; S. Wilks, M.D.; F.W. Pavy, M. D., F.R.S.
Surgeons—Edward Cock, Esq.: John Hilton, Esq., F.R.S.; John Birkett, Esq.; Alfred Poland, Esq.
Assistant-Surgeons—J. Cooper Forster, Esq.; T. Bryant, Esq.; Arthur Durham, Esq.
Obstetric Physician—Henry Oldham, M.D.
Assistant Obstetric Physician—J. Braxton Hicks, M.D., F.R.S.
Surgeon Dentist—J. Salter, Esq., F.R.S.
Surgeon Aurist—J. Hinton, Esq.
Eye Infirmary—John F. France, Esq., Consulting Surgeon; Alfred Poland, Esq., Surgeon; Chas. Bader, Esq., Assistant Surgeon.

LECTURERS—WINTER SESSION.

Medicine—Owen Rees, M.D., F.R.S.: S. Wilks, M.D.
Surgery—John Birkett, Esq.; Alfred Poland, Esq.
Anatomy—J. Cooper Forster, Esq.; Arthur Durham Esq.
Physiology—F. W. Pavy, M.D. F.R.S.
Chemistry—Alfred Taylor, M.D., F.R.S.
Experimental Philosophy—Hilton Fagge, M.D.
Demonstrations on Anatomy—J. Bankart, Esq.; Hilton Fagge, M.D.
Demonstrations on Morbid Anatomy—Walter Moxon, M.D.

LECTURERS.—SUMMER SESSION.

Demonstrations on Cutaneous Diseases—S. O. Habershon, M.D.
Medical Jurisprudence—Alfred Taylor, M.D., F.R.S.
Materia Medica—S. O. Habershon, M.D.
Midwifery—H. Oldham, M.D., and J. Braxton Hicks, M.D., F.R.S.
Ophthalmic Surgery—A Poland, Esq., and C. Bader, Esq.
Pathology—Walter Moxon, M.D.
Comparative Anatomy—P. H. Pye-Smith, M.D.
Use of the Microscope—Arthur Durham, Esq.
Botany—C. Johnson, Esq.
Practical Chemistry.—T. Stevenson, M.D.
Demonstrations on Manipulative and Operative Surgery—T. Bryant, Esq.
Vaccination—J. Braxton Hicks, M.D., F.R.S.

The Hospital contains 600 Beds. Special Clinical Instruction given by the Physicians in Wards set apart for the most interesting cases.

Clinical Lectures—Medicine, Surgery, and Midwifery—weekly.

Lying-in-Charity.—Number of Cases attended annually, about 2,000.

Twenty-six Beds for Diseases of Women. Thirty Beds for Ophthalmic cases.

Museum of Anatomy, Pathology, and Comparative Anatomy (Curators—S. Wilks, M.D., and W. Moxon, M.D.); contains 10,000 specimens, 4,000 drawings and diagrams, a unique collection of Anatomical Models, and a series of 400 Models of Skin Diseases.

Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. They are required to pay 40*l.* for the first year, 40*l.* for the second, and 10*l.* for every succeeding year of attendance, or 100*l.* in one payment entitles a student to a perpetual ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents, and Dressers in the Eye Wards, are selected according to merit from those Students who have attended a second year. A Resident House-Surgeon is appointed every four months from those Students who have obtained the College Diploma.

Six Scholarships, varying in value from 25*l.* to 40*l.* each, will be awarded at the close of each Summer Session for general proficiency.

Two Gold Medals will be given by the Treasurer—one for Medicine and one for Surgery.

A Voluntary Examination will take place at Entrance in Elementary Classics and Mathematics. The three first candidates will receive respectively 25*l.*, 20*l.*, and 15*l.*

Several of the Lecturers have vacancies for Resident Private Pupils.

Mr. Stoker, Apothecary to Guy's Hospital, will enter Students and give any further information required.

Guy's Hospital, August, 1865.

St. Thomas's Hospital Medical

SCHOOL-SESSION 1865 and 66. A GENERAL INTRODUCTORY ADDRESS will be delivered by Mr. ORD, M.B., the Dean, on MONDAY, 2nd OCTOBER, at 3 o'clock P.M., after which the DISTRIBUTION OF PRIZES will take place.

Gentlemen have the option of paying 40*l.* for the first year, a similar sum for the second, and 10*l.* for each succeeding year; or 90*l.* at one payment, as perpetual.

MEDICAL OFFICERS.

Dr. Barker, Dr. J. Risdon Bennett, Dr. Goolden, Dr. Peacock, Dr. Bristowe, Dr. Barnes, Mr. Solly, Mr. Le Gros Clark, Mr. Simon, Dr. Clapton, Dr. Gervis, Mr. Sydney Jones, Mr. J. Croft, Mr. Whitfield.

Medicine—Dr. Peacock. Surgery—Mr. Le Gros Clark. Physiology—Dr. Bristowe and Mr. Ord. Descriptive Anatomy—Mr. Sydney Jones. Anatomy in the Dissecting Room—Mr. Rainey, Mr. J. Croft, and W. W. Wagstaffe. Chemistry, Natural Philosophy and Practical Chemistry—Dr. Albert J. Bernays. Midwifery—Dr. Barnes. General Pathology—Mr. Simon. Botany—Dr. J. Wale Hicks. Comparative Anatomy—Mr. Ord. Materia Medica—Dr. Clapton. Forensic Medicine—Mr. Stone. Demonstrations Morbid Anatomy—Dr. J. Wale Hicks. Microscopical Anatomy—Mr. Rainey.

Students can reside with some of the Officers of the Hospital.

To enter, or to obtain Prospectuses, the conditions of all the Prizes, and further information, apply to Mr. WHITFIELD, Medical Secretary, The Manor House, St. Thomas's Hospital, Newington, Surrey, S.

Sydenham College Medical School,

SUMMER LANE, BIRMINGHAM (opposite the General Hospital).—The WINTER SESSION will commence on TUESDAY, the 3rd day of OCTOBER, 1865. The Lectures in the various departments will be as follows:—Anatomy and Physiology—Robert C. R. Jordan, M.D., and T. H. Bartleet, M.B.
Anatomy, Descriptive and Surgical—Furneaux Jordan, M.R.C.S., Surgeon to the Queen's Hospital.
Anatomical Demonstrations—Frowd Jones, M.R.C.S.
Principles and Practice of Medicine—James Russell, M.D., M.R.C.P., Physician to the General Hospital.
Principles and Practice of Surgery—Alfred Baker, F.R.C.S., David Bolton, F.R.C.S., Surgeons to the General Hospital.
Surgical Pathology—Oliver Pemberton, M.R.C.S., Surgeon to the General Hospital.
Dental Physiology and Surgery—Thomas Howkins, M.R.C.S., Surgeon-Dentist to the Children's Hospital.
Chemistry—Alfred Hill, M.D., F.C.S., Analyst to the Borough of Birmingham.

SUMMER SESSION.

Midwifery and the Diseases of Women and Children—Francis Elkington, M.D., Consulting Accoucheur to the Lying-in Hospital; and John Bassett, M.R.C.S., late Resident Accoucheur to the Lying-in Hospital.
Materia Medica and Therapeutics—B. W. Foster, M.D., F.L.S., Physician to the Queen's Hospital.
Practical Chemistry—Alfred Hill, M.D., F.C.S.
Botany, Structural and Systematic—Thomas Savage, M.D.
Forensic Medicine—Alfred Hill, M.D., F.C.S.; Thomas Swain, M.R.C.S.
Medical Tutor—M. C. Macready, M.B.
Classics and Mathematics—William Bates, B.A.

Attendance upon the Lectures of this College, and the Practice of either the General or the Queen's Hospital, will qualify for Examination at the University of London, the Royal Colleges of Physicians and Surgeons, the Society of Apothecaries, and the Army, Navy, and India Boards.

Further particulars may be obtained by application to the Principal, Dr. Bell Fletcher, Waterloo street; the Treasurer, Dr. Russell, Newhall street, who is authorised to enter Students; or to the Hon. Secretaries, Mr. Bassett, Hockley hill, and Mr. Howkins, 37 Bennett's hill, Birmingham.

Mr. G. Hind, F.R.C.S., will resume

his DEMONSTRATIONS and EXAMINATIONS on the 15th of September, at 29 Newman street, Oxford street. Hours, from 10 to 11 A.M., and from 6 to 8 P.M.

TAUNTON UNION.

The Board of Guardians of this

UNION are desirous of receiving applications for the appointment of Medical Officer (duly qualified) for the Bishop's Lydeard district, comprising the parishes of Ash Priors, Bagborough West, Bishop's Lydeard, Combe Florey, Cothelstone, Halse, Heathfield, Lydeard St Lawrence, and Tolland.

Area 14,961 acres; Population, 4,020; Salary, 80*l.* per annum.

In addition to the salary, the officer will be entitled to the Fees specified in the order of the Poor Law Commissioners of 24th July, 1847. He will be appointed under the Act for Vaccination, with a fee of 1s. 6d. or 2s. 6d. for every successful operation by him, according to distance, and 2s. 6d. per case for each quarterly visit to lunatic paupers resident in the district.

Information as to the duties, district, &c., may be known on application to me.

Testimonials of Qualification, &c., to be left at my office on or before the 8th September next, and personal attendance at the Taunton Union Workhouse at Noon on the following day (Saturday, the 9th), when the election will be proceeded with, is indispensable.

HENRY CHAS TRENCHARD, Clerk.

Taunton, August 21st, 1865.

Photography.—Mr. G. R. Fitt,

100 Quadrant, Regent street, W., offers advantageous terms to Members and Students of the Medical Profession who may favour him with sittings.

All Sizes of Portraits taken daily.

Mr. Fitt, who was for some years a student of the Profession, devotes personal attention to Photographing Morbid Specimens and other subjects for illustration.—The attention of Students and others is invited to Mr. Fitt's Series of Portraits of Eminent Lecturers and Teachers at the Metropolitan Medical Schools. See notice in THE LANCET of Nov. 26th.

G. R. FITT, 100 Quadrant, Regent street, W.

The Portraits may also be had of ROBERT HARDWICKE, 192 Piccadilly.

J. Clarke (late Thompson), Surgical

Instrument Maker, Cutler, Truss and Bandage Maker, 225 Piccadilly, near Regent's Circus, W.

Kamptulicon, Floor-cloth.—The

attention of the Medical Profession is requested to be given to the many advantages of this article as a floor covering, for the Wards of HOSPITALS, Surgeries, Nurseries, &c. It is non-absorbent, quiet, and warm to the tread, will not hold dust, is very easily and quickly cleaned, and will stand any amount of hard wear. It has already been adopted in several hospitals.

GOUGH and BOYCE, 76 CANNON STREET WEST,
Original Patentees and Manufacturers.
Forwarded to all parts of the Country.

THIRTY-FIFTH MEETING OF THE BRITISH ASSOCIATION.

ALTHOUGH Birmingham is by no means a spot to which the lover of the picturesque would resort for recreation in the autumnal season, it is a town exceedingly well adapted in every respect for the meeting of a large scientific body; for besides being the centre of a great manufacturing district, it possesses a large number of handsome public buildings of almost colossal proportions, thus affording abundant accommodation not only for the meetings of the different sections, but for those general gatherings of the whole body, which enable the members to mingle together in social intercourse when the work of the day is concluded. The Town Hall of Birmingham, where the evening meetings are held, is a noble building, and would do honour to any town or city in the empire; the Exchange, where the Reception-room is situated, is also of ample size; and the Midland Institute, as it is called, a building devoted to literary, scientific, artistic, and educational purposes, is fully provided with spacious halls and lecture-rooms where several of the Sections are luxuriously provided for, as far as space and comfort are concerned.

The public proceedings commenced on Wednesday evening, with the Address of the President in the Town Hall. We present that portion of his able and eloquent oration which has special reference to the History of Man:—

ON THE ANTIQUITY OF MAN,

By JOHN PHILLIPS, ESQ., M.A., LL.D., F.R.S., F.G.S., &c.

TAUGHT by monuments of natural events which happened within the age of man, the human family is old enough in Western Europe to have been sheltered by caverns in the rocks, while herds of reindeer roamed in Southern France, and bears and hyænas were denizens of the South of England. More than this, remains of the rudest human art ever seen are certainly found buried with, and are thought to belong to, races who lived comtemporaneously with the mammouth and rhinoceros, and experienced the cold of a Gallic or British winter, from which the woolly covering of the wild animals was a fitting protection.

Our own annals begin with the Kelts, if, indeed, we are entitled to call by that historic name the really separate nations, Belgian, Iberian, and Teutonic, whom the Roman writers recognise as settlers in Britain; settlers among a really earlier family, our rudest and oldest forefathers, who may have been, as they thought themselves to be, the primitive people of the land. But beyond the Keltai who occupied the sources of the Danube and the slopes of the Pyrenees, and were known to Rome in later days, there was present to the mind of the father of Grecian history a still more Western race, the Cynetæ, who may, perhaps, be supposed the very earliest people of the extreme west of the continent of Europe. Were those, the people, the first poor pilgrims from the East, whose footsteps we are slowly tracing in the valleys of Picardy and the South of England, if not on the borders of the lakes of Switzerland? Are their kindred still to be found among the Rhætic Alps and the Austrian cliffs, if not amid the wilds of Connemara, pressed into those mountainous recesses by the legions of Rome, the spear of Visigoth, and the sword of the Saxon? Or must we regard them as races of an earlier type, who had ceased to chip flints before the arrival of the Saxon, or Goth, or Kelt, or Cynetian? These questions of romantic interest in the study of the distribution and languages of the families of man are part of a large circle of inquiry which finds sympathy in several of our sections, especially those devoted to zoology, physiology, and ethnology. Let us not expect or desire for them a very quick or at present, a very definite settlement. Deep shadows have gathered over all the earlier ages of mankind, which perhaps still longer periods of time may not avail to remove. Yet let us not undervalue the progress of ethnological inquiry, nor fail to mark how, within the period to which our recollections cling, the revelations of early Egypt have been followed by a chronology of the ancient kingdoms on the Tigris and the Euphrates, through the same rigorous study of language. Thus has our Rawlinson added another page to the brilliant discoveries of Young and Champollion, Lepsius and Rosellini.

Nor, though obtained in a different way, must we forget the new knowledge of a people nearer home, which the philosophic mind of Keller has opened to us among his native mountains. There, on the borders of the Alpine lakes, before the great Roman general crossed the Rhone, lived a people older than the Helvetians; whose rude lives, passed in hunting and fishing, were, nevertheless, marked by some of the many inventions which everywhere, even in the most unfavourable situations, accompany the least civilised of mankind. Implements of stone and pottery of the rudest sort belong to the earliest of these people; while ornamented iron weapons of war, and innumerable other fabrics in that metal, appear about the later habitions, and correspond probably to the period of the true Helvetii, who quitted their home and contended with Cæsar for richer settlements in Gaul. The people of whom these are the traces on almost every lake in Switzerland are recognised as well in the ancient lake basins of Lombardy and among the Tyrolean Alps, and farther on the north side of the mountains; and probably fresh discoveries may connect them with the country of the Sarmatians and the Scythians.

Thus, at length, is fairly opened, for archæology and palæontology to read, a new chapter of the world's history, which begins in the pleistocene periods of geology, and reaches to the prehistoric ages of man. Did our ancestors really contend, as the poets fancied, with stones and clubs against the lion and the rhinoceros, and thus expel them from their native haunts, or have they been removed by change of climate or local physical conditions? Was the existence of the hyæna and the elephant only possible in Western Europe while a climate prevailed there such as now belongs to Africa or India?—and was this period of high temperature reduced in a later time for the elk, reindeer, and musk ox, which, undoubtedly, roamed over the hills of England and France? If we think so, what a vista of long duration stretches before us, for no such changes of climate can be supposed to have occurred except as the effect of great physical changes, requiring a lapse of many thousands of years. And though we may think such changes of climate not proved, and probably careful weighing of evidence may justify our disbelief, still, if the valleys in Picardy have been excavated since the deposit of the gravel of St. Acheul, and the whole face of the country has been altered about the caverns of Torquay since they received remains of animals and traces of man—how can we admit these facts and yet refuse the time required for their accomplishment? First, let us be sure of the facts, and especially of that main fact upon which all the argument involving immensity of time really turns,—viz., the contemporaneous existence of man

with the mammoth of the plains and the bear of the caverns. The remains of men are certainly *buried* with those of extinct quadrupeds; but did they *live* in the same days, or do we see relics of different periods gathered into one locality by natural processes of a later date, or confused by the operations of men?

Before replying finally to these questions, further researches of an exact kind are desirable, and the Association has given its aid towards them, both in respect to the old cavern of Kent's Hole, and the newly opened fissure of Gibraltar, from which we expect great results, though the best of our labourers has ceased from his honourable toil. When these and many other researches are completed, some future Lyell, if not our own great geologist, may add some fresh chapters to the "Antiquity of Man."

In judging of this antiquity, in counting the centuries which may have elapsed since smoothed flints fitted with handles of wood were used as chisels and axes by the earliest people of Scandinavia or Helvetia, and flakes of flint were employed to cleanse the skins of the reindeer in the caves of the Dordogne, or stronger tools broke up the ice in the valley of the Somme, we must be careful not to take what is the mark of low civilization for the indication of very remote time. In every country, among every race of men, such rude weapons and tools are used now, or were used formerly. On the banks of the Ohio, no less than on the English hills, mounds of earth, rude pottery, and stone weapons occur in abundance; and indicate similar wants, contrivances, customs, ideas, in different races of men living in different periods. Even when in the same country, as in Switzerland or England, or Denmark, successive deposits of instruments of stone, bronze or iron; successive burials of pines, beeches, and oaks; successively estinguished elephants, elks, and reindeer, give us a real scale of elapsed time, it is one of which the divisions are not yet valued in years or centuries of years.

Towards a right judgment of the length of this scale of human occupation, two other lines of evidence may be thought worthy of notice; one founded on the anatomical study of the remains of early men, the other on the laws of language. If the varieties of physical structure in man, and the deviations of language from an original type, be natural effects of time and circumstance, the length of time may be in some digree estimated by the amount of the diversities which are observed to have happened, compared with the variation which is now known to be happening. This process becomes imaginary, unless we assume all mankind to have had one local centre, and one original language. Its results must be erroneous, unless we take fully into account the superior fixity of languages which are represented in writing, and the greater tendency to diversity of every kind which must have prevailed in early times, when geographical impediments were aggravated by dissocial habits of life. It appears, however, certain that some differences of language, organisation, and habits have separated men of apparently unlike races during periods longer than those which rest on historical facts.

Ever since the days of Aristotle, the analogy existing among all parts of the animal kingdom, and in a general sense we may say among all the forms of life, has become more and more the subject of special study. Related as all living beings are to the element in which they move and breathe, to the mechanical energies of Nature which they employ or resist, and to the molecular forces which penetrate and transform them, some general conformity of structure, some frequently recurring resemblance of function, must be present and cannot be overlooked. In several classes this analogy grows stronger, and in the subdivisions of these classes real family affinity is recognised. In the smallest divisions which have this family relation in the highest degree, there seems to be a line which circumscribes each group, within which variations occur, from food, exercise, climate, and transmitted peculiarities. Often one specific group approaches another, or several others, and a question arises whether, though now distinct, or rather distinguishable, they always have been so from their beginning, or will be always so until their disappearance.

Whether what we call species are so many original creations or derivations from a few types or one type, is discussed at length in the elegant treatise of Darwin, himself a naturalist of eminent rank. It had been often discussed before. Nor will any one think lightly of such enquiries, who remembers the essay of Linnæus, 'De Telluris orbis incremento,' or the investigations of Brown, Prichard, Forbes, Agassiz, and Hooker regarding the local origin of different species, genera, and families of plants and animals, both on the land and in the sea. Still less will he be disposed to undervalue its importance, when he reflects on the many successive races of living forms more or less resembling our existing quadrupeds, reptiles, fishes, and molusca, which appear to have occupied definite and different parts of the depths of ancient time; as now the tiger and the jaguar, the cayman, and the gavial, live on different parts of the terrestrial surface. Is the living elephant of Ceylon the lineal descendant of that mammoth which roamed over Siberia and Europe, and North America, or of one of those sub-Himalayan tribes which Dr. Falconer has made known, or was it a species dwelling only in circumpolar regions? Can our domestic cattle, horses, and dogs, or beasts of chase and our beasts of prey, be traced back to their source in older types, contemporaries of the urus, megaceros, and hyæna on the plains of Europe? If so, what range of variation in structure does it indicate? If not so, by what characters are the living races separated from those of earlier date?

Specific questions of this kind must be answered, before the general proposition, that the forms of life are indefinitely variable with time and circumstance, can be even examined by the light of adequate evidence. That such evidence will be gathered and rightly interpreted, I for one neither doubt nor fear; nor will any be too hasty in adopting extreme opinions or too fearful of the final result, who remember how often that which is true has been found very different from that which was plausible, and how often out of the nettles of danger we have plucked the flowers of safety. At the present moment the three propositions which were ever present to the mind of Edward Forbes may be successfully maintained, as agreeing with many observed phenomena; and around them, as a basis of classification, may be gathered most of the facts and most of the speculations which relate to the history of life.

ADDRESS

TO THE SUB-SECTION OF PHYSIOLOGY

OF THE

BRITISH ASSOCIATION,

Birmingham, 1865.

Delivered by the President,

HENRY W. ACLAND, M.D., LL.D., F.R.S.

In addressing you from the chair this day, I desire first of all to express my sense of the unmerited honour that is conferred upon me. When informed that it was intended to propose me as your Chairman, my first impulse was without hesitation to decline so great a distinction, in order that the post might be held by one of the many eminent persons who usually contribute to the success of the section, or to the renown of the department. Further consideration seemed to show me that the greater honour would be to place unreservedly at your service such humble powers as I have, and to offer you that which I possess—viz., the force of profound interest in the progress of one of the most important departments of human knowledge, and of sympathy all but lifelong with its promoters.

It has become a custom that the presidents of sections should make some opening address, though it is held to be inexpedient that it should be elaborate or long. While debating on the subjects on which I might usefully address I chanced to encounter the remark of a philosophic writer, that the time was come when it was a prime necessity for Biology that it should be separated from Medicine. The grounds alleged were, the imperfect education of physi-

cians, their want of leisure, and the magnitude of biological science. There seemed to me such a mixture of truth and error in the remark itself, and in the general tenor of the data on which it was founded, that it appeared to me well worthy of your attention.

As to the imperfect education of physicians, the remark is too general to be correct, and is not a topic proper to be considered here, further than to say—1st, that it is to great Medical minds, from Hippocrates and Galen down to Haller and Hunter, that we owe the promotion, and, indeed, the very creation, of a large part of existing biological knowledge, so that these men cannot have been ill furnished for their work; and, 2ndly, that it is certain that no persons who are not well prepared will in future make any additions of importance to this or any other department of science. The observation, therefore, on the whole, amounts to this, that in these days biological science has become too extensive to be committed to the care of any but those who can give to it undivided attention. This also is only true under limitation. It is true so far as this, that division of labour is as necessary for the perfection of this portion of science as of others; and further, that some parts of biology are become so complicated and so extensive as to demand for original work the whole powers of any man of ordinary calibre. But it would be quite as just if we were to lay it down broadly, "There has been no period when it was as necessary for the progress of biology as now it is, that its relations with Medicine should be closely maintained." Neither position would be wholly true, or, therefore, wholly safe. It may not be amiss to occupy a short time at the outset of our detailed labours with a brief consideration of the real scope of the pursuit in which we are engaged, and of the means which we possess for attaining our objects. I crave your indulgence if my analytical description fall short of your distinct conceptions, or your more sanguine aspirations.

The objects of biological study are, unquestionably, as in most other sciences—first, simply to ascertain what are the facts in a certain department of Nature, with no regard to the practical consequences which can be deducible therefrom; and, secondly, but less directly, to discover the laws and devise the rules which are of various degrees of importance and value for the practical exigencies of mankind,—just as mathematical and physical astronomers investigate the facts which are necessary for the construction of the ephemeris, and make it to be a work of equal value for the pure astronomer, and for the practical navigator.

But some of the facts which physiology investigates, and the laws which it seeks to discover, happen to be of cogent consequence to all men equally,—to the thoughtful and the cultivated, because they have the tendency to illuminate the most hidden recesses of our mental constitutions, the most obscure traces of our origin, and our various correlations to other beings, animate and inanimate; to the mere "hewers of wood and drawers of water" among men, because it seeks to ascertain in the most precise manner the conditions of physical existence, to point out the work that can and that cannot be done upon such and such an amount of sustenance. In short, it seeks to define the exigencies of the human body in respect of all the external circumstances in which it is ordinarily placed, in respect also of all other physical agents that can act upon, or be acted upon by it; together with the internal chemical and physical alterations to which these several circumstances can, directly or indirectly, give rise. It has to learn also the limits of toleration within which the body is confined by these external agents, and the way in which these limits are regulated—as the laws of toleration of climate, of heat, of food, of various noxious agents, and many other particulars, of which the catalogue would be greater than that of the ships of Homer.

Every person, therefore, whether he knows it or not—the statesman, who has to consider the sustenation of the people—the religious man (that is, every one who believes in a moral government of the world, or hopes for a future state, and who has opinions on the history or origin on the human race)—the animal man, who prides himself on his strength, or whose strength is to him for a fortune—the mother, rich or poor, who yearns by night and by day for the healthy growth of her tender offspring—the physician or philanthropist, who desires to avert or to relieve diseases among communities or individuals of men—each and all of these are alike really interested in the steady progress of the most abstruse philosophical speculations of the physiologist, as certainly as of the commoner rules of a healthy life, which are to be safely deduced from them.

In reference, therefore, to the opinion which was just now adverted to, I think that biology is to be extricated from the hands of physicians only in a limited sense. No persons have so many grounds for advancing it as they. The physician, abstractedly considered, combines all the characters to which I have alluded. He is, in respect of the health of the people, a statesman; as a man, like others, a religious man; not less than others, father and husband; as much as any a working man; by education, more or less, a man of science. In short, abstractedly considered, I say it is his special duty at least to advocate, and, if he can, to promote the advance of physiological knowledge *unfettered and free*,—

1st. As a pure science.

2nd. As the basis of the Medical art.

3rd. As of practical utility in helping to regulate the lives and habits of society at large.

Now, the hindrances to a perfectly free study of physiological science arise from two causes:—

1st. The intrinsic difficulty of the subject; and

2nd. The prejudices of mankind.

To the consideration of these two points it may not be useless for us to devote some attention.

1st. As to the intrinsic difficulty of the subject.

Although the wisdom of this Association entitles this meeting a *Subsection*, I am among the minority who cannot understand the force of the arguments which go to class biology (which term may be now used synonymously with physiology) as a subordinate subject. Being, when properly considered, the most complicated of all the subject matter debated at the Association, it cannot be really subordinate to any, least of all to Zoology and Botany, which it distinctly *in*cludes. It may be an open question whether physiology be a branch of physics and chemistry; it is not an open question whether it includes the knowledge of the characteristics upon which the classification of all entities that are said to have life is based.

It were an impertinence, however, now to spend time in arguing about the classification of sciences. It is sufficient for us to note the vast range of biology, a range which every year makes more wide.

The knowledge of the actions of living beings depends, and necessarily depends, not only upon what may be learnt intrinsically, so to say, in the living beings themselves, but upon the collateral advancing waves of physical and chemical inquiry. How largely, for instance, in the last few years, have the idea of conservation of force in physics, and the remarkable advance of the synthetical operations of the laboratory affected our fundamental conceptions of the actions in living bodies, and increased the chances of our advancing a step towards the knowledge of what is essential in the phenomena which we designate life.

The intrinsic difficulty of this search in the present day consists not so much in the morphological examination of beings on the one hand as complex as man with all his varieties, and the problems thereto attaching (though this morphological examination of man in all his varieties is still incomplete), nor in the examination, on the other hand, of beings so inexplicably simple as our own *Amœba* or as the ancient (and how ancient!) *Eozôon Canadense*, but in the causes and conditions of the actual or potential changes in the minutest portions of any one creature. The labours of Goodsir and Virchow and Beale, and of many others labouring in the same direction and in various ways, have shown, what was indeed long suspected, that the solution of the problem of

the actual relation between function and organ may be sought, and has to be sought, among parts mechanically almost as fine as the chemical atom; for we have life, secretion, motion, generation in parts, to our present means of examination, structureless. Yet, although this may be the case, it would be a great error to suppose that there is not much work yet to be done in the more obvious department of descriptive anatomy which chiefly occupied older investigators. Every year seems to show this, from the researches of cultivated palæontologists and naturalists in every department; for both in this country and on the two continents additions are being unceasingly made to the stock of knowledge either of objects wholly new, or of objects or parts heretofore incompletely described.

For the purposes of the great scientific question of this age, the causes of the present order of life on the globe, it would seem that the minutest accepted data of biological conclusion may have to be revised under new methods. It is a saying among painters, "that a draughtsman *sees* no more than he *knows*." It is true in the same way in natural science, that the real signification of a known fact may be concealed for ages. Of this, pathology offers many examples. The older naturalists, notwithstanding the great learning of such men as Linnæus and Haller, had comparatively very simple or hypothetical and incorrect notions of the complexities of living beings and their constituent parts. Chemistry, the microscope, and the search for the origin of species have, in this century, widened the horizon of biological study in a way not less surprising than does the dawn of day to a traveller, who, having by night ascended some lofty peak, sees gradually unfolding an extent and detail of prospect which he can generally survey, though he cannot hope to verify each detail and visit every nook in the brief time allotted to him for travel. The desire "rerum cognoscere causas" urges him even more keenly than to know the things themselves. Thus in biology, the laws of the genesis of every known organic being have now become as much the object of investigation as was once the nature of the being itself. The existence of definite species or varieties was formerly assumed in an arbitrary manner to be a kind of necessity. The search after the laws which produced those species, and the signification of them, has become as ardent as was once the definition of the specific characters. But it is a far more difficult pursuit, and requires either a very special education, or remarkable natural powers. The difficulty pervades every department of biology in gross and in detail. Darwin seeks the solution for the whole kingdom of nature. The histologist, the pathologist, the organic chemist approaches it in the detail of every mechanical texture, and of every organic chemical compound.

We are apt to look on the museum of John Hunter as the most philosophic and extensive exposition of biological science in this or any other country. And justly so. Inquiring originally into what is the proper treatment of diseases, he asks in order, What is its nature? what its cause? how are the functions disordered? how are they performed in health? by what mechanism? how is this mechanism varied? whence did it originate? But compare with his knowledge the knowledge of biologists of the present period viewed collectively; take our knowledge of the ovum, for instance, and its development, or the minute anatomy of the tissues, or (may I venture to use the epithet for so vast a collection of ascertained truth?) the *nascent* chemistry of living structures, or the relations of osseous structures in the vertebrata. It were hard to say which is the more remarkable, Hunter's comprehensiveness or the detail of modern science. Yet how many details are still needed for a safe biological philosophy.

Yet we are only on the threshold of detailed knowledge. We still speak of many hard points with an almost childlike simplicity. What do we understand, for instance, of the cause of that which Herbert Spencer calls "Organic Polarity"— that is to say, the power, force, or tendency by which lost parts are repaired—by which a whole limb —or part of a limb—or even all but a whole body is replaced by the outgrowth from what remains of the original mutilated whole—a process so common in asteriadæ and crustacea and other animals as to seem a matter of course in their history, while it is apparently a property which cannot exist in the higher animals? What do we know of the causes of hereditary transmission *in general* (a property wholly different from, and more unintelligible than the hypothesis of natural selection), or of the transmission of disease, *in particular*, as for example, of carcinoma? What is it in its essence? How does it originate in an individual of untainted family? How is it transmitted? Is it an original property of the ovum *per se*, or of the nutrient plasma by which the ovum is nourished up to the time of its birth? Could food, or mode of life, or any specific agent eradicate the tendencies to transmission of tubercle? Or is the transmission of the carcinoma as inevitable in certain cases as the development of the germ? Grave questions for future solution.

These allusions to disease, I need not say, are purposely introduced. There seems to be a tendency in some modern physiologists to pay insufficient attention to the retrograde metamorphosis of living creatures. The study of death is as much an object of biological science as the study of birth. The whole being originates, reaches maturity, declines, and dies. So does every part. He strives with vain endeavour to grasp the history of any organic thing who does not regard it in relation to its origin, its growth, its dissolution, its relations to objects external to it, the changes which it undergoes in itself and of itself, and the modifications, accidental or necessary, which external agents can and may induce in it.

General considerations of this kind have a certain though subordinate office in scientific deliberations, and seem just now not out of place. It will be remembered that I have been speaking of the intrinsic difficulties of biological study. If I have correctly, though briefly, sketched the domain of biology, the existence of these difficulties will be conceded. They are now insisted upon not certainly so much for the sake of those skilled experts our teachers, who are carrying on the conquest of Nature as of those many cultivated learners, who, from want of leisure, cannot actively pursue, but who, from real interest desire to aid and promote the study of biology. For this it is desirable to take from time to time a *general* survey of the aims and extent of biology, in order that they may bring the weight of their influence in support—1st, of the unfettered pursuit of biology for its own sake; and 2nd, of public education, such as may conduce in the next generation to a just appreciation of its scientific, its educational and its practical value.

I am thus led to consider, 2ndly, the prejudices of all kind, "*opiniones præjudicatæ*," in respect of biology.

These resolve themselves into active prejudices and passive prejudices. *Active* lead men to object to it as harmful; *passive* lead them to regard it with indifference.

These prejudices are rapidly undergoing modification. If they have existed harmfully more or less, from various causes, among almost all but professed physiologists, I need only advert among the *active* prejudices to the so-called theological dread of free inquiry into the origin of races, and the origin of species generally. Among *passive* prejudices, I would point to the want of appreciation of purely scientific inquiry that has no practical end in view; to objections of various kinds brought against experiments made for physiological, toxicological, or therapeutical purposes; to objections to the introduction of biological studies into courses of general education; to the tardy recognition of biological knowledge as the basis of practical Medicine, and of hygiene, public and private.

History gives the clue to the source of these prejudices, namely, the empirical assumptions of supposed truths in former, and often ancient epochs, which have one by one to be eradicated from their respective departments by the advancing knowledge of ascertained natural law.

What we see around us in the natural world is admitted on all sides to be the result of the operations of causes working by fixed laws. Why those laws exist, or how they came to be, it is not within the domain of physical science

to discuss. What (in so far as they affect living beings) they are, and what the mode and limit of their action, including (of course) the mode and limits of their possible modification, is the special province of biological science. Science, therefore, is not only a liberty, but is bound, at all times to test the correctness of opinions which bear on, or have relations to, the subject-matter of science, and do not appear to have been founded on adequate scientific evidence. A great part of the scientific work in the present century has been that of recasting or rejecting received dogmas. This work is not yet complete, and possibly never will be. It is evident that new means of research show the incorrectness of the belief of many of the greatest minds. Plato was satisfied that the use of the liver was to be the seat of prophetic agency for the soul. Yet are we sure that, notwithstanding the researches of Bernard, Pavy, and others, we know even at this moment all the functions and uses of that organ? How long since is it that taurine was found to contain twenty-five per cent. of sulphur, and was not, as had been supposed, devoid of that substance? How complicated are the chemical questions of the hepatic functions, when viewed as a whole throughout the animal series, may be seen by a glance at M. Milne-Edwards's summary of these questions in his elaborate work now in course of publication.

The utmost toleration is required in dealing with the prejudices which we are considering: among other reasons, because truly there may be scientific prejudices as well as popular prejudices. A scientific man may become impatient of every opinion which rests only on probability; whereas, some of the important issues of human affairs are not susceptible of absolute proof. A physician or a lawyer, or a moralist, who always refuses to act on the greater probability would be a sorry adviser to his client. But the work of the chemist or the physiologist would be at once set aside if probability and not ascertained fact entered into his formula.

Different subject-matters are taught or studied with different degrees of certainty, or by different methods; the methods and degrees of certainty must be known and acknowledged. There can be no just ground of objection to conclusions based on hypothesis so long as the promoters are ready to accept, on proper and reasonable evidence, new elements of calculation.

I spoke also of the passive prejudices of mankind in respect of biology. A curious chapter might be written on the slowness with which physiological principles have been generally received (I cannot say they are even now accepted by us) as the basis on which to secure public and private wealth. England is but even now awakening to these questions. The Registrar-General, the Army and Navy Departments, the Health Department of the Privy Council, the various Drainage Commissioners and Committees, and many other bodies, are all engaged in collecting, disseminating, and in using physiological knowledge under various aspects. It must be admitted that evidence as to what is and what is not favourable to the correct performance of the functions in men and other animals is even now often conflicting. It was said just now that the pure physiologist too apt to disregard the process of "*præparantes ad ortem*;" so, also, he is too apt to look on health questions as problems of practice or art, and not of science. Yet the highest scientific qualities are requisite for determining with precision any problems affecting, for instance, nutrition, and the consequent capacity for labour of a population, viewed as a whole or as individuals: witness the investigations of your last year's President (now, happily employed by the Government), and many of the important papers in Mr. Simon's valuable yearly reports, and such memoirs as that of Professor Haughton, of Dublin, on *Work*. In such cases, I will not say *theory*, but knowledge precedes, and regulates, and compels practice.

Similar considerations apply to the relation of physiology to practical Medicine. This art or science is undergoing revision under the influence of physiology, a revision somewhat, indeed, retarded by popular prejudice, but certain.

In looking back on the history of Medicine, we are at a loss to say which is the more curious, the sagacity of the older physicians and surgeons, considering the scantiness of their physiological knowledge, or their folly, considering the extent of it. The explanation lies in the intermixture of empirical (that is, of accepted, traditional, unquestioned) belief with really ascertained fact; and we are not, now-a-days, without danger of undervaluing the eminent artistic power and great practical shrewdness of former physicians, in the presence of our more precise, but sometimes also less practically valuable scientific knowledge. Dr. Stokes, the eminent Dublin professor, has lately spoken on this topic in a timely and earnest way.

The business of physiology and of an Association like this, as I just now said, is, therefore, not only to add new knowledge, but to destroy incorrect or imperfectly correct statement and belief. The incorporation of advancing physiology with Medicine every year adds certainty to the latter, while it furnishes data as well as tests to the former. Experiment properly applied in Medicine under trained physicists and chemists will not only eliminate gradually all remaining error, but will make more definite the properties of therapeutical agents. In illustration it is sufficient to refer to some of the investigations of Claude Bernard, from whose great skill, combined with philosophic power, much may be expected. Yet it may be doubted if the importance of this alliance between science and Medicine to the community at large, is yet fully understood by the legislature. Under the recent Medical Act, the whole expense of constructing a National Pharmacopœia was thrown by Parliament on the existing practitioners of Medicine, and the cost of its future maintenance was charged on the students of Medicine: the national funds are to contribute nothing towards the great benefit, a benefit accruing to everyone at some period of life, of a genuine and philosophical revision of known, or the discovery of new, curative agents. Experiment alone can decide conclusively on the mode of operation of various agents of the human body and on animals. These experiments are always difficult—often costly. The Government, as I said, do not acknowledge the duty of providing funds. Perhaps the Medical Council might. It is, indeed, charged with the administration of the only public funds that are applicable to keeping on a level with modern science the national catalogue of remedial agents and the mode of preparing them. If it could be induced to expend 1,000*l.* a year, as under proper management it easily might, in experiments and reports bearing on the physiological action of preventive or remedial agents, sometimes, perhaps, suggested and aided by the British Association, what might not be the fruit to science and to the public and private health?

I have been assuming, what no one here will question, that the basis of Medicine is knowledge of biological laws. It is so, but only in the wide sense assigned at the outset to biological pursuits; viz., the study of the laws of decay as well as of growth—growth and decay of species as well as of individuals. But I must guard myself by saying that this does not include the whole basis of Medicine. Physiological experiment is necessary to obtain the laws of action on healthy bodies, but alone it does not explain the laws of action on perverted organic structures or functions, as is seen in the common instance of the different effect of opium on a man in health and on a man in disease. Clinical observation is, of course, beyond physiological research, and must, from its far more limited field, follow rather than precede. It aims at applying, in due course, all safe and established results of previous physiological inquiry; and adds the deductions from investigations exclusively its own.

Much remains to be done in comparing the effects of agents, and the causes of those effects on man and on the inferior animals respectively. The knowledge which exists on these subjects has become, I need not say, both extensive and precise. But new problems are constantly arising from the discovery of new toxic agents. Even new diseases occur, as is well instanced by cholera, implying either new conditions of circumstances external to man, or new combinations of the internal conditions of man.

Accordingly fresh experiments are perpetually required to meet the new problems; and it has become the interest and almost the duty of States to specially train and to countenance skilled experts familiar with the most recent methods and researches in these directions, with a view not only to fresh scientific knowledge, but to the great practical results that may be obtained. It is sufficient to refer as illustrations to Bernard's experiments, such as those on the Woorara—to the question of physiological antidotes—and to the more precise notions of the physiological causation and mode of action of fever poison.

These you will observe, though apparently what are called Medical questions, are not less physiological questions proper, of vast importance to mankind.

A few more words in another aspect, and I will not venture further to trouble the section, or delay our detailed work, which is ample enough. I have implied, what is sufficiently obvious, that physiology proper (I exclude such questions as the evolution hypothesis, which cannot be proved in this way) has become uncompromisingly precise, and that nothing will stand which does not bear the crucial tests of observation, and where possible, of *experiment*. But the experiments cannot in the present advanced state of physics and of chemistry be devised by ordinary men, nor even executed by them. Consequently, every year old statements concerning the effects of agents so-called physiological and therapeutical, are becoming of less value, and new ones of more. Most of us, who have passed the prime of life, must be content to learn from the more favoured in years. They who are young must be willing to be patient and laborious, if they would add anything of permanent value to physiological knowledge. The day in which hundreds of organic compounds are synthetically produced—and the microscope offers for mechanical analysis a clearly defining magnifying power of 5,000 linear—is not one when rough work of hand, or conjecture unsupported by proof as to the chemical changes which go on within organic structures, will stand. What life is will long, perhaps always evade our human ken; what is done during life, what can be done consistently with life, and what produces death among living things, every year makes more sure and more plain; every year makes the search more exciting, the reward more great, the reasons for admiration of the order of things on the whole more conclusive, and the admiration and awe more profound.

At the outset it was said that only very qualified assent could be given to the remark of a philosophical writer, that it is a prime necessity for biology that it should be separated from Medicine. It has been my endeavour to show the amount of truth which belongs respectively to the remark and to the dissent.

Physiology, to sum up, is become a science, precise, of enormous extent, bringing to its support mathematics, advanced physics, difficult chemistry, accurate and comprehensive anatomy. Part of the basis of the science or art, which averts or lessens suffering and disease, and postpones or makes easy death, depends in great measure upon its progress. But the applied and observational part can only be learned by the bed-side of the sick. Therefore, pure biological science and pure clinical art must each have their votaries, but it must be the aim of each to learn from the other what is necessary for himself. May the State be wise enough (and it is becoming so in every civilized country) to appreciate these principles and their application! There never was an age—it is not ungrateful to the giants of old to say this—there never was an age when there were so many students, in the best sense, of biology and of Medicine, actuated by a simple love of truth; and never a time when, as a class, they were so free from prejudice, so candid, and so patient.

SECTION D.—ZOOLOGY AND BOTANY.

PHOSPHORESCENCE IN CONNECTION WITH STORMS AND DISEASE.

Dr. S. Moffatt read a paper on "Phosphorescence in Connection with Storms and Disease." He said the subject had been under his consideration for some time, and that his opinions had been deduced from observations extending over a period of four years. He exhibited tables to show that the atmospheric conditions under which the luminosity of phosphorus took place were those of the south or equatorial current of air, namely, a minimum of atmospheric pressure, and maximum of temperature and humidity; and that those under which non-luminosity takes place are the conditions of the north or Polar current, namely, maximum of pressure and minimum of temperature and humidity. The atmospheric conditions of ozone, and no one ozone periods are the same as those of the luminosity and non-luminosity of phosphorus. Phosphorus becomes luminous and ozone periods commence on the approach of storms, and if a storm sets in during a luminous or ozone period, the luminosity increases in brilliancy, and the ozone in quantity. Dr. Moffatt then referred to tables he had prepared from observations on the luminosity of phosphorus, ozone, and the prevalence of diseases in connection with the system of meteorological telegraphy, instituted by the late Admiral Fitzroy. From these it appeared that all the periods of luminosity commenced with the setting in of the atmospheric conditions of the approach of which cautionary telegrams gave warning. Of diseases 80 per cent. of apoplexy, epilepsy, and sudden death occurred on the days on which phosphorus became luminous. The atmospheric conditions which lead to those storms, of which the telegram gave them warning, are invariably accompanied by diseases of the nervous, vascular, and nervous systems. During the two years in which those telegrams were sent 143 cases of those diseases came under his notice of which 54·5 per cent. took place on telegram days, and 45·5 per cent. occurred on days similar in a meteorological sense to those on which the telegrams were issued, differing only in degree, as the tables showed. Although storms are accompanied by diseases of some kinds, they are, nevertheless, of great benefit in a sanitary sense. They carry with them a supply of Nature's deodorising and disinfecting agent — ozone. As far as he had had opportunities of observing, he had come to the conclusion that cholera disappears with the sitting in of the equatorial or ozoneferous current, as was the case at Newcastle in 1853 and in the London epidemic. During the cholera epidemic the barometer readings are high, a calm prevails, and there is no ozone. In conclusion, Dr. Moffatt asked whether, seeing the intimate connection there is between periods of the luminosity of phosphorus and ozone periods, and of non-luminosity and non-ozone periods, and, knowing that ozone is formed by the action of phosphorus on moist air, we might not reasonably look to phosphorescence for the true source of atmospheric ozone? It was also a question whether we might not find phosphorus a useful disinfectant by using it as a producer of artificial ozone? He had himself used phosphorus as a disinfectant for four years.

SUB-SECTION D.—PHYSIOLOGY.

SCANTY AND DEFICIENT FOOD.

Dr. John Davy read a paper "On the Effects of Scanty and Deficient Food." Starting with the remark that it seemed to be laid down as a principle that the health of man must suffer, if for any given time he had not a given quantity of food, sufficient to sustain his physical power, and that upon this theory the dietary tables of our public institutions are founded, Dr. Davy said he entertained great doubts as to the correctness of this theory. He had never found any instance where, in the adult man, a deficiency of food had, though causing temporary weakness, produced any permanent ill effects. He had not found that any of the gallant men who went out with the Arctic expeditions were permanently injured through shortness of food, nor was there any instance that any of the African travellers suffered by their privations. As an instance of this, Dr. Davy cited the late Captain Speke, and read extracts from his diary to show the straits to which he had been reduced by shortness of food. There were some who even believed that a certain amount of fasting was beneficial, and

writer had said that there was no enormous display of abstinence in living for seven days on water and salt. The same writer had stated that he had lived for seven days upon water alone without any great loss of energy. He (Dr. Davy) believed that all sound men might be benefited by an occasional long fast. Deficiency of food, especially of fresh vegetables, was productive of scurvy, accompanied by diseased blood and loss of strength; yet how quickly did these symptoms yield to more generous diet. During the period of the distress in Lancashire, instead of there being found to be any serious effects arising from the shortness of food, the people were found to be in improved health, and he believed there was a diminished mortality; and yet it must have been a fact that they were reduced to very great extremities. Though the Irish, owing to the failure of the potato crop, had been much more frequently subject to shortness of food than the English, yet it was found that the number of persons in that country who attained the age of ninety years was greater than in this country. In further illustration of his subject, the speaker referred to Welsh cattle, where their pasture was limited in quantity; yet those cattle were not deficient in activity, strength, and powers of endurance. If, then, it were established that a somewhat scanty diet was not injurious, was it right that prison diet should be otherwise than sufficient to keep the criminal in a state of healthy activity somewhat below par? What was the general state of health of prisoners at present in county gaols, where the diet was at least in excess? So far as he (Dr. Davy) was enabled to learn, disease among the criminal population in gaols was no less than in the general population of the country. The advocates for liberal diet for prisoners urged that under the depressing influences of such confinement, more food was required, in order to prevent an undue waste of the physical powers. But then, mental depression impaired the appetite, and without an appetite it was to be expected that little food would be digested and assimilated. Were the doctrine to be carried out fully, should not criminals be allowed stimulants, such as wine and beer? On the principle of not endangering health, ought not the principle of imprisoning for crime to be done away with altogether? Those who connected disease, and especially pulmonary consumption, with spare diet, generally referred as instances for sustaining their view to needlewomen and nuns; but it must be remembered that there were causes which affected these classes besides—with the former such as bad and unventilated lodgings, overwork, and, not least, want of mental exhilaration; and with the latter circumstances in many similar cases. The speaker then proceeded to argue that this excess of diet in gaols really fed the prison population, as vagrants and others were in the habit of looking upon it rather as a place of refuge and comfort to be sought out in the winter season and bad weather. In conclusion, Dr. Davy urged that an inquiry should be instituted to determine exactly the lowest scale of diet that could be used in prisons, so as not necessarily to engender permanent injury to the constitution.

LIFE.

Dr. Lionel S. Beale read a paper "On Life." The chief argument was to show that there is evidence of the operation in everything alive of a vital power, distinct from and not opposed to physical force.

Dr. J. H. Bennett read a paper "On the Formation of Pus, in reference to the fallacious doctrine of Cell Pathology." Dr. Bennett's theory as to the nature of a cell and the functions of surrounding matter, differed entirely from the argument of Dr. Beale.

TAPEWORM IN BIRMINGHAM.

Dr. Fleming read a paper "On the Prevalence of Tapeworm in Birmingham." He said that tapeworm prevailed o a great extent in Birmingham, and was often to be seen n its severer form among the patients of the General Hos-ital. As compared with Edinburgh and London, the reater frequency of the disease in Birmingham was very arked. In the General Hospital the entire number of -door and out-door patients in the year commencing July, 1863, and ending June 30, 1864, was 22,649, and amongst those there were 51 cases of tapeworm; in the Queen's Hospital the number of patients during the same period was 11,376, including 75 cases of tapeworm; in the General Dispensary the number of patients was 4,516, there being 12 cases of tapeworm. In Edinburgh the proportion of tapeworm cases in the hospitals was very small. He then proceeded to show that the tapeworm was the development of the bladder flesh-worm, or measle of the pig, most numerously found in the muscles of the tongue, liver, and neck of that animal. It had been established beyond all doubt that these measles of the pig originated in the eggs of the tapeworm, which infest the bowels of the dog, each mature joint of the worm containing many thousand eggs. These, when voided by the dog, were scattered by the wind, mixed with the food or drink of the pigs, so entering its body, and growing there into the form of the flesh-worm; which lay dormant in that state until swallowed by man, and developed into the tapeworm in his body. On the flesh of both slightly and badly measled pigs the worms are visible to the naked eye, the pork is insipid when cooked, and in boiling loses more weight than healthy meat. In Cork the measles had prevailed very much among the pigs, chiefly from the want of attention to their meat and drink; whereas, it was stated that in the market of Cincinnati, the largest pork market in America, measles were unknown. Pork was a favourite article of food, the average number of pigs sold in Birmingham market weekly being 1,500, two-thirds of them coming from Ireland, where the hog suffered more from measles than in any other part of the kingdom. In spite of the efficient inspection of the markets of that borough, there appeared little doubt that a considerable quantity of the pork sold was measly. When affected by the disease to such an extent as to render hazardous its exposure for public sale, it was disposed of privately, and much of it employed in the manufacture of sausages. With the aid of a microscope he had found portions of the measle in a sausage. These sausages were largely eaten by the working classes, and were frequently eaten imperfectly cooked, so that there was much likelihood of the worms being received alive into the human body, there to develop. Pork, he believed, was also eaten when imperfectly cooked, the measles thus retaining their vitality. With regard to the prevention of tapeworm, he recommended that the pigs should be supplied with thoroughly clean food and drink, and kept as far as possible from dogs. The dog-tax recently extended to Ireland would act favourably by reducing their number in that country. The official inspection of living and dead pigs should be made as searching as possible, though no amount of official inspection would suffice completely to protect the public from the risk of purchasing measly pork. That would be best attained by diffusing as widely as possible information on the subject, and making, practically, each consumer his own inspector. After referring to the nature of the inspection made in Cork, Dr. Fleming went on to observe that all pork, however free it might appear from disease, should be eaten either thoroughly well cooked or thoroughly well cured, both of which processes destroyed the parasite. The use of other than home-made sausages should be avoided. In conclusion, he stated that, though undoubtedly the chief, the eating measly flesh could not be regarded as the only source of tapeworm in man; the parasite occurred among the very poor, who scarcely eat flesh of any kind, and it plagued the Hindoo who lived almost exclusively on rice. The existence of the disease and its causes afforded, he considered, another very strong argument for the supply of towns with pure water, free especially from sewage contamination.

In the discussion which followed, Dr. Crisp said Dr. Fleming's was the most practical paper on the subject he had ever heard read. He had said nothing about the influence of occupation on the disease. He had heard that in Germany the persons most frequently found afflicted with tapeworm were cooks. He suggested that the use of oat meal in Edinburgh, might have something to do with the small proportion of tapeworm cases there in comparison with

(Continued at page 190)

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 13, 1865.

THE BRITISH ASSOCIATION AT BIRMINGHAM.

The meeting of the British Association, now being held at Birmingham, appears likely to be one of the most successful anniversaries of that now well-known and distinguished body. It has met twice before in the same place—namely, in 1839 and 1849, and the locality is peculiarly well suited to the purpose, as it was in that town where Priestley, the discoverer of oxygen, first analyzed the air, and Watt obtained the mastery over steam; "the busy centre of industrious England," as the President felicitously remarked in his opening Address, where, "amid the roar of engines and the clang of hammers, the strongest powers of nature are trained to work in the fairy chains of art."

The President of the year, Professor Phillips, of Oxford, who, thirty-four years ago, was one of the secretaries of the Association, when its proceedings commenced in the city of York, delivered an address, which, for eloquence and learning, may bear comparison with any that have been previously heard at these annual assemblies. The progress of science, within those thirty-four years, has indeed been marvellous; the realms of space have been explored; the heavens themselves have been measured; the depths of the ocean have been fathomed; earthly time and distance, by the agency of the electric telegraph, have been, as it were annihilated; and the might of steam has even more than heretofore, asserted its dominion over the brute powers of nature. The velocity of light has been subject to more accurate measurement; the distance of the earth from the sun has been reduced from above ninety-five to less than ninety-three millions of miles; the very nature of the sun itself has been explained, its chemical composition, by means of spectrum-analysis, has been indicated, and not only the source of its heat has been reasonably inferred, but the limit of that heat has been assigned. Bold as the investigation may be, it has been calculated, on mathematical data, that the sun's heat, supposing it to be maintained by the same causes as are still in operation, is limited to a duration of 300,000 years; and that the period of the cooling of our earth from universal fusion to its actual state may be fixed at 98,000,000 years.

But we leave such sublime contemplations as belonging more properly to the Mathematical and Astronomical Sections of the Association, and we proceed to remark on some more sublunary matters, in relation to the history of man and to his development upon the earth; to his constitution in health; to his infirmities in disease.

These topics come more especially within our province, and the constitution of the Association affords numerous opportunities for their discussion.

We are not sufficiently well versed in the disputes existing between the Ethnological and the Anthropological Societies to offer any opinion as to the aspirations of the latter to the dignity of having a separate Section of the British Association. It is sufficient to state that a motion to that effect was brought forward with great ability and eloquence by Dr. Hurst, at the present meeting, but was negatived by a great majority, on grounds which seem to us to be reasonable; the grounds being the inexpediency of indefinitely sub-dividing the Sections, the want of accommodation for numerous sub-Sections at some of the smaller cities and towns of Great Britain, and the facilities already afforded for the discussion of anthropological questions in the Sections devoted to ethnology and physiology. It will be seen that the question of the relative antiquity of man occupied a permanent place in the inaugural address of the President of the Association.

The Physiological Section, or rather sub-Section, which struggled into existence last year at Bath, and was eminently successful, is now fully and firmly established, and a very commodious and spacious lecture-room in the Midland Institute, has been devoted to its reception. While the quarters provided for it in Bath were considerably too small, those at Birmingham are perhaps rather too large; and partly owing to the great size of the room, partly to the low tone of voice adopted by some of the speakers, and partly to the noise of the adjoining busy streets, many of the papers and speeches were very imperfectly heard, and it was necessary at the first meeting to close the windows, a process which entailed another inconvenience, namely, the exclusion of air, the want of which, during the very sultry weather prevailing last week, was rather severely felt.

The *personnel* of the Physiological Section, while it retains some of the chief features of the last year's programme, has undergone a few important modifications. Dr. Edward Smith, who last year occupied the post of President, now gives way to Professor Acland, the Regius Professor of Medicine in the University of Oxford, which University, by the way, is very fully represented in the present Congress, from the President of the Association downwards throughout the Sections. Dr. John Davy, the surviving brother of the late Sir Humphry Davy, still pursues the physiological inquiries which he has made the scientific business of his life, and he gives to the Section the results of his ripe experience, although they are not perhaps altogether in accordance with some more modern views. His son-in-law, Dr. Rolleston, of Oxford, displays his usual eloquence and readiness of speech in a variety of subjects, whether the theme be the anatomy of tape-worms or earth-worms, or the dietary of paupers or prisoners, or the ethnological peculiarities of the Oriental negroes. Dr. Lionel Beale, the industrious and thoughtful physiological professor at King's College, London, is a new adherent to the section, where the vivacious and versatile Professor of the Institute of Medicine in the University of Edinburgh,

Dr. Hughes Bennett, displays, as he did last year, his usual activity in broaching his own views, or in demolishing those of an opponent. Dr. T. S. Cobbold, the indefatigable and successful labourer in the field of helminthology, still holds forth upon intestinal worms, teaching the public what to eat, drink, or avoid, in order to escape the visitations of those unwelcome guests; and Dr. Alexander Fleming, a resident of Birmingham, and distinguished, among other things, for his able researches on the use of aconite, is a very worthy representative of the local practitioners.

On the whole, however, we must confess to a feeling of something like disappointment at the present condition of the physiological sub-section. The papers read have been by no means very important, and they have not been very numerous, and this scarcity of communications may perhaps explain the fact that on Saturday this sub-section did not meet at all. The papers and discussions, so far as they have yet gone, appear like the fag end of last years' proceedings, while some of them are altogether of so abstract a character and so purely hypothetical that they have failed to attract any public notice. It is clearly the duty of the physiological section to discuss matters of general interest, and to attract the attention of ordinary listeners by pointing out the laws of health and the means to be adopted in preserving it; but this object can scarcely be accomplished by disquisitions upon transcendental topics, which a general audience cannot understand at all. We believe that some intention exists of discussing the present cattle disease with a view to sanitary and preventive measures, and such a theme would form a very useful and practical employment for the physiological section. It is possible that this subject, or some other referring to the health of the community, may yet form the subject of discussion.

It is extremely desirable that the laws of health should be made known as widely as possible, and we therefore rejoice that a sub-section of physiology has been established in the British Association; but the writers of the papers and those who take part in the debates, should recollect that they are addressing, not a professional, but a general audience, and should adapt themselves to the capacity of their hearers.

"CYCLOPS'" EIGHTEENTH LETTER ON PHYSIOLOGY.

To VIGILANS.

SIR,—From what I have said in my last letter it may be inferred that I look upon the chyme and the chyle as far more important in their characters than they have hitherto been considered. So soon are they both destined to perform vital functions, that they appear to me to be even in themselves incipiently vital. I do not think that we have sufficient reason for supposing them to be inanimate, when they actually appear to be endowed with almost a life of their own. Do we not call oxygen vital air? Do we not consider its first act in the lungs a vital one, equally with the calorification and decarbonization of the blood? Why, then, are we to change our opinion when analogous acts are going on in the stomach and duodenum? for vital elements are formed in both by two distinct processes, and which are so soon to float within the walls of blood vessels, bearing their revivifying elements for all the purposes of life. I do not think we ought to consider less of them before they enter the circulation than we do when they are actually within it. So lightly are the chylous elements held together in the duodenum, that if a small portion were removed therefrom and treated with acid, the chyle would again become chyme; and if this again was treated with alkali, it would return again to chyle. Why is this? Simply because the next process it has to encounter should be more easily performed. Unless it was in this delicate and beautiful chemico-vital condition we should not have the results we all apparently believe we know so well. This already vital element flows through the duodenum after careful revision in every possible way. This revision is the conservative action of the organ itself, aided and assisted by and through its anatomical character as well as the physiological properties with which Nature has endowed it. Thus the chyle, full of free oxygen, seeks other gases for greater fluidity. All the fatty and oily masses being amalgamated with those which the stomach alone could do, and which the duodenum could not; for it is not only its duty to saponify these, but to incorporate them with others. It is then charged with bubbling sparkling elements of air and water, and full of active life for the next stage. Well, let us ask where it goes to? The answer is, into the small intestines. I have said in former letters that physiology is that science which consists of constantly asking questions. What, then, are the duties of the small intestines, and how do they perform them? We see an enormous number of folds tied together by a mesentery, so that the upper and lower ends are pretty close together,—all the rest is fan-shaped. Nevertheless, the whole seems pressed down in the centre of the abdomen, and covered over by the omentum and the transverse arch of the colon, and at either side by the ascending and descending portions of that gut. One would suppose that there was not room for its action or duties. But this it does not want in order to perform these properly. The very facts we see naturally lead us to suspect that it is for some great design. They have not the free play of the stomach, nor should they in health have the distending character of the curvatures of the duodenum. We must constantly bear in mind how they are huddled and pressed together. What reason can we then give for this? Let us try and find out. Now it would not do to have a long intestine, for instance, like the colon; so that it evidently differs in a most surprising manner from the two above and the one below it. If it was a tube of any other character than what it is, it would seem impossible for the lacteals to absorb the elements from the chyle, which passes into it. We must always keep in our minds the wonderful actions of endosmose and exosmose, and that there is no such thing as open vessels in the body. Mouths of absorbents are fallacies. Therefore, whatever is absorbed must be done by endosmose, through membraneous structures. When we view the living body as a whole we find everything in apposition,—there is no vacuum or unoccupied space anywhere. We may grow fat or get thin; yet everything rises or falls to both actions. But we want to see *how* absorption of chyle can take place through the small intestines, and by what mechanical agency this can be assisted. Now, this can only be effected in one way—namely, by the sides of the small intestines approximating on their contents, and this results directly chyle enters into them. The term peristaltic, which has been used for many years, does not appear to me to bear all the meaning of natural intentions which it really has. It is only vaguely expressed as "a vermicular motion of the intestines, by which they contract and propel their contents." Being a derivative from the Greek meaning "to contract," physiologists simply wanted to account for a power of propelling one body out of another. This alone is not what Nature intended. She does not do things in this half-handed manner. She does not want, in this case, mere simple propulsion to get rid of anything. Therefore, as she is not acting entirely in a conservative way in

this viscus she nevertheless, does not act too hastily. I have previously said, everyone seems satisfied with a basis for their mind to rest upon, to explain what it does not perfectly comprehend by law, logic, or philosophy. Now, directly the lightly-held mass of chyle finds its way into the small intestines, a peristaltic action commences; that is, using its true derivative, a contraction of them takes place; not, however, to "propel their contents alone!" No! there is a far higher and more useful power here exerted, and that is, a certain pressure is used in the contraction, and thus the "nutritious" portions are forced into the lacteals, and what is passed on is for other portions of the intestines to do the same with. This action resembling more that of the washerwoman's knuckles against the linen she has to cleanse, or that of a moderate millstone power. Of course, if this is continued gradually throughout all the convolutions, we see one of the most beautiful adaptations of a means to an end that we can possibly imagine, and, in fact, the only means by which abstraction of fluid elements can take place. What I have previously said of the mechanical laws of the absorbents, here finds judicious application—namely, that they are made to do their work, and are compelled to receive the elements they were destined to carry to given parts; even without the sucking, or absorbing, or vacuum powers they are supposed to possess. In certain distensions of these intestines from flatus, or the want of this contracting power in themselves, it is utterly impossible that the lacteals could act so well or so perfectly as they do. Therefore, great losses naturally ensue in the system, by the passage of chyle through them, without its nutritive properties having been abstracted. Who that has had much to do with infants and children, that has not observed pure chylous stools, and all the nourishing elements passing out by the large intestines? Also, in many diseases where no amount of generous and nourishing diet has ever seemed to do the sufferer any good, simply because this important act of knuckling and millstoning has not been performed. Who that has seen much post-mortem practice, has not beheld the small intestines blown out with flatus, the arteries *engorged*, the capillaries *injected*, the outside glazy, and the inside without a trace, or scarcely so, of chyle? yet have seen the scalpel being carried to the heart, to the liver, to the kidneys, and many apparently more important organs: and when the investigation has been completed, seen the scalpel dug into various parts of the small intestines, to let out the flatus for the more easy replacement of the viscera? I have seen this often, and with it the post-mortem terminating in very unsatisfactory results. In fact, the small intestines have been ignored at the very time when they were the very seat of the disease—the origin of all the want of power witnessed during life—and which no skill could save. It was in vain that the labouring of the heart, and difficult respiration during life, was witnessed; or the dropsy in the body, with the huge legs like millposts, that had been punctured and scarified many times. Every organ had its full share of notice, and attention, and diagnosis—all save the small intestines. Now, when they get into this state in old chronic cases, there is no hope; and for want of that nourishment which they ought, in their only true, healthy condition, to have supplied to the whole body, by contact of their sides and general contraction, and thus forcing nourishing elements into the lacteals, the patient dies, and every imaginable disorder but the right one is given as a cause. Something is sure to be found to account for the general want of knowledge of the rightful causes. Here, then, is the true and full meaning of PERISTALTIC; not to propel the chyle through the intestines, but the nobler action of forcing virtues out of it, to nourish the whole system. What is not so done in the upper parts, is done in the lower. A tube cannot hold more than its fill. All the lacteals, therefore, become gradually satisfied, from first to last, as this beautiful process goes on. But then it may be said that the far-distant lacteals get a thicker and more viscid substance forced into them as the mass gradually progresses through the gut, and the recrementitious matter becomes more developed. Not at all; here the same laws of the gases occur; for oxygen is still largely coming down with the chyle, and absorption of hydrogen becomes greater; aqueous substances are, therefore, being formed to mix with this remaining mass; independently of which, the large secretion of mucus from the mucous membrane, throughout its whole extent, assists and leavens the whole. As the ileum is reached, what do we see, and what do we find? Why, that defœcation in the first place becomes apparent even before the mass enters the colon; and, secondly, that oxygen ceases to become an element there—hydrogen and other gases being in excess. It is this fact, that when oxygen is no longer present, that that unmistakeable aroma of human fæces becomes apparent.

I am, &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

MEETING OF THE BRITISH ASSOCIATION.

(Continued from page (187.)

Birmingham. Professor Bennett thought the inhabitants of Birmingham ought to be much obliged to Dr. Fleming for his practical paper. The extinction of the disease in the town appeared to depend upon seizing all diseased animals in the market. Dr. Cobbold considered pork was not the only source of tapeworm, which proceeded also from beef and veal. He thought that the number of hospital cases of the disease that had been stated did not exhibit the full extent of its prevalence, as many people were affected by it though no outward symptoms were visible.

BEEF, PORK, AND ENTOZOA.

Dr. Cobbold exhibited several specimens of entozoa, and having explained their production and peculiarities, proceeded to say that although pork had been considered the almost exclusive source of entozoa, it must be borne in mind that the flesh of all warm-blooded animals was liable to harbour those parasites. The human being afforded the home of several species of entozoa; and the worms were taken into the system through the eating of beef and veal, as well as pork.

A discussion resulted, in which Professor Steenstrup, of Copenhagen, Dr. Crisp, Dr. Fleming, Mr. Turner, Professor Van der Hoeven (Leyden), Dr. Patterson, Mr. Henderson, and Mr. Boreham took part, the latter gentleman stating that he had heard of measles being found in lambs.—Dr. Cobbold then replied. He said the infrequency of cases of tapeworm in Edinburgh appeared due to the fact that the meat there was generally well cooked. The cattle supplied to Edinburgh were also more healthy than those of some other towns with regard to the parasite.—The Chairman said the subject was one that deserved most searching investigation, for it was most important that the strictest investigation should be made into the means of ridding the human body of the tapeworm.

MUSCULAR CONTRACTION.

Dr. Richard Norris read a paper entitled "*Rigor Mortis*, not Muscular Contraction." He said, the commonly received theory of *rigor mortis* is, that it is an energetic muscular contraction. That this view is erroneous is proved by the following considerations:—1. That the *rigor* of opposing sets of muscles does not cause the redisposition of limbs in obedience to the superior powers of the stronger sets of opponents. 2. That it does not cause the rupture of the weaker set of opponents. 3. That if either the flexors or the extensors of a limb be divided, and the limb be placed, before *rigor* has set in, in the position in which it should be drawn by the cut set of muscles had the action of these been unopposed, the uncut set of muscles do not alter that position. 4. Contraction and the presence of irritability being an inseparable association, it follows that if irritability be absent for a long time, immediately prior to the supervention of *rigor mortis*, the latter cannot be

regarded as a contraction. 5. The microscopical appearance of muscular tissue affected with *rigor mortis* is entirely different from that of muscular tissue in a state of contraction. The truth of these arguments he had demonstrated by a variety of experiments, selections from which were set forth in detail. Photographs of some of his results, and examples of others were submitted to the Section. *Rigor mortis* is therefore not a contraction, either energetic or otherwise of muscular tissue. It is a suspension of the property of extensibility, probably due to a solidification (coagulation ?) of a fibrinous (?) material contained in the interfibrillar juices of the muscles, as asserted by Brucke and Kühue, the resolution of which, by incipient decomposition, restores to the muscles their mobility.

Professor Rolleston said the conclusion arrived at by Dr. Norris had been arrived at in Germany, though in a different way. He thought they were much obliged to Dr. Norris for his valuable experiments.

GENERAL CORRESPONDENCE.

To the Editor of the Medical Circular.

DEAR MR. EDITOR,—In "Cyclops' Sixteenth Letter on Physiology," he says a correspondent at page 131 had given two cases of "Erratic Cholera," and wished him to explain them. Will you kindly lend him a magnifying glass, and ask him to glance at the postscript in my report again, it may enable him to see the type better! I should say it read thus: "Perhaps some of my Medical brethren, or 'Cyclops,' will explain this physiological action? Were the tetanic symptoms caused by extreme hyperæmia of the spinal and 'lymphatic nervous centres'?" It was these symptoms, and not the "cholera," I wished explained. I do not wonder at his remark further on in his letter, when he says, "To use the term, extreme hyperæmia of the spinal and lymphatic nervous centres, is as difficult to understand as to apply." Pray ask the type-setter not to make such a mistake again, and give such a shock to "Cyclops'" nerves. He will find in this week's number that it has been corrected: it should have been "*extreme hyperæmia of the spinal and sympathetic nervous centres*," which term I presume he does understand; but really I am surprised that so profound and learned a physiologist as "Cyclops" should have thought for one moment that it was anything but a typographical error! What cholera really is, Medical science has not as yet fully explained, though we have various opinions on it. However, my friend "Cyclops," I see, thought he could not do better than make a digest of my report, and comment thereon; still, however, after his most *lucid* explanations, he has forgotten to account physiologically for the feeling of the patient, as if cold water was running down her spine. He first says I had given two cases of "*Erratic Cholera;*" and further on says, "Far down in the country, we have, generated by two women, *a disease simulating cholera*, which appears to have been very nicely and judiciously treated *empirically*." Why say it resembles, when first he said *it was cholera!* I should like very much to have his explanation of the word *empirically*. Does he allow it its literal meaning, "εν-πειρα" (for, remember, "experientia docet"), or does he use it in the vulgar sense of the present day? Further on, he says: "*Now, as these are cases which happen frequently* (which God forbid!) the first object should always be to stop the pain, arrest the fluxes, and restore electric actions," the very object I had in view and succeeded in. Again, he says, "*the cord-like feeling across the chest, not unlike angina pectoris, was evidently from the shock to the solar plexus; for it is from this centre of nerves that the spasmodic cramps arise in true Asiatic cholera*," &c. How does this agree with his remark, "a disease simulating cholera?" If these spasms only arise, as he says, in true Asiatic cholera, then these cases must have been such: and then they, according to him, happen frequently! He also seems to think there are two types of cholera—one congestive and acid, and the other inflammatory or alkaline! Well, I say the touchstone then is to be able to decide which of them it is. Perhaps "Cyclops" will enlighten his Medical brethren by giving the symptoms of each, as, if they are distinct types, they must have different symptoms. Perhaps the acidity or alkalinity could be decided by test-paper being dipped in the purgings and vomitings. Now, as the rice-water stools are always, when passed, *as cold as ice*, which is, I presume, the congestive form, what may be the state of them in the inflammatory type? as I have never seen any but the one, although in different degrees of intensity. If acid, alkalies will cure, and *vice versâ*. According to him, then, both forms must be recognised before we will be able to really and thoroughly understand cholera. What is cholera? Why, a disease, "*sui generis*," caused by a peculiar idiosyncrasy of the constitution, producing purgings, vomitings, and all the other concomitant symptoms. But what is the cause of cholera? Let us find that out, and not by-and-by, as our learned physiologist says, come to the mud in which we all stick so fast now. Then he says the blood has nothing whatever to do with it, it is a fight between gases and fluids. What causes the purple colour of the body? Is not a great deal of the watery part of the blood eliminated and passed off by both vomiting and purging? If it (cholera) is caused by poisonous gases, why stop the bowels? why not let the gases all be purged off? And as some must remain if the patient gets better, what becomes of that portion? Does it again assume its old form, and become one of the poisonous gases? Since reporting the two cases of cholera, I have had five more, but none so severe, and a good many cases of what I should call choleraic diarrhœa, or a mild form of cholera ("Cholerœa"). In these my treatment has varied; but I have used both the tincture and the chlorodyne, and shall continue to do so. I have not lost one patient as yet. Trusting you will excuse my trespassing so much upon your valuable space.—I am, &c.,

Bishop's Castle, September 2nd, 1865. JNO. WM. LANE, M.D.

P.S.—Please convey to "Cyclops" my best thanks for his explanation of the two cases I reported.

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—At the last meeting of the Committee, it was resolved that the above fund should be definitely closed. Intending subscribers will oblige by forwarding their contributions on or before October, 31st proximo.—I am, &c.,

145 Bishopsgate Without, Sept. 6th, 1865. ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

THE SANITARY STATE OF NAPLES.

(FROM THE CORRESPONDENT OF THE 'TIMES.')

The new town council, as if fully sensible of the negligences of their predecessors, are making most laudable efforts to improve the sanitary conditions of the city. Naples is not yet attacked by cholera, but it is well known to be one of the most vulnerable points in Italy, and it is, therefore, with great satisfaction I report that the "Extraordinary Municipal Administration" is doing all that, under the circumstances, can be done to put the house in order. Indeed, the change that has been effected in a few weeks is so great that neither eye nor nose would recognise this once foul city. The public ways are well swept, the sewers are disinfected, though they still exist with all their latent power; whitewash is being used as extensively as possible, at least, externally; so that cholera, though at a distance, has already done much good. As to some of the measures adopted, the utility or efficacy of them may much be doubted; but the authorities have to contend with a greater evil even than cholera, and that is unenlightened public opinion. Commerce and trade are hampered by quarantine laws and *cordons sanitaires*, though proofs suf-

ficient exist to show that the enemy laughs at such measures, and enters, like the wind, where it listeth. To carry out the intention of the *cordon sanitaire*, the utmost vigilance is exercised on the part of the police to detect any poor mortal who may have crept secretly into the city from any one of the places infected, and when found he is hurried off to the Lazaretto, at the Capo di Posilippo. One day this week 200 fugitives from Ancona, San Severo, and even from Marseilles, were taken off and shut up in provisional hospitals. The malady did not exist among them, but fear existed that the seeds of it might lurk in their persons or in their clothes, and therefore they were isolated. May it not admit of a question, however, whether this congregation of persons together, and this artificial creation of anxiety and inconvenience, may not produce the very calamity which it is desired to avert? Considerable danger might, perhaps, have been inflicted on the city this week by the introduction of five waggons containing about a ton and a half of rags from the infected town of San Severo. They had been purchased by some papermaker in the neighbourhood, and had been despatched to his account. Luckily the authorities got scent of the fact, as they might have done of the rags; orders were issued to burn them, and the waggoners were carried off to the Lazaretto. We have had cases of cholerine here, accompanied by severe cramps, and such cases happen every year, and are unavoidable in a country where the heat of the weather is so great, and fruit, without regard to quantity or quality, forms almost the staff of life for the poorer classes; but I am assured, on Medical authority, that not one case of Asiatic cholera has yet occurred. It still remains on the other side of the Apennines in Ancona, San Severo, Apricena, San Marco, and San Nicandro; in Manduria, in the province of Lecce, and Paterno in the Marches. In all cases where its ravages have been greatest, they may be traced to density of population in confined localities, as in Ancona, and to the extreme filth of the habits of the people, as in San Severo. In this latter place, according to the last reports, the number attacked daily exceeds 100, and the mortality is more than a half; the inhabitants cannot be persuaded to remove the pigs, rabbits, and fowls which are housed together with themselves; and the conquests of cholera, as a consequence, increase from day to day. The descriptions, indeed, which we continually receive of suffering, dirt, and ignorance are most afflicting, and the more so that it is well known that all remedies applied under such circumstances must fail of their efficacy, that cholera will cease only when it is wearied. This gloomy picture, however, has a relief; for suffering has called forth a most fraternal and benevolent feeling throughout Italy, uniting the inhabitants of the most distant localities in one common object. Here in Naples all classes have subscribed, and considerable sums have been collected for the sufferers in Ancona and San Severo. As many as sixteen Medical men left last week for the latter place, and upwards of twenty of the Roman and Venetian exiles have volunteered their services as nurses. In fact, there is a noble rivalry among all sections of the population to help in the hour of need. The Bishop of Ancona, who has been invisible during the existence of the scourge, has, he alleges, been devoting himself to prayer for the good of the souls of his flock. From Sicily we hear that the panic is somewhat less, since cholera has not made its appearance, though the same rigid and unwise precautions are still observed. Messina is now without commerce, her port is empty, and, perhaps, the people may soon learn that they have carried matters a little too far. One wise and just measure, however, they have resolved on in the event of the appearance of the malady, which is to assign a guinea a day (25f. 50c.) to medical men giving their services, a pension to their widows in case they should fall victims, and 2,500f. to each of those who live through the time. Both in Sicily and Naples, however, the extreme ignorance of the people is made only too clear by a very common belief in the administration of poison by the authorities. "Cholera! something in the air, indeed!" said one of the wiseacres to me this week; "'tis something more than that. There is poison thrown about."

Mr. F. J. BURGE, Medical Officer of Health to the Fulham District, in a letter to the 'British Medical Journal' makes the following

REMARKS ON THE RUSSIAN CATTLE-PLAGUE, AS EXHIBITED BY COWS IN THE LONDON COW-SHEDS.

I have had abundant opportunity of seeing cattle affected with the prevalent "plague;" and I have made many *post mortem* examinations.

I believe that the disease is essentially a catarrhal or mucous fever, but *not exclusively an intestinal one;* that a blood-poisoning is coincident with, or *precedes more probably*, the local manifestations of the disease, and that this blood-poisoning makes its *first* impression on the sensorium, as indicated by the peculiar position of the head of the animal, if closely watched before the mucous symptoms show themselves; that this primary cerebral influence may be first exercised on the function of digestion, causing loss of appetite, &c., but that its influence is soon extended to the other mucous membranes as well as to that of the stomach. The surfaces of the eye, mouth, and nostrils, become pinkish-white, and covered with excessive and unnatural secretions; the expression listless and stupid; in fact, the then cerebral complication is manifest; for the animal will, in the first stages of the disease, blunder even against a stone wall, as if unconscious of its presence. The vital powers seemed stunned; the prostration and debility being marked from the first onset of the morbid influence. The mucous membrane of the mouth, fauces, and stomach, I think, are affected pathologically, subsequently to that of the eye; and, lastly, that of the intestinal canal proper. The morbific influence then attacks the urinary organs. The vagina of the cow shows similar appearances to those of the eye. It is of a pale pink, studded, like that organ, with reddish patches, but not ulcerated; the diffused redness appearing rather in the submucous tissues, as if from infiltration.

The mucous membrane of the mouth is somewhat similar in appearance, modified, of course, by its coarser structure here. Underneath the lips are found the same peculiarities as in the eye and vagina, though much more marked, and the mucous follicles very prominent. The fauces, in some instances, are intensely reddened; though, in others, I have found them pale and pinkish.

The general condition of the skin is undisputed, hot and feverish in some stages, cold and unnaturally bloodless in others. The staring of the coat is universal. The moaning grunt, which is so constantly heard, is special and peculiar. Unlike that of pleuropneumonia, the result of defective respiration, the symptom here is more prolonged, and carries with it an expression of pain and suffering. If the attack be severe, and particularly just before death, the animal, if there be a rail to rest its mouth against, will, during the expiratory grunt, assume the position of the horse in crib-biting.

The appetite at last entirely fails; the debility and prostration become excessive; diarrhœa prevails. The animal, in an effort to lie down, drops suddenly on the ground; and, in endeavouring to rise, will stick its horns firmly in the manger or against the partition of the stall to assist in doing so. Twitchings of the muscles precede death. I have only seen the emphysematous condition of the cellular tissue of the neck and shoulders marked in two or three instances.

The evidences on dissection are not dissimilar, as far as the patent mucous surfaces are concerned, from those discoverable during life. The back parts of the tongue and fauces are variously red or pink, and always covered with slimy mucus. The trachea and bronchial tubes are filled with froth; and the lining membrane is covered with a thick plastic yellow lymph in flakes, but with no apparent ulceration. The substance of the lungs is generally healthy, though in some instances highly emphysematous.

The lining membrane of the various stomachs shows more or less evidences of implication in the disease; but, in the fourth stomach, these become more decisive, and gradually increase in intensity to the termination of the small intestines. On opening these throughout their length, the mucous surface is found covered with a thick slimy secretion; and, on passing the opened bowel between the thumb and finger, a thick ridge of it will be collected, of the size of the former, in a distance of a few inches along the gut. On examination of the softened mucous membrane itself, I have found *no ulceration;* but, in almost all the instances I have seen, there have been unnatural, *highly congested,* thick, corrugated longitudinal folds of mucous membrane traversing the whole length of the small intestines. Peyer's patches have been usually less visible than natural. Sometimes I have observed, apparently, an enlarged glandular body containing opaque matter with a black spot in the centre, and of tubercular form; but this appearance I believe to be due merely to a chronic enlargement of a solitary gland. The abnormal conditions diminish or cease in the large bowels. The liver, spleen, and kidneys have generally been healthy, though the uriniferous tubes show that they are involved in the mucous malady.

I have not examined the brain and spinal marrow, but am disposed to think that a kind of cerebro-spinal meningitis coexists.

The blood is fluid; *the flesh is of a peculiarly dark colour* after death.

THE TYPHUS HARVEST.

Dr. HORACE JEAFFRESON of the London Fever Hospital writes in the 'Times,' to the following effect:—

"The season will soon be here when the numerous labourers who have been employed during the summer and autumn months in harvesting and other out-door occupations will flock back to London. This year, as in the three former ones, they will come to typhus-infected localities, and, by adding still further to their overcrowded state, both increase the cause of disease and themselves fall victims to it. During the summer months there has been an appreciable reduction in the amount of typhus in some parts of London. Already this abatement is passing off, and the coming winter threatens to be a mortal one to the London poor. It is with a view to give the medical officers of health, and those interested in the state of the poor, a knowledge of the chief centres of infection that I now write. In ordinary language, "an epidemic" of typhus is said to exist, and truly it does so; for while in the year 1860 only 391 patients were received into this hospital, the average annual admissions for the last three years have been 2,800. During the present year 2,200 have already been admitted. Such pressure taxes the resources of the charity to their utmost. I agree in the main with the remarks of your correspondent 'S. G. O.,' that the germs of the zymotic diseases are almost constantly present among us, but only show their activity when allowed to accumulate beyond a certain point, under circumstances favourable for their work. We are only at liberty to rest content with the theory of mysterious atmospheric causation when these attendant circumstances have been eliminated. I feel convinced that the statistics given below will tend to clear up much of the mystery in relation to typhus, which, more than any other disease, commits its really fearful ravages aided by the supineness of man. I use the words 'fearful ravages' advisedly, and, after being made acquainted with the following facts, I do not think that any of your readers will accuse me of exaggeration. During the great prevalence of typhus, since the commencement of 1862, 1,334 persons have died of that disease at the London Fever Hospital alone. I have made a calculation, which shows that during the same period at least 440 deaths from typhus have occurred at those general hospitals which admit a certain number of such cases. To these two items must be added the deaths that have resulted from typhus at the homes of the sick, and at those workhouses where the fever has been treated. These at a moderate computation would swell the amount to about 2,300 deaths. At the known rate of mortality this number of fatal cases would represent 16,100 persons attacked by typhus. It is idle to scare the community with accounts of cholera on the shores of the Mediterranean while a pestilence nearly as fatal commits its ravages almost unheeded at our very doors. The old adage concerning the "bird in the hand" is reversed. Still, by all means, let us prepare for cholera, for the steps taken to cleanse, ventilate, and supply water to the *typhus* nests of the *present* will effectually lessen the number of *cholera* nests of the *future.* The two birds will be killed with one stone. It is far from being a characteristeristic of the English to be indifferent to human disease and death, even when affecting the poor. I can, therefore only explain the fact that for more than three years a virulent fever should have been killing the labouring and some of the artisan class of London by the thousand, and yet the Legislature has directed no investigation into its causes and favourite haunts, by supposing a general ignorance to prevail on the subject."

Dr. Robert Fowler, the District Medical Officer of the East London Union thus confirms the above statement:—"Last July I reported to the Board the occurrence of about twenty cases of different forms of fever which were rife in and about Rose alley. At this period there was no public receptacle in the alley for the refuse of a dozen houses, each containing about half-a-dozen families. The ashes, garbage, &c., were collected in little decomposing heaps opposite the respective doorways, while two casks, placed as substitutes for dustbins, were used as rolling stock by the juvenile inhabitants. In one house, the manufactory of more than half-a-dozen cases of fever, there had been no water supply for six weeks, owing to the breakage of the supply pipe. Another fever-generating element, undiscovered at the time among the multiplicity of stinks, at length gave palpable evidence of its existence by oozing out under the wooden partition separating the building of the new police-station from the alley. The workmen here employed had improvised a non-hermetically sealed closet, without the precaution of pouring upon the contents thereof some of the disinfecting lime they were there and then so abundantly using. This is now at an end. Although the court is not yet free from fever, there is every probability of its soon becoming so. Many of the occupiers are at present away "hopping." The property has lately changed hands. The new landlord is endeavouring, by repainting, limewhiting, and effecting other sanitary requirements, to render the rooms habitable by a better class of tenantry. This leads me to remark that I am perfectly cognizant of the immense difficulties attendant upon the efforts of sanitary officers in the complete frustration of their measures by the wilfulness or ignorance of the lower class poor. To remedy the latter of these distracting causes in the future is the lesson to be acquired by our reforming educationists. In affording eleemosynary instruction, more especially to the girls of our poor, it seems to have been forgotten that these children will hereafter be the wives and mothers of our labouring population. So to educate or draw out the faculties of these little ones as to fit them in every respect for the position that most of them are in their womanhood likely to fill would, in my humble opinion, be the best and most efficient corrective of those various evils which in the present day are attracting the attention of our sanitary and social reformers. To prevent or correct the destructive wilfulness or ignorance of the present adult generation of the class I am alluding to is, I believe, too Herculean a task. My now more than twenty years' experience of the poor compels me to confess that these unfortunate habits of theirs must, I fear, be met by a thorough cleansing of the Augean stable. A more complete, a more frequent, a more compulsory carrying out of the measures indicated among these hotbeds of contagion is essentially needed, unless we wish to make a frequent endemic of our home-plague typhus, or to render ourselves an easy prey to the approaching cholera epidemic."

SCIENTIFIC ARTICLES.

Dr. BEALE, in a lecture "On Inflammation," published in the 'Medical Times and Gazette,' offers the following theory on the subject of contagion:—

CONTAGION—THE PASSAGE OF GERMINAL OR LIVING MATTER FROM ONE ORGANISM TO ANOTHER.

Although the subject of *contagion* may seem to have little connection with inflammation, I find that the consideration of the properties of living pus leads me into the discussion of the nature of contagious diseases, and I shall therefore venture to offer some remarks upon this most interesting subject.

Of the Vitality of Pus.—The vitality of the germinal matter of pus is exceedingly great. Pus multiplies very rapidly, and certain forms may be carried from one living organism to another without being destroyed—without losing their vitality. It is most interesting to notice that the faster pus grows the more varied the conditions under which its life may still be carried on. Certain conditions which would have destroyed the life of the germinal matter of an epithelial cell may not destroy that of a pus corpuscle; the pus corpuscle may indeed flourish under conditions which would render the existence of the germinal matter of a normal cell quite impossible; and this power of existing under various conditions seems to increase as the multiplication of the mass of the germinal matter of the pus corpuscle proceeds. The capacity for living and growing under a variety of different conditions may proceed to such an extent, that germinal matter originating in the organism of an animal may grow and multiply in that of man, and *vice versa*. And we know that certain contagious diseases originating in animals may pass to man, and it is not improbable that some of these emanating from the human subject may be communicated to animals.

As I have stated before, this power of living is so remarkable that the pus corpuscles, or portions of the pus corpuscles, may be transmitted through the air without loss of vitality. It is in this way may be explained, I think, certain phenomena known in connection with the propagation of purulent ophthalmia and other diseases in which pus is carried from one person to another. The pus corpuscles, produced on the surface of the conjunctiva, or, rather, the minute offsets from them, may be transported through the air, or by clothes, &c., and, coming into actual contact with a conjunctiva properly prepared by morbid processes for the supply of nutrient matter to these corpuscles, they grow and multiply. In this way pus corpuscles, or portions of pus corpuscles, perhaps not the fifty thousandth or the hundred thousandth part of an inch in diameter, may be transferred from one organism to another. Allied facts may be observed with reference to the propagation of gonorrhœal pus; and I venture to infer that the poison of syphilis is really germinal matter, which passes in a living state from the infected to the sound organism, and grows and multiplies in it. Many of the highly important facts recently discovered by Prof. Boeck support this view.

Certain living particles which have directly descended from the living or germinal matter of the tissue or fluids of an unhealthy organism may be transmitted in a living state to a healthy organism, and, being there supplied with proper pabulum, grow and give rise to the production of new particles like themselves; and although the nutrient material may be somewhat different, yet they grow and multiply, as they are capable of living under a variety of different conditions. The action of vaccine lymph is, I think, due to the growth and multiplication in the vaccinated person of living particles which existed in the lymph taken from the vaccine vesicle. Nor is there good reason for denying the possibility of such living particles retaining their life when imperfectly dried, since we have the striking fact that many of the lower organisms retain their life although desiccation has been carried to a very considerable extent. We know that complete desiccation cannot occur without producing the death of any living particles; but comparative desiccation may actually occur, and the small amount of living matter remaining may be sufficient to induce the changes with which we are familiar. (*a*)

The Nature of the Poison of Contagious Fevers.—I think the above general views may be extended to fevers, which, I believe, are due to the passage from one body to another of living particles. These living particles consist of germinal matter, and have descended from the germinal matter of the organism itself. Many have attributed diseases of this class to the introduction into the body of a very low form of vegetable organism. But it is very doubtful if the growth and multiplication of vegetable germs can proceed in the circulating fluids of a living body without causing death in a very short time; for the conditions favourable to their existence of multiplication are incompatible with the life of the germinal matter of the higher tissues. The germination and multiplication of very low vegetable or animal organisms in man and the higher animals are an indication not only that the death of the tissue has taken place, but that it is passing into a state of decomposition. It is true that bacteria have been detected in the blood of patients during life, but hitherto only in cases shortly before death, at a time when the blood in which they grew and multiplied was no longer fit for nourishing the tissues, and was itself passing into decomposition. Millions of bacteria exist in the softened outer portions of the fibrinous clot of an aneurismal sac, and, therefore, in such close proximity to the blood, that it is almost certain that, from time to time, some pass into the current of the circulation; but if this were the case they would be destroyed or else so altered that they would cease to multiply. For, before multiplication could take place, changes must have occurred in the composition of the blood, which would render it incapable of supporting the life of its owner.

Many of these contagious maladies have been regarded as different species of "foul air" diseases. They are commonly termed *zymotic* or *fermenting diseases;* but no one has shown that these poisons originate in air, or that they really are of vegetable origin. Nor is it probable that they are a species of animal—a sort of parasite, as some have supposed. Nor, is there good reason to believe, would such poisons have ever arisen if man had known the exact conditions necessary to ensure a healthy state of existence. Man has produced these pests himself by establishing, without due care, artificial conditions of existence in which overcrowding, dirt, and terribly diminished supply of air, play no unimportant part. Nor let us conclude too hastily that these are *necessary* visitations. The results of scientific observation and practical experience tend to show that such scourges are preventible. Not only so, but there is much to convince us that many of these diseases are not only fostered and propagated, but actually caused, in the first instance, by ignorance, obstinacy, and indolence in domestic management.

The above considerations seem to me to lead to the conclusion that the *mataries morbi* concerned in the propagation of various contagious diseases is not a low form of animal or vegetable organism, but germinal matter which was originally derived from that which exists normally in the higher organisms. The living germinal matter forming the *materies morbi* of contagious diseases bears somewhat the same relation to the normal germinal matter of the blood, lymph, or tissues, that a pus corpuscle does. Like pus, it results from the too rapid growth of the germinal matter. It is much to be regretted that the question cannot be definitely put to the test of experiment, but it will be admitted by all that the conditions which are favourable to the propagation of these contagious diseases are the very conditions which we should imagine to be favourable to the maintenance of the vitality of such masses of living matter as are supposed to be the active agents. If it were possible to produce this class of diseases in frogs or newts, I would almost undertake to make out the nature of the morbific agent as well as the

(*a*) Many of the observations in the following paragraphs have been added since the lecture was delivered.

changes which take place during the course of the disease; but as our operations are necessarily limited to man and the higher animals, in which minute investigation is remarkably difficult, much that I shall say will be but conjecture, although my conclusions are supported by many considerations.

It is not to be supposed that any one unacquainted with physiology would believe that a terrible and fatal malady could arise from the introduction into the body of a minute germ weighing less than the 1,000,000th of a grain; but to those familiar with *vital* phenomena many facts will at once occur which afford considerable support to such a doctrine. The multiplication of bacteria and low animal and vegetable organisms, so very minute and transparent that they are scarcely visible even under a power magnifying 3,000 diameters,—the subdivision of pus and mucus corpuscles which may be *seen* under the microscope,—not to mention the wonderful powers residing in the infinitesimal amount of matter constituting the spermatozoon, are facts which must at once destroy the validity of objections grounded upon the minuteness of the particles of living matter supposed to be the active agents.

The origin, formation, transmission, and effects of the different contagious poisons which affect man and animals will no doubt indeed, be regarded as *mysterious* and *inexplicable* by those who support the dogma that living things, like lifeless ones, are influenced by physics and chemistry only. But those who study the phenomena of living beings from a more general point of view will see that these phenomena fall into the same category as many other actions and changes peculiar to living beings. By attentively studying effects we may reasonably hope to learn something of the nature of the forces concerned in their production; but if we adopt the arbitrary dictum that all the phenomena of living things are due to physical and chemical changes only, we shall not be likely to progress very far in such an inquiry as the present one.

The Vitality of the Poison of Contagious Diseases.—The fact of the poison of contagious diseases retaining its activity for some time after it has been detached from the organism in which it was produced is not, as would at first, perhaps, appear, opposed to the view that this poison is living germinal matter, directly descended from normal germinal matter; for certain kinds even of normal germinal matter retain their vitality for some time after they have been removed from the organism in which they were produced. I have demonstrated that the cells of the liver and other epithelial cells retain their vitality after they have been transferred to a glass slide, and a piece of skin and some other tissues may be detached, and their temperature very much reduced, without destroying their life; for if they be replaced in their proper position, they reabsorb nutrient material and again become an integral part of the organism from which they have been removed; proving that the masses of germinal matter retained their vitality during the whole time they were separated—or they may even be removed from one organism and made to grow upon another organism of the same kind. As is well known, parts of the body may be exposed to extreme cold for a considerable time, so that sensation is destroyed and the circulation stagnates, without the death of the germinal matter of the tissues taking place; and as is well known, the death of many textures of the body does not occur until many hours after the cessation of the heart's action and respiration.

But there is still a stronger argument. We have the positive fact that pus will live for a considerable time in urine, and therefore we are quite justified in assuming that other kinds of germinal matter allied to pus, and capable of living under a still greater variety of conditions than pus, would retain their vitality in urine, fæces, and other excretions, as numerous facts establish is the case with regard to some forms of contagious matter. As we have positive evidence that minute particles of pus may pass through the air, or remain on sponges, clothes, etc., for many hours without their vitality being destroyed, is it not reasonable to assume that the living matter of contagious diseases, supposing it to be allied to pus, should retain its vitality under the same or under yet more adverse conditions? Does not this view receive confirmation from our experience with regard to the conditions which are favourable to the propagation of contagious fevers? A warm, moist atmosphere, small close rooms, with curtains, carpets, and plenty of clothes, rags, etc., so arranged as to cause air to be pent up in confined spaces with very slow interchange,—are the circumstances which favour the spread of contagion; and a disposition to prevent currents of air from finding their way into every part or into any part of an apartment is a mental characteristic of many of those who are too often sufferers from the worst forms of contagious diseases; while has not experience taught us that the converse of all this almost certainly prevents the spread of contagion, destroys the active material, or renders its assaults perfectly harmless? And would not free change of air, washing, frequently shaking of clothes, extreme cold, dryness, or a very high temperature be likely to destroy the vitality of such particles of living matter as I suppose to be the active agents in the propagation of contagious disease?

It is not probable that the particles of germinal matter grow and multiply when removed from the living body. Multiplication could not take place as they are passing through the air; nor is it likely that their process could occur in particles attached to dry clothes. But the question whether such particles may grow and multiply in moist substances, as in excrementitious matters, remains open. It would be most interesting if pus or any allied form of germinal matter could be caused to multiply artificially, and the fact would doubtless excite much highly valuable speculation; but at present the experiments instituted for the purpose of determining this question have not afforded satisfactory results. No doubt multitudes of the germs of many contagious diseases are very frequently coming in contact with us; but, instead of multiplying at the expense of our nutrient juices, they die and become harmless. But, as is well known, there are conditions of the system which are favourable to the growth and multiplication of such disease-producing germs, and it is for us to ascertain exactly what these conditions are. There is much more hope that we may learn how men may be enabled to resist contagion or be protected from its influence, than that we shall ever be able either to extirpate the contagious poison or even to confine it within a certain area. Moreover, the circumstances adverted to in this paper render it almost certain that if every disease-producing germ in existence could be destroyed at once, new ones—perhaps not of the same nature as those now existing, but very closely allied to them—would be generated. Although a state of society in which such care would be taken of the public health as would entirely prevent the production of disease-producing germs is theoretically conceivable, it is practically impossible that such a state could be established in the present condition of the civilised world.

MEDICAL NEWS.

REMEDY FOR HYDROPHOBIA.—'The Messager de Provence' promulgates the following remedy for hydrophobia, which may not be perfectly new, but is at least remarkable for extreme simplicity. In the year 900 of the Christian era a mad bear, rushing along the banks of the Saône, was attacked by a number of watermen, about twenty of whom were more or less severely bitten. Six of these men became affected with hydrophobia and were smothered; the remaining fourteen, who leaped into the river and swam across, escaped scatheless, having been saved by contact with the water. The anonymous author of this story, comparing the virus of vaccine with that of rabies, contends that if the punctures of vaccine are immediately washed with fair water, no effects are perceptible from the operation; and that if the bite inflicted by a rabid animal is also at once washed with cold water, no further consequences need be apprehended from the injury. It remains to be seen whether this is a legitimate comparison, and whether it is an ascertained fact that

lotions of cold water have the power of neutralising the effects of vaccination.—'Journal of Practical Medicine and Surgery.'

IT is stated, in a letter from Washington, that the Secretary of State for War reports that 325,000 Federal soldiers died during the late war of disease or of wounds received in battle. 1,100,000 men were wounded, the total number of casualties being 1,425,000. It is probable that the losses of the Confederates will swell the figures to two millions and a half.

OVARIOTOMY.—At a recent meeting of the Institute, a paper by Dr. Keberle, on ovariotomy, was presented by Mr. Rayer. The paper contains the particulars of the extirpation of an ovarian cyst, weighing 60 lbs. The patient has now quite recovered from the effects of this formidable operation.

NEW MODE OF TREATMENT FOR STRABISMUS.—Dr. Tavignot, of Paris, proposes a new mode of treatment for strabismus. He remarks that the deformity has hitherto always been attributed to the contraction of one of the muscles of the eyeball, and that division of its fibres was the remedy naturally suggested by this condition. He attempts, however, to show that the defect would be equally corrected, if the muscles of the opposite eye, supposed to be in a healthy state, but which he conceives to be relaxed, could by any means be shortened, and he accordingly proposes cauterisation of the muscular fibres by means of electricity. He describes the operative procedure, and adduces in support of his views several instances of success.—'Journal of Practical Medicine and Surgery.'

Dr. DANCEL remarks that mothers, while nursing their infants, eat very little more solid food than in their ordinary state, but that they drink much more. When a cow is in calf, and yields little or no milk, it seldom drinks more than fifteen or twenty litres of water per day; but as soon as it has calved, it will drink from thirty to fifty litres a day, and the supply of milk is always proportionate to the quantity of water it has taken, the amount of its solid food remaining the same. Hence the author concludes that water is essential to the formation of milk, a fact hitherto unnoticed by experimentalists, although they have tested the value of a large number of substances supposed to increase the yield of milk.—'Journal of Practical Medicine and Surgery.'

MURDERS.—The statistics of murder in England do not give sign of the decline of this greatest of crimes. The number of convictions for murder was but 153 in the ten years 1822-31; it advanced to 172 in the ten years 1832-41, to 179 in the ten years 1842-51, and to 183 in the ten years 1853-61; it rose to 28 in 1862. 29 in 1864, the last three years averaging 30 each, or double the average 40 years ago. The executions for mnrder were 132 in the the years 1822-31, 103 in the ten years 1832-41, 106 inthe ten years 1842-51, 184 in the ten years 1852-61, 15 in 1862 (one committed suicide), 22 in 1853, 19 in 1064. The verdicts of murder found by coroners' juries averaged 209 a year in the six years 1856-61; they were 221 in 1862, 270 in 1863, 246 in 1864 The great majority of these inquests were upon infants, whose first year of life is also their last.

THE CATTLE DISEASE.—The following letter, relating to the conveyance of diseased cattle, has been addressed to the Traffic Manager of the London and South-Western Railway by the Clerk of the Council.—"Privy Council-office, Whitehall, Aug. 30. "Sir,—In my letter to you of the 19th inst. I mentioned that a case was being prepared, to be submitted to the Law Officers of the Crown, asking this question.—'Whether the knowingly bringing of cattle suffering under an infectious disease on a railway, so as to bring them in contact with other cattle, is an offence at common law?' The Law Officers have given as their opinion,—'That a person who knowingly puts cattle suffering from an infectious disease upon a railway, so as to bring them into contact with other cattle, and thus propagate the disease, is guilty of an offence at common law.' The Lords of the Council, however, thought it right, in the general clause, No. 8, in their last Order (which oas been transmitted to your Board) respecting the conveyance of any animal labouring under the disease commonly known as the cattle plague, to declare that it shall not be lawful to send or carry by any railway any such animal. The advantage of this clause in the Order is that a summary proceeding may for a breach of its provisions be adopted without necessarily having recourse to the expensive and often tedious process of an indictment. The more severe punishment which the latter course might involve may probably be reserved for those cases where the offence is of an aggravated nature.—I am, Sir, your obedient servant, ARTHUR HELPS."

THE CHINESE GIANT.—This tall gentleman, by name Chang-Woo-Gow, had "a reception" last week, at the Manor-house, Newington, which was kindly placed at his disposal by Mr. R. Whitfield. In his suite there are Mr. Marquis Chisholm, acting aide-de-camp, Chang's wife, and female attendant, two other Chinamen, and Chung Mou, or rebel boy—a dwarf. Although only nineteen years of age he is seven feet eight inches in height. He is good looking for a Chinaman, and possesses the air of dignity so remarkable in his countrymen, if placed in anything like favourable circumstances. He wears the handsomely embroidered dress of a mandarin. He "chin-chined" his visitors like a king, and constantly fanned himself like a Chinaman. The Chinese use of the fan is worth learning; it is, at the same time, graceful and useful. The contrast to Chang is a rebel boy—Chung Mou—who is thirty years of age, and only three feet high. He is not a very attractive specimen of humanity. Chang's wife is nineteen years of age. She has the simple, placid, insincere countenance of the ordinary Chinese woman. Her feet are of the small, distorted sort—some of the China women, in the north, have the smallest and most perfectly formed natural feet in the world, say at Shanghai or Ningpo, or anywhere between or adjacent. It is true that their faces and figures are the opposite of good, but they are gentle, simple, harmless creatures, with very smooth skins and elaborately got up hair. In this little show of six Chinese there are also the *quasi* maid of the *quasi* Mrs. Chang. The maid is a needlessly ugly woman. There are likewise two Chinamen on the establishment—one is Kwan Tung, a comprador, *i.e.* a sort of house steward, manager, or factor. The other is a shroff. His name is Ah Sook, and he speaks some "pigeon" English. Chang has brought his own coffin with him, and he has made a contract with Mr. Chisholm to the following effect—that "in case of my dying in a foreign country, which 'Jos' will or will not decree, I shall not complain if Mr. Chisholm will send my body properly embalmed to my parents at Fychow," properly spelt and pronounced Hwy-Chow. Chang proposes to go through England, France, and America, and return to China within a year. The 'Lancet' adds to the above account:—Chang Woo-Gow, or Mr. Chang, is a very finely made man, aged nineteen years, and standing seven feet eight inches in height in his Chinese boots. His countenance is remarkably intelligent and mild, and possesses all the ordinary characteristics of the Mongolian type, his hair being shaved from the forehead and gathered in a tail behind. Although of great height, the giant's hands and feet are not nearly as large as are frequently seen amongst men of ordinary stature; and his limbs, though fairly developed, appear yet to have hardly attained their full size. He is said to weigh twenty stone. Mr. Chang is of good family, and both a gentleman and a scholar, occupying himself constantly in literary pursuits. He comes of a gigantic race, for his father and grandfather were of the same height as himself. He has a brother in the Imperial army, who measures seven feet two inches, but weighs a hundred pounds more—being older and more developed—than Chang himself. He has a sister who is six feet in height, and had another (who died last year) who was ten inches taller than himself! She—to use the poetical simile of the Flowery Land—"grew up into heaven."

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, SEPT. 13.—Operations at Middlesex Hospital, 1 p.m. St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, SEPT. 14.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Orthopædic Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, SEPT. 15.—Operations at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, SEPT. 16.—Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

MONDAY, SEPT. 18.—Operations at St. Mark's Hospital for Fistula, &c.

other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, SEPT. 19.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Report on the Physiological Action of Nitrite of Amyl. By B. W. Richardson, M.A., M.D., &c.

An Inquiry into the Possibility of restoring the Life of Warm-Blooded Animals in Certain Cases where the Respiration, the Circulation, and the Ordinary Manifestations of Organic Motion are Exhausted or have Ceased. By B. W. Richardson, M.A., M.D.

London Vestries and their Sanitary Work. By W. Rendle.

The Climate of San Remo as adapted to Invalids. By H. Daubeny, M.D., &c. London: Longman and Co.

Discussion on the Merits of Thorley's Condiment.

Hammond, Dr., on Venereal Diseases.

A Practical Treatise on Rupture: Its Couses, Management, and Cure. By T. P. Salt. London: John Churchill and Sons, New Burlington street.

On the Treatment of Enlarged Tonsils at any Period of Life without the Operation of Excision. By W. J. Smith, M B. London: R. Hardwicke, 192 Piccadilly.

Photographs of Eminent Medical Men of All Countries. By T. H. Barker, M.D., and E. Edwards, B.A. London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

* It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand. In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross post-office.

OWING to the length of our Report of the Proceedings of the British Association, several Reviews of Books, Letters, Notices to Correspondents, &c., &c., are unavoidably postponed.

DR. M.—The charge varies in different localities, and must, in some measure, depend upon the circumstances of the patient.

ASPIRANT.—The thorn-apple and henbane both possess the power of dilating the pupil, as well as belladonna. All these plants owe their efficacy to the presence in each of a peculiar alkaloid.

A. Z.—The principles of the sect described are so elastic that it is difficult to ascertain what they really are.

BOTANIST.—There is some reason for believing that chlorophyll and starch are the same subject.

The London Hospital Medical

COLLEGE.—The next WINTER SESSION will commence on Monday, October 2nd, 1865, when the Introductory Lecture will be delivered by Mr. RIVINGTON, at 3 p.m.

General fee to Lectures and Hospital Practice, 84 guineas, payable in two instalments of 42 guineas each, at the commencement of the first two Winter Sessions of attendance.

Perpetual fee to the Lectures alone, 50*l*.

Students can make special entries to Lectures or Hospital Practice.

MEDICAL OFFICERS.

Consulting Surgeon—Mr. Luke.
Physicians—Dr. Fraser, Dr. Davies, Dr. Parker.
Surgeons—Mr, Adams, Mr. Curling, Mr. Hutchinson.
Assistant Physicians—Dr. Andrew Clark, Dr. Ramskill, Dr. Down, Dr. Hughlings Jackson.
Assistant-Surgeons—Mr. Maunder, Mr. Couper, Mr. Little, Mr. Rivington.
Obstetric Physician—Dr. Head.
Assistant Obstetric Physician—Dr. Palfrey.
Dental Surgeon—Mr. Barrett.

LECTURES AT THE LONDON HOSPITAL MEDICAL AND SURGICAL COLLEGE.

Medicine—Dr. Herbert Davies, Dr. Andrew Clark, and Dr. Ramskill.
Surgery—Mr. Hutchinson.
Descriptive and Surgical Anatomy—Mr. Adams and Mr. Little.
Physiology, General and Morbid Anatomy, and Practical Histology—Mr. Couper and Dr. Hughlings Jackson.
Practical Anatomy—Mr. Little and Mr. Rivington.
Chemistry and Practical Chemistry—Dr. Letheby.
Anatomy and Pathology of the Teeth and Dental Surgery—Mr. Barrett.
Midwifery and Diseases of Women and Children—Dr. Ramsbotham.
Forensic Medicine—Dr. Ramsbotham and Mr. Rodgers.
Materia Medica and General Therapeutics—Dr. Down.
Ophthalmic Surgery—Mr. Hutchinson.
Botany—Dr. Dresser.
Comparative Anatomy—Mr. Rivington.
Special Operative Surgery—Mr. Maunder.

The London Hospital contains 415 beds, and receives an average of more than 4,000 in-patients annually.

The Appointments of Dresser, House-Surgeon, Resident Medical Officer, Assistant-Medical Officer, Resident Obstetric Assistant, &c. &c., are open to the Students without further fee, and include residence and partial board.

Two Scholarships, the Duckworth Nelson Prize, and two Gold Medals will be awarded by competition during the ensuing Session.

Further particulars can be had on application to Mr. Hutchinson, Hon. Sec., 4 Finsbury circus, E.C., or at the College.

Michaelmas-end, August 15th, 1865.

St. Bartholomew's Hospital and

MEDICAL COLLEGE.—The WINTER SESSION will COMMENCE Oct. 2, with an Introductory Address by Dr. Andrew, at 5 o'clock p.m.

LECTURES.

Medicine—Dr. Black.
Clinical Medicine—Dr. Farre, Dr. Black, Dr. Martin.
Surgery—Mr. Paget, Mr. Coote.
Clinical Surgery—Mr. Skey, Mr. Paget, Mr. Coote, Mr Holden.
Descriptive Anatomy—Mr. Holden, Mr. Callender.
Physiology and General Anatomy—Mr. Savory.
Chemistry—Dr. Odling.
Demonstrator of Morbid Anatomy—Dr. Andrew.
Demonstrator of Anatomy—Mr. Smith, Mr. Baker.
Assistant-Demonstrators—Mr. Vernon, Mr. Langton
Tutors—Dr. Duckworth, Mr. Baker, Mr. Shepard.

SUMMER SESSION, Commencing May, 1866.

Materia Medica—Dr. Farre.
Botany—Dr. Harris.
Forensic Medicine—Dr. Edwards.
Midwifery—Dr. Greenhalgh.
Comparative Anatomy—Mr. Callender
Practical Chemistry—Dr. Odling.
Microscopic Demonstrations—Mr. Savory.

The Clinical Practice of the Hospital comprises a Service of 650 beds: of these 227 are allotted to the medical cases, 20 to the diseases of women, 332 to the surgical and ophthalmic cases, and 81 to the syphilitic.

In the year 1864, relief was afforded to 6,000 in-patients, including more than 550 children under 10 years of age.

Collegiate Establishment.—Warden: Mr. Willet. Students can reside within the Hospital walls, subject to the collegiate regulations. Some of the teachers connected with the Hospital also receive students to reside with them.

Seven Scholarships, varying in value from 20*l*. to 50*l*., are awarded annually. Further information respecting these and other details may be obtained from Mr. Savory, Mr. Callender, or any of the medical or surgical officers or lecturers, or at the Anatomical Museum or Library.

St. Mary's Hospital Medical School.

The WINTER SESSION 1865-66 will commence on Monday, Oct. 2nd, at 8 o'clock P.M., with an Introductory Address by Dr. HANDFIELD JONES, F.R.S.

At this Hospital the Medical Appointments, including five House-Surgeoncies, the annual value of which exceeds as many Scholarships of 50*l* each, and a resident Registrarship at 100*l*. a year, are open to the pupils without additional fee To enter, obtain prospectus, and for other information, apply to any of the Medical Officers and Lecturers, or to

ERNEST HART, Dean of the School.

Westminster Hospital School of

MEDICINE. The Introductory Address of the Session 1865-66, will be delivered in the Lecture Theatre, by Mr. BARNARD HOLT. F.R.C.S., on Monday, the 2nd of October, at 8 P.M. After the Address, a Conversazione will be held in the Board-room of the Hospital. The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament. A.D. 1836. It contains 200 beds, and affords relief to about 28,000 out-patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Anstie, Dr. Gibb, Dr. Willis.
Physician Accoucheur—Dr. Frederic Bird.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr. Hillman, Mr. Power, Mr. Heath.
Surgeon-Dentist—Mr. Walker.

LECTURES.—WINTER SESSION.

Descriptive and Surgical Anatomy—Mr. Christopher Heath.
Practical Anatomy—Mr. W. F. Teevan.
Physiology and Physiological Anatomy—Mr. Power.
Chemistry—Mr. A. Dupre, Ph.D.
Medicine—Dr. Basham.
Surgery—Mr. Holthouse,
Dental Surgery—Mr. Walker.

SUMMER SESSION.

Botany—Mr. Syme, F.L.S.
Materia Medica and Therapeutics—Dr. Anstie.
Forensic Medicine—Dr. Gibb and Dr. Willis.
Midwifery—Dr. Frederic Bird.
Practical Chemistry—Mr. A. Dupre, Ph.D.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.

Clinical Lectures will be deliveved weekly during the Winter and Summer Sessions by the Physicians and Surgeons.

PRIZE APPOINTMENTS AND PRIZES.

The offices of House-Physician and House-Surgeon are open to competition amongst gentlemen who have been educated at the Hospital, and who are qualified to practise under the Medical Registration Act. The House-Physician and House-Surgeon are not only appointed without the payment of any fee, but they are provided with board and lodging in the Hospital free of expense.

The Assistant House-Surgeon is appointed without fee from among the senior students by examination, and is provided with commons at the Hospital table.

Clinical Clerks and Dressers are selected from the most qualified students without additional fee.

The entire course of study (including Hospital Practice and Lectures) required by the Colleges of Physicians and Surgeons and the Society of Apothecaries may be attended on payment of 75 guineas, in three instalments. Perpetual, 80 guineas. Further information may be obtained on application to Mr. Power, 3 Grosvenor terrace, Pimlico, or to any of the Lecturers at the Hospital.

Sydenham College Medical School,

SUMMER LANE, BIRMINGHAM (opposite the General Hospital).—The WINTER SESSION will commence on TUESDAY, the 3rd day of OCTOBER, 1865. The Lectures in the various departments will be as follows:—Anatomy and Physiology—Robert C. R. Jordan, M.D., and T. H. Bartleet, M.B.

Anatomy, Descriptive and Surgical—Furneaux Jordan, M.R.C.S., Surgeon to the Queen's Hospital.

Anatomical Demonstrations—Frowd Jones, M.R.C.S.

Principles and Practice of Medicine—James Russell, M.D., M.R.C.P., Physician to the General Hospital.

Principles and Practice of Surgery—Alfred Baker, F.R.C.S., David Bolton, F.R.C.S., Surgeons to the General Hospital.

Surgical Pathology—Oliver Pemberton, M.R.C.S., Surgeon to the General Hospital.

Dental Physiology and Surgery—Thomas Howkins, M.R.C.S., Surgeon-Dentist to the Children's Hospital.

Chemistry—Alfred Hill, M.D., F.C.S., Analyst to the Borough of Birmingham.

SUMMER SESSION.

Midwifery and the Diseases of Women and Children—Francis Elkington, M.D., Consulting Accoucheur to the Lying-in Hospital; and John Bassett, M.R.C.S., late Resident Accoucheur to the Lying-in Hospital.

Materia Medica and Therapeutics—B. W. Foster, M.D., F.L.S., Physician to the Queen's Hospital.

Practical Chemistry—Alfred Hill, M.D., F.C.S.

Botany, Structural and Systematic—Thomas Savage, M.D.

Forensic Medicine—Alfred Hill, M.D., F.C.S.; Thomas Swain, M.R.C.S.

Medical Tutor—M. C. Macready, M.B.

Classics and Mathematics—William Bates, B.A.

Attendance upon the Lectures of this College, and the Practice of either the General or the Queen's Hospital, will qualify for Examination at the University of London, the Royal Colleges of Physicians and Surgeons, the Society of Apothecaries, and the Army, Navy, and India Boards.

Further particulars may be obtained by application to the Principal, Dr. Bell Fletcher, Waterloo street; the Treasurer, Dr. Russell, Newhall street, who is authorised to enter Students; or to the Hon. Secretaries, Mr. Bassett, Hockley hill, and Mr. Howkins, 37 Bennett's hill, Birmingham.

GENERAL MEDICAL COUNCIL.
32 SOHO SQUARE, LONDON, W.
September, 1865.

Registration at the Commencement

OF PROFESSIONAL STUDY.

NOTICE is hereby given, that Regulations for the Registration of Medical Students have been sent to all the recognised Schools of Medicine in England. Students commencing their studies are directed to apply to the Registrar for England, according to the Form with which they will be supplied on application to the several Qualifying Bodies, or at the Schools of Medicine and Hospitals.

Royal College of Physicians of

LONDON.

FIRST PART of the PROFESSIONAL EXAMINATION the LICENCE.—The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School will commence on Tuesday, October 3rd.

SECOND PART of the PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, October 10th.

Registered Medical Practitioners, qualified before January, 1861, are admitted to Examination under Special Bye-law.

Candidates are required to give fourteen day's notice in writing to the Registrar of the College, with whom all certificates and Testimonials required by the Bye-laws are to be left at the same time.

Pall-Mall East, 1865. H. A. PITMAN, M.D., Registrar.

Royal College of Physicians of

LONDON.

The next PRELIMINARY EXAMINATION in the subjects of General Education will take place on the 26th and 27th of September.

Candidates intending to present themselves for this Examination are required to give notice in writing to the Registrar of the College.

N.B.—Every Student is required to have passed an Examination in Arts before commencing his Professional Studies, in order to qualify him for Registration as a Medical Student.

Pall-mall East, 1865. H. A. PITMAN, M.D., Registrar.

Bethlem Hospital.—With a view of

extending the experience requisite for the efficient Medical Treatment and Management of the Insane, this Hospital is open for the admission of two Resident Medical Students who have recently obtained their Diplomas to practise Medicine and Surgery.

They will be permitted to reside in the Hospital for a term, generally not exceeding six months, and will be provided with such apartments, rations, and attendance as the Committee shall consider reasonable.

They will be under the direction of the Resident Physician, and will be elected by the Committee from candidates whose testimonials appear to be most satisfactory.

Applications for the appointments, with testimonials, to be forwarded to Bridewell Hospital, Blackfriars, E.C., addressed to A. M. Jeaffreson, Esq., on or before Monday, the 9th of October next.

The election will take place on the 16th of October, and the elected candidates will be expected to commence residence on the 1st of November.

A. M. JEAFFRESON, Clerk.

September 2, 1865.

Mr. G. Hind, F.R.C.S., will resume

his DEMONSTRATIONS and EXAMINATIONS on the 15th of September, at 29 Newman street, Oxford street. Hours, from 10 to 11½ A.M., and from 6 to 8 P.M.

Society for the Relief of Widows

and Orphans of Medical Men. Founded 1788. Incorporated by Royal Charter 1864. The Members are reminded that a Quarterly Court of Directors will be held on the 11th October next, at which Candidates for admission into the Society can be proposed. It is desirable that the Form of Proposal be filled up, and forwarded to the Secretary at least a week before the meeting. The Form of Proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years' standing. The Secretary attends at the office every Wednesday and Friday, from 4 to 5 o'clock.

S. WM. J. MERRIMAN, M.D., Secretary.

53 Berners street, W., Sept. 6th, 1865.

A FIRST-CLASS SILVER MEDAL, PARIS, 1855.

S. Nye and Co.'s Small Mincer

for the DINNER TABLE, for those who cannot properly masticate, and who, in order to preserve health, should have their food thoroughly minced. Price 30s.

TESTIMONIAL: "I have had one of your mincers for the Dinner-table in use for some time, and find it everything that can be wished.—I recommend it to a who suffer from Indigestion.—T. SAUNDERS, Norfolk Villas, Bayswater.

LARGER MACHINES for Public Institutions, Lunatic Asylums, Hospitals, Schools and other establishments, effectually and quickly mincing all kinds of meat and vegetables, for soups, &c., forced and potted meats, and a variety of dishes; also for making sausages, cutting, mixing, and forcing into the skins at the same time. Price 30s., 42s., 63s., £5 5s. and £7 7s.

Also Mills on an improved construction for Coffee, Spice, &c. &c., 5s., 7s. 6d., 10s., 14s., 15s. and 20s. 373 Oxford street, and 79 Wardour street London, W.

ROTARY KNIFE CLEANING MACHINES of superior quality from 5l. to 10l. 5s. Prospectuses forwarded.

S. V. R, 56° Over Proof.

First Quality, 20s. per Gallon.

This quotation admits of neither credit nor discount, and is for quantities of not less than two gallons.

HENRY BRETT & CO., DISTILLERS,
HOLBORN and REGENT STREET.

Hedges & Butler, Wine Merchants,

&c., recommend and GUARANTEE the following WINES:

SHERRY.

Good Dinner Wine, 24s., 30s., 36s. per dozen; fine pale golden and brown sherry 42s., 48s. 54s., 60s.; Amontillado, for invalids, 60s

CHAMPAGNE.

Sparkling, 36s., 42s.; splendid Epernay, 48s., 60s.; pale and brown Sillery 66s. 78s. Veuve Clicquot's, Perrier and Jouët's, Moet and Chandon's &c.

PORT.

For ordinary use, 24s., 30s., 36s., 42s.; fine old "Beeswing," 48s., 54s. choice Port of the famed vintages, 1847, 1840, 1834, 1820, at 72s. to 120s.

CLARET.

Good Bordeaux, 18s., 20s.; St. Julien, 24s., 30s., 36s.; La Rose, 42s. Leoville, 48s.; Latour, 54s.; Margaux, 60s., 72s.; Lafitte, 72s., 84s., 96s.

WHITE BORDEAUX.

Good Dinner Wine, 24s., 30s.; Barsac, 42s., 54s; Sauterne, 42s., 48s. 60s., 84s.

BURGUNDY.

Macon and Beaune, 30s., 36s., 42s.; St. George, 42s.; Chambert'n, 60s. 72s.; Côte Rôtie, 60s., 72s., 84s.; Corton, Nuits, Romanée, Clos de Vougeôt, &c.; Chablis, 24s., 30s., 36s., 42s., 48s.; Montrachet and St. Peray, sparkling Burgundy, &c.; Chablis, 24s. 30s., 36s., 42s.

HOCK.

Light Dinner Hock, 24s., 30s.; Nierstein, 36s., 42s.; Hochheimer, 48s., 60s. 72s.; Liebfraumilch. 60s., 72s.; Johannesberger and Steinberger, 72s. 84s., to 120s; Assmanshausen, a choice Red Hock, 48s., 60s.

MOSELLE.

Still Moselle, 24s., 30s.; Zeltinger, 36s., 42s.; Brauneberger, 48s., 54s. Muscatel, 60s., 72s.; Scharberg, 72s., 84s.; sparkling Moselle, 42s., 54s. 66s., 78s.

Foreign Liqueurs of every description. On receipt of a post-office order or reference, any quantity will be forwarded immediately by

HEDGES & BUTLER,
London: 155 Regent street, W.; and 30 King's road, Brighton.
ORIGINALLY ESTABLISHED 1667.

Dotesio's Dépôt, 95 Regent street, Quadrant.

For the Sale exclusively of the fine Bordeaux, Burgundy, Champagnes, and Cognacs of France, in their pure natural state.

Cellars and Counting-house as above, and Orders taken also at the Restaurant,

No. 9 RUE DE CASTIGLIONE, PARIS.

Kinahan's LL Whisky v. Cognac

BRANDY.

This celebrated Old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 8d. each, at most of the respectable retail houses in London; by the appointed agents in the principal towns in England; or, wholesale, at 8 Great Windmill street, Haymarket.—Observe the Red seal, pink label, and cork branded "Kinahan's LL Whisky."

THIRTY-FIFTH MEETING OF THE BRITISH ASSOCIATION.

SECTION B.—CHEMICAL SCIENCE.

BATH WATERS.

Dr. Williamson explained the method he had adopted in analysing gases evolved from the waters of the mineral springs at Bath. This investigation was undertaken at the suggestion of Dr. Daubeny, and at the request of members of the Association, with a view of ascertaining if the gases evolved from mineral waters are constant, or subject to variation. Although there are four springs at Bath, the gases of which it was considered desirable to analyse, there were difficulties in making examination of all the springs. A detailed account of the method followed was then given. The water was collected and transmitted to London, where the gases were transferred to an eudiometer and examined. Dr. Daubeny had made an examination of these waters some thirty years ago, and the results of the analysis of Dr. Williamson corresponded closely with those of Dr. Daubeny; the principal difference being in the detection of marsh gas in the latter analysis.—Dr. Miller, in thanking Dr. Williamson, referred to the care with which the analysis was conducted, and called upon Dr. Daubeny.—Dr. Daubeny, in the course of his remarks, referred to the presence of nitrogen, and stated that the element was found in mineral springs by Priestley, and also referred to the bearing of chemical analysis of mineral springs on theories as to the origin of volcanic action.—Dr. Frankland referred to the liberation of carbonic oxide by pyrogallic acid when used for the absorption of oxygen, and inquired if this evolution of gas had been taken note of in Dr. Williamson's analysis.

THE NEW CHEMICAL FORMULÆ.

A paper on this subject, in reference to schools and examinations, was read by the author, Dr. Wood. The author referred to the two kinds of formulæ that were in use by scientific chemists, and the confusion that existed in some elementary books in consequence of an uncertainty on the part of the authors as to whether they should adopt the new formulæ or the old, and more especially the inconvenience of having the two systems side by side was dwelt upon. The question was, which formulæ shall be adopted and taught in our schools? The author then referred to the various views that were held by different examining bodies, and hoped that as so many chemists were present a decided opinion would be expressed as to the value of the new formulæ, and the importance of keeping it quite distinct from the old. Dr. Miller's new edition of chemistry was specially referred to as being difficult to understand by students, in consequence of this mixing up of the notations. The author found in practice that the old formulæ were more easily understood than the new. A beginner reading a work in which the old and new formulæ were placed side by side, when told to learn only one, generally reads both and succeeds in understanding neither. He also found that it was difficult to teach the new formulæ to students who know something of the old, especially if the text-book contains both. As a conclusion, the author thinks that in order to teach the new symbols successfully, and thus give to the young clear conceptions of chemical truth, we must have a set of text-books containing the new symbols only.

The President said that he had no idea his name would be brought so prominently forward in this paper. The science of chemistry was one which almost more than any other was a progressive science, and with progress must of course come change. He should view the question of the introduction of the new notation merely as a practical one. The question was, Was a change necessary? Shall the notions prevalent some few years ago continue in force, or shall they make room for new ones? Precisely the same arguments might have been urged against the introduction of the system of Lavoisier, years ago, as against the new system of Gerhart. If we are to have no change in our science, we may as well close our books and our laboratories, and remain content. We must assimilate our notions to the progress of the knowledge of facts, and discard theories which are no longer tenable. The learned President concluded by stating his conviction that great convenience would result from the introduction of the new formulæ.

A Member of the Section thought the difficulty in teaching the new notation arose from the careless manner in which symbols were explained by teachers of chemistry.

Dr. Williamson said the subject was, as they would know, not unfamiliar to him; and much public discussion had arisen as to the propriety of introducing the new notation. He would not enter into the subject unless Dr. Wood could show some substantial objections to the new symbols, and concluded by characterising those who argued for the old notation as arguing against truth.

Mr. Green argued that as there were two ways of multiplying or performing many operations of arithmetic, he did not see why there should not be two or more ways of interpreting chemical phenomena by symbols.

After Dr. Wood had replied,

Dr. Miller stated that in his new book he intended the new system of notation to be used, and merely placed the old symbols for reference.

THE SEWAGE QUESTION.

Dr. Hill (Borough Analyst) proceeded to make some observations "On the Sanitary and Economical Aspects of the Sewage Question." He stated that his attention had been drawn to this subject by examinations he had made of the well and river water of Birmingham, and the immediate neighbourhood. After many examinations, he considered that the water in question was generally contaminated with foreign matter, frequently organic matter, and resulted, as he believed, from the present system of sewage removal. The subject was not strictly a chemical one, and he scarcely knew if he did right in making this communication to the Chemical Section. Samples of water of the town yielded various quantities of solid matter, varying, in fact, from twelve grains per gallon to thirty, forty, or even in one instance, to 260 grains per gallon. The principal constituents of the solid matter were salts of lime, magnesia, and soda, together with organic matter. He had not used the permanganate test for organic matter, but adopted the usual process of incineration, and found that his results showed in some instances the presence of sixty-three grains of organic matter and volatile salts per gallon. In the course of the process large quantities of nitrous fumes were evolved. With respect to rivers, he had examined the waters of two rivers near where they united. Sewage matter entered one of them near their junction; and he was enabled to ascertain the effect of sewage matter upon the water. Before the entrance of the sewage he found 1·3 grains per gallon of organic matter, and after admixture he found twelve grains of organic matter. It appeared to him a strange thing that we should pollute our streams and wells in this manner with sewage matter. In the ordinary water-closet system solid excrementitious matter was first mixed with pure water, and this was afterwards carried to rivers, polluting the contents of those rivers, and much attention had been given to means of again removing the excreta so as to get back the pure water. This seemed to him a mistake, and he argued that the present water-closet system was entirely wrong, and that we ought to resort to the old method of cess-pools, and then have the solid matters removed direct to and laid upon the land.

Before inviting discussion, the President called upon Dr. Bird, of Cheltenham, for a paper on a similar subject, stating that the discussion on the two papers might then proceed together.

Dr. Bird then proceeded to read the following paper on the utilisation of sewage, as conducted at Stroud.

Since reading the paper upon the subject of treating sewage matters, at the city of Bath, an opportunity has been offered me, through the assistance of some friends, to carry out and prove the correctness of the principles contained in that communication. The population of Stroud, using the newly-constructed sewers, amounts to about four thousand; and the sewage is conveyed into the tanks, with about six hundred thousand gallons of water a-day, and during rainy weather, the washings of the streets. The sewage, although so greatly diluted with water, does not lose its property as manure; for the collected matters, after being prepared for manure, and applied to grass land, greatly increased the crop and aftermath, making it a deep green colour, and increasing the quantity of clover. Animals showed a preference for feeding upon such spots. The quantity experimented with has been from 5 cwt. to half a ton per acre. The quantity of water, of course, diminishes the value of the manurial property of the tail water of the tanks, which is now allowed to flow into the river Froom, after passing through a long culvert filled with mud, without affording the slightest nuisance or injury. But it ought in all cases to be used for irrigating land, upon the plan of open carriers, where the system can be adopted. Sandy and loamy lands resting upon gravel, well drained, or even double drained lands, are best adapted for such irrigation. Irrigation appears to increase the productive power of most lands in all the instances that have come under my own observation. The floating substances are daily removed from the surface of the tanks, and the subsided sewage or sludge is removed often—at least once a week. It is injured by remaining in the tanks, and these should be constructed so as to favour the removal of the sludge by dredging or otherwise. The sludge is placed in heaps to dry. These heaps, when sprinkled with prepared clay, give off no stink, and this is prevented in dredging by the same means. Sewage, when placed in a heap for a short time, and mixed with prepared clay, as before stated, is not injured by rain; it flows off its surface without passing through it. The whole process is performed in the open air, but for many reasons it should be conducted under covered sheds, freely admitting sun, air, and light. When carefully conducted in the open air, there is no unpleasant smell beyond a few yards. When the heaps are sufficiently drained of water, they are broken up roughly to dry, and placed in sheds. Fermentation proceeds until the sewage becomes dry, which increases its quality as manure. The solid matters are crushed and screened, and prepared with sulphuric acid, for the market, and sent out in a state fit for drilling or spreading upon land. The sewage matters of towns thus treated will pay the expenses of collecting and preparing it, and give a large margin for profit; but it should be conducted by companies and other parties, a commercial undertaking being out of the province of Boards of Health and Corporations of towns and cities. It is clear, from careful calculation, that the sewage, bones, and gas products of large towns, collected and prepared for manure, would restore and keep up the fertility of the soil so as to supply the inhabitants with food, instead of being wasted, and used for other purposes, as is now common. The sewage waters, after being treated with prepared clay, are found to contain in one hundred parts, ammonia half a grain, organic matters about five grains in 1,000, and fixed salts two grains. When mixed with double the quantity of spring or river water, purified fluid sewage will support the life of plants, mollusca, fish, and insects, without giving off smell. It is superior to common sewage for irrigation; for although sewage irrigation is found to increase the produce, it often renders this produce coarse, and in certain states of the atmosphere it is accompanied, mornings and evenings, by offensive exhalations, and often throughout the whole day. Impregnating the soil with so large a quantity of decomposing solid and fluid matters may be detrimental to the health of man and animals. In certain states of the weather, when it is hot and the air dry, or in winter frosts, little smell is perceived. Sewage waters, after being worked with prepared clay, are not subject to such disadvantages; and if purified to their highest point they are made fit for watering streets. When not pure, if it be bottled up or confined in reservoirs, decomposition will take place, and sulphuretted hydrogen gas be evolved, which, with the ammonia, will destroy fish, plants, and produce unpleasant smells. In streams, fish are often destroyed in large numbers from this cause. The heavy sewage in dry weather, being deposited in the deeper parts, there in the same way decomposes, so as to form poisonous gases, ready to be set free, and mixed with the waters of the stream in the first flood, and thus to poison all animal life. Small floods, from having a greater quantity of poisonous gases in their water, are more destructive to fish than floods during wet weather or heavy rains, when the putrid sewage is greatly diluted. In a short time a more complete examination of the tail water will be obtained. The sewage waters, even when the men are engaged in dredging in the first division of the tanks, flow clear and free from smell and taste into the culvert. The advantages of the above plan of treating sewage, would be that the towns would obtain a fair remuneration for their solid sewage, and have the sewage waters deodorised and be relieved of all the sewage evils. The proposition of the Royal Commission would thus be carried out, "that the refuse matters of towns should be returned to the land;" for the solid parts of the sewage would be used for manuring high and arable lands, and the clear sewage water for irrigating low land. In experimenting with deodorants upon sewage and putrid matter in the year 1859, my attention was called to the appearance of fibrilent and globular forms of fungi appearing in water, containing sulphuric acid or alum, or sulphate of iron or alum. Some of these specimens were given to my friend Dr. Wilson, who examined them with the microscope, and favoured me with a photographic drawing of the plant. The same growths are observed in water containing organic matter and sewage, or something of the same appearance. During the colder months of the year, from September to the end of March, these growths are attached to sticks, old water in streams in places where sewers or drains enter. The sides of sewers, tanks, and drains, are covered with them, and they are attached to most floating and suspended bodies in sewage tanks. The size of the fungi varies considerably in length and circumference, from that of a small seed to several inches; and its colour varies from a light drab to a complete black. Attached to a piece of adipose or other organic matter, it grows in long filamentous flocculent lengths. Sometimes the larger pieces present the appearance of an old wig. It varies greatly in size and form. When touched and broken up, it emits an offensive smell. It disappears in the summer months, when the sewage contains its minimum quantity of sulphuretted hydrogen and other offensive gases; but it increases and flourishes most during the cold months of the year, when the sewage is most loaded with putrid gas, and does not smell offensively. This is the plant that fills up filters and sewers, and creates the chief difficulty in filtering sewage. It seems to have the property of purifying sewage waters, by destroying the offensive gases. It is only present in waters containing animal organic matters, but it is absent from spring and distilled water.

Dr. Miller was glad to hear of the success which attended the utilisation of sewage at Stroud, but thought that there would be great difficulties in applying similar methods to the sewage of towns such as Birmingham.

Sir John Bowring referred to the practice adopted in the East of removing excrement regularly each day. He believed that if similar means could be adopted here, much improvement would result in the health of towns, and at the same time the surrounding land would be rendered much more fertile.

Mr. Jennens referred to the fact that many towns were very favourably placed for getting rid of their sewage. He cited Edinburgh, Grenada, and Damascus.

Mr. Rumney, of Manchester, said that the Corporation of that city set their face against the water-closet system, and he would say that, for his own part, he quite agreed with Dr. Hill in his remarks on that question.

In reply to a question by the President, Dr. Bird stated that the value of the product obtained by the system adopted at Stroud was 3*l.* 10s. per ton.

SECTION D.—ZOOLOGY.

OYSTER CULTURE.

Mr. Frank Buckland made his report on "The Culture of Young Oysters." He said his facts were derived from actual experience, and not from books. The more, however, that he investigated the question of that most mysterious mollusc, the oyster, the more he found that we knew little or nothing at all about it; for there was very little known of the earlier stages of oyster development. It was most important to turn their attention to that, as legislation was actually at fault in the matter, and, as recent events had proved, those whose duty it was to make laws for the fisheries had found that they hardly knew what laws to make. Although they did not know yet the actual process by which the young spat managed to cling to various substances, yet they could by observation find out the objects which it seemed to prefer; and these he would place in order as follows: The shell of the living oyster, the shell of the dead oyster (commonly called culch), the shell of mussels, periwinkles, whelks, clams, pieces of crockeryware, glass, tiles, tobacco-pipe, iron, and wood. The tendency of the oyster was to accumulate in large groups, of the most fantastic shape, and of all ages, the nucleus of the group being a very old oyster. There is a locality in the North sea, to the south of the Island of Heligoland, which was avoided by the deep sea trawlers, because great masses of oysters cut their nets, and he thought the fishing of this oyster bank, at the present high price of oysters, would turn out a most remunerative speculation. These oysters are exceedingly thin, but are capable of being fattened by being placed in a favourable locality. The study of the shell of the dead oyster, commonly called "culch," he looked upon as one of the most important things in oyster culture, for upon its state, whether abundant or not abundant, whether clean or dirty, depended the detaining or the loss of the young oysters after they are emitted from the mother shell. The young oyster would attach itself to the shell of the dead oyster in preference to any other substance, even the shell of the living oyster; but in order that the spat may do so, it is necessary that the culch should be perfectly clean and free from mud and weeds. There were but few localities where the shells of dead oysters had accumulated in sufficient quantities to give the spat a chance of adhering; and it was necessary to collect them from elsewhere and lay them down in localities where the spat was likely to fall—a process which was carried out by oyster culturists on a pretty large scale. There was an accumulation of dead oyster shells at the mouth of the Thames, from which large supplies were derived; but it appeared to be a long while since oysters had thrived on the "Pan Sand," as that particular locality was called. The shells carted away from the oyster shops in London, to be thrown on dust heaps, would be of much greater value if thrown at the bottom of the sea, where they would certainly, if the season proved favourable, prove a trap for the floating spat. Speaking of oyster shells, he regretted that some better use could not be found for them even on land than was at present the case; and there appeared no doubt that in the burnt state the oyster shell was very beneficial to laying hens and chickens. He had also heard of the powdered shells being taken by poor people as a remedy for ague. After oyster shells, the spat loved to fasten itself on mussels, and he now produced several specimens showing that adherence. The reason of this preference appeared to be that the shell of the mussel presented the two great requisites of perfect cleanliness and great smoothness. Mussels, when alive, were great enemies to the oyster, and they should therefore be dredged up and placed on the foreshore to die and decay, when the shells should be thrown back in the sea, at the place where the spat was expected to fall. The spat seemed to affix itself to the common whelk, even when the latter was alive; and he produced several specimens to prove the fact. Whelks, however, were too valuable as human food and as bait for the cod in the North Sea to be used as culch in very large quantities. He had to show them also oysters adhering to clams and cockles. The French oyster culturists had long been aware of the fact that oysters would attach themselves to crockery, and had put down all the broken crockery they could find. He was able to answer in the affirmative that oysters would attach themselves to iron, as he had found oysters adhering to the broad-headed iron nails in the pile of the pier at Herne Bay. They would also adhere to wood. Much had been said of placing fascines, or faggots, for the use of the young oysters. He at once pronounced this to be a delusion and a snare, and he entreated those interested in the matter not to go to any trouble or expense in laying down fascines for that purpose. The experiment had been tried over and over again in England, with the simple result that the fascines proved excellent collectors of mud and sea-weed, sometimes of barnacles, but hardly ever of spat. For the experiments now under his charge in Herne Bay, he had tried fascines very largely, first with a view to try an experiment which he did not think would succeed, and secondly, to make the fascines do the very work they seemed most inclined to do—namely, to collect the weeds and mud, which might otherwise have become attached to the tiles he had laid down, and protecting the tiles from that long belt weed that would otherwise have floated in upon and upset them. This was a good example of the difficulties of oyster culture, and a proof that he who undertakes such matters must closely observe the action of various materials when placed in the sea, and use their natural tendencies to the advancement of the object he has in view. In some other remarks by Mr. Buckland, he stated that on temperature depended very much success in oyster culture; in France they had the great advantage of a high temperature. The little oysters required such a high temperature; but as regards the quality of the French and English oysters, he gave the preference to the latter. He enforced the necessity of dredging, as a means of keeping the beds clean. Keep the ground clean in May and June, and the oysters may be left to themselves in July or August. Of English oysters, those of Colchester and Whitstable were preferable; but oysters, that while in other beds were very thin, might be transported to other places, at the mouth of the Thames for instance, where they soon become fat.

Mr. Gwyn Jeffreys thought there should be a close time for oysters, as well as for salmon, and the same good end might be attained.

Mr. H. S. Ellis exhibited some tiles on which were young oysters, and enforced the necessity for more attention to the culture of the oyster in order to prevent its extinction. With respect to the Falmouth oysters, they appeared to be better than before.

Dr. Crisp suggested that brass wire would prove efficacious in attracting young oysters to attach themselves to it.

PHRENOLOGY AND PHYSIOLOGY.

Dr. Prideaux read a paper on "Phrenology, or the Physiology of the Brain, the most important department of Ethnology." His paper consisted of an elaborate defence of phrenology, but on no new grounds.

Mr. Tait expressed his disbelief in phrenology. In the course of ten years out of fifty pupils he had, who were distinguished by mathematical attainments, one-half of them were remarkable for the absence of those phrenological organs that might have been supposed to be found. Two distinguised professors of mathematics, with whom he had been acquainted, possessed none of the peculiarites that phrenologists would expect to find in such men. He was of opinion that phrenologists recorded observations in favour of, but not against their theory.—Professor Bennett opposed the views expressed by Dr. Pri-

deaux. He could not see that it had been proved in any respect that the localities assigned to the various organs were correct, and he did not think that phrenologists had a good foundation for their classification of qualities. The skulls of Burke and of Peppay, a pirate, in the museum of Edinburgh University, seemed conclusively to prove the untruth of phrenology, for both of those men, though great murderers, had the smallest known development of what phrenologists called the organ of destructiveness.—Mr. Wallace said he had at one time believed in phrenology, but his belief was somewhat shaken by the opposition it met with from distinguished physiologists. He thought, however, that on neither side were there such conclusive proofs brought forward as to set at rest the minds of those unable finally to decide between the phrenological theory and its opponents. He should not have voted for the admission of the paper had he known that nothing new was to be brought forward. He thought that the subject was one that really deserved the attention of men of science.—In the course of the discussion, Mr. Humphry said that the reason why physiologists had not done more towards settling the claims of phrenology was that the ground was too delicate to be entered on hastily. It would take years, perhaps ages, of investigation before they could ascertain more decidedly the functions of the brain. He believed that the brain should be considered in its internal as well as its external parts, and that it acted as a whole and not in parts.—Dr. Prideaux having replied, the Section adjourned to the following day.

SUB-SECTION D.—PHYSIOLOGY.

Dr. George D. Gibb read a paper which contained a refutation of the view recently propounded, that the food comes into contact with the vocal cords in deglutition. He referred to the recent experiments of M. Guinier, of Montpellier, in relation to the function of deglutition, which were brought before the Academy of Sciences in Paris, and given briefly in the 'Comptes Rendus' for May last. These experiments by M. Guinier were performed upon himself by means of autolaryngoscopy, and consisted in the introduction of food into the larynx whilst the little mirror was in the mouth, the epiglottis remaining erect; and he therefore inferred that, in swallowing, the food passed into the top of the windpipe, glided over the vocal cords, and tumbled into the gullet, the epiglottis still being erect. He inferred also that fluids always passed under the epiglottis in gargling or swallowing fluids. Dr. Gibb questioned the conclusions drawn from the experiments, and maintained that the act of swallowing food could not be demonstrated with a mirror at the back of the mouth, and that the introduction of food into the larynx behind the epiglottis showed the tolerance of the larynx under certain circumstances, but did not show that this cartilage remained erect in deglutition. This tolerance was further shown by the still later experiments of M. Krishaber, who passed chewed bread into the larynx, with his finger along the posterior surface of the epiglottis, and on a deep inspiration this was drawn downwards into the trachea, and could be retained there as long as the bolus remained warm and soft. Dr. Gibb referred to cases in his own experience, where the epiglottis was destroyed by disease, and, notwithstanding, the food did not glide over the vocal cords, as the soft parts at the top of the windpipe approximated and allowed the food to slip into the gullet. It could be seen also, that when the act of deglutition was examined with the laryngoscope, the cavity of the larynx was quite closed up, and then covered by the depressed epiglottis, so that food could not enter in the natural way. From these well-known facts, with others which he mentioned, Dr. Gibb stated that our well-known views in relation to deglutition, and the part the epiglottis played in it, remained sound, and could not be controverted by any experiments that might be made with the aid of the laryngoscope.

Professor Rolleston read a paper on "Certain Points in the Anatomy of two Animals from the Mammoth Cave, Kentucky." One of these creatures was a fish, very small indeed, and the other a crustacea. The fish had been put into a class by Professor Van der Hoeven. The only point which Professor Rolleston wished to urge with reference to this fish was, that it had no abdominal fins, as had been previously described. The absence of these fins, though a small matter in itself, showed the variability of rudimentary structures, and was an indication of genealogical descent. The crustacea very nearly resembled our own cray-fish or prawn, only that it is more minute. It had been described as blind, but on examining his own specimens, Professor Rolleston found that the creature had eyes, but its eyes contained no black pigment, and had no fascets at the corners. Eyes would be of little or no use in the Mammoth Cave, where the darkness was intense, and so the creature was furnished with unusually long antennæ for feeling its way, and with very sharp horns which served as weapons of defence against any other creature it might run against. Another peculiarity was that it was entirely pellucid—that its brain could be clearly seen, and Dr. Rolleston humourously observed that if the same peculiarity were to be found in man it would save the trouble of competitive examinations.

ON VARIABILITY, AS MANIFESTED IN THE CONSTRUCTION OF THE HUMAN BODY.

By Mr. W. TURNER, M.B., F.R.S.E.

After alluding to the diversities in the external form of the body, which impart characters generally recognised as diagnostic not only of the race but of the individual; the author proceeded to show that variations also occurred in its internal structure in the different organic systems; and though no outward evidence of the existence of many of these variations may be manifested, yet they furnish the individuals in whom they occur with characters as distinctive as any peculiarities of external configuration. Hence in the development of each individual, a morphological specialisation occurs, both the internal structure and external form, by which distinctive characters are confirmed, so that each man's structural individuality is an expression of the sum of the individual variations of all the constituent parts of his frame. The illustrations advanced in support of the author's opinions were taken from the [illegible] muscles of the fingers and toes, and in the modification in the form and size of a foramen, called supracondyloid, which is occasionally met with in man, and of the [illegible] passing through it. It was also shown that variability of construction was not manifested merely in different individuals, but that in the same individual the corresponding structures on opposite sides of the body were by no means symmetrically disposed.

Mr. Furneaux Jordan spoke of Mr. Turner's observations confirming Buckle's theory that the deviations are so numerous that there are no irregularities—in fact, that as science extends, all irregularities would be classed under regular laws. Mr. Jordan also spoke of the tendons in the back of the hand, and particularly of the ring-finger, the peculiar construction of which was supposed to give rise to a good deal of the difficulty experienced in learning certain musical instruments, though Mr. Jordan attributed it to another muscle.

Professor Bennet remarked that only last week, at Hamburg, a foreigner could be seen copying some of the pictures of the old masters, holding his palette with his toes, and using his brush with his toes. He asked whether Mr. Turner had connected these remarkable movements with any peculiarities of structure, [illegible] any peculiar physiological relations to the functions of the body.

Mr. Wallace apprehended that few persons not intimately acquainted with anatomy were aware that the internal structure of the bodies was so exceedingly varied. He himself should have expected that the arrangement of the muscles of our hands and feet was tolerably constant: but Mr. Turner had shown them that not only did they vary sometimes, but that variation was the rule rather than the exception. He thought it would be interesting to determine if this variation was not dependent on, or the result

of, civilisation. He believed that in the savage man these variations would not be found to be so numerous and so extensive.

Dr. Camps spoke of the paper as one of the most philosophical the section had been favoured with, because it involved a very broad subject, while Mr. Turner had confined himself to a part only of the body. Other parts of the body were liable to those variations, and seeing that we do not look for uniformity throughout creation, it was to be expected that by repeated anatomical investigation more and more diversity would be discovered in the human body. If time and opportunity were afforded, similar and corresponding variation would be found in the brain and spinal cord and nerves throughout the body, and he could not help thinking that a great deal of the diversity of character, and of aptitude for the ordinary avocations of life, were involved in the principle intended to be illustrated and exemplified in the interesting subject now brought under their notice. They knew there were no two human beings exactly alike in character, and he could not help thinking that if their observations were accurate enough, they might find these differences in character illustrated by distinct features in the anatomical construction of their frames. The speaker even went further than this, and stated his belief that the question of sympathy, and of ordinary likes and dislikes, might be interpreted by the minute internal organisation.

Dr. B. W. Richardson read a paper "On Amyl Compounds.' All these compounds, which are produced from potato-starch, are anæsthetics, and the object of the paper was to define the difference between the action of these compounds and of chloroform and ether. It was admitted that they were all exceedingly dangerous; and Dr. Richardson did not believe they could be safely used as substitutes for either ether or chloroform. The subject was considered of such importance that it was referred to the committee, with a view to renewing the grant for the further prosecution of Dr. Richardson's experiments.

A SKELETON AGED 104.

Dr. Humphry, of Cambridge, made some very interesting observations on a female skeleton, aged 104. Dr. Humphry remarked that since he made the examination of this good lady a discussion had arisen as to whether persons had ever attained that great age. He had no positive documents as to the age of this skeleton, but the evidence rested upon the statement of the woman herself, corroborated by the ages of her children, and by the period during which she has been a nurse at Addenbrooke's Hospital. The woman had been a person of temperate habits, eating well, and drinking half a pint of beer daily. Describing the appearance of the body at the post-mortem examination, Dr. Humphry said the organs were all sound and healthy, and the cause of death was accumulation in the bronchial tubes. In the skeleton he noticed that the costal cartilages were as soft as in early life. The same thing was noticed in the post-mortem examination of old Parr, and it was thought to be singular, but he (Dr. Humphry) had met the same in many cases of post-mortem examinations of very aged people. The walls of the skull were exceedingly and unusually thick, the skull weighing 7½ ounces, or at least six ounces above the average. In singular opposition to the condition of the skull was the state of the femur, which was singularly light, weighing only five ounces. Dr. Humphry pointed out this as a singular anomaly that when the muscles and bones had become weak, and less able to carry weight, that weight should be increased. The only other change not strictly of a technical character noticed by Dr. Humphry was the depression of the neck of the femur or thigh bone, and he remarked upon the frequency of the fractures of this bone among aged persons.

Dr. Richardson said that a few months back he examined at the Birmingham workhouse an old woman 104 years of age, and in her case he noticed the peculiar flexibility of the walls of the chest. The heart-beat was perfectly true, and the respiration good. The mental faculties were declining, and there was considerable deafness.

Dr. Thorpe remarked that he knew of two cases in Gloucestershire at the present time, the one a woman nearly a hundred, and the other a man, said to be a hundred and seven years of age. The old lady was able to relate gossip of eighty years ago, and the old man still regularly attended church, walked about the village, and conversed with his neighbours.

Dr. Rolleston gave the results of his observations in the post-mortem of a man supposed to be 106 years old. He noticed one very great contrast between his case and that of Dr. Humphry: that whereas the skull cap in Dr. Humphry's specimen was exceedingly thick, in the case which came under his notice the walls were very thin indeed. The skull cap was entirely soft, and could be cut without difficulty; but when he got through the osseus process, he found the dura mater was strongly adherent. Dr. Rolleston added that in most cases of people of advanced age, he had found that they had eaten largely of sugar.

Mr. Furneaux Jordan thought it would have been very beneficial to science if Dr. Humphry had made sections of the thigh bone to ascertain the cause of lightness. Was it a pure atrophy, or was it a fatty change simply?

OZONE.

Dr. B. W. Richardson then read a paper on certain physiological experiments with ozone.

The following are the reliable facts known up to this time respecting ozone:—

1.—Ozone in a natural state is always present in the air in minute proportions—viz., one part in ten thousand.

2.—It is destroyed in large towns, and with special rapidity in crowded, close, and filthy localities.

3.—Ozone gives to oxygen properties which enables it to support life. In this respect it acts like heat—its effects are destroyed by great heat.

4.—Ozone diffused through air in minute quantities produces, on inhalation, distinct symptoms of acute catarrh—common cold.

5.—When animals are subjected to ozone in large quantities, the symptoms produced, at a temperature of 75°, are those of inflammation of the throat and mucous membranes generally, and at last congestive bronchitis, which in carnivorous animals is often rapidly fatal.

6.—When animals are subjected for a long period to ozone in small proportions, the agent acts differently, according to the animal. The carnivora die, after some hours, from disorganisation of the blood separation; but the herbivors will live for weeks, and will suffer from no acute disease.

7.—The question whether the presence of ozone in the air can produce actual disease must be answered cautiously. Science has yet no actual *demonstrative* evidence on the point. But the facts approach to demonstration that common cold—catarrh—is induced by this agent. All else is as yet speculative.

8.—During periods of intense heat of weather, the ozone loses its active power.

9.—On dead organic matter undergoing putrefaction ozone acts rapidly—it entirely deodorizes by breaking up the ammoniacal products of decomposition, at the same time it hastens the organic destruction.

10.—There is an opposite condition of air in which the oxygen is rendered negative in its action, as compared with the air when it is charged with ozone. Air can thus be rendered negative by merely subjecting it, over and over again, to animals for respiration. The purification of such air from carbonic acid and other tangible impurities, does not render it capable of supporting healthy life; but ozone restores the power. In a negative condition of air, the purification of the organic matter is greatly modified, and the offensive products are increased, Wounds become unhealthy, and heal slowly in such negative air.

11.—There is no demonstrative evidence, as yet, that any diseases are actually caused by this negative condition of air; but the inference is fair—that diseases which show a putrefactive tendency are influenced injuriously by a negative condition of the oxygen of the air. It is also

probable that during this state decomposing organic poisonous matters become more injurious.

12.—As ozone is used up in crowded localities, and as it is essential that ozone should be constantly supplied in order to sustain the removal of decomposing substances and their products, no mere attention to ventilation and other mechanical measures of a sanitary kind can be fully effective, unless the air introduced be made active by ozone. Fever hospitals and other large buildings in towns should be artificially fed with ozonized air.

ON THE FUNCTIONS OF THE CEREBELLUM.

This paper, which was read by Dr. Dickinson, was founded partly upon experiments made on a great variety of animals, chiefly of the lower order, and partly upon observations on human pathology. There were tables before the meeting, which gave the details both of the experiments and the cases. In the experimental part of the inquiry two classes of observations were made. The first consisted in a comparison between two similar animals, in one of which the cerebrum and cerebellum had been removed, in the other the cerebrum alone—so that the only difference between them was in the possession of the cerebellum. The powers which one animal had more than the other were believed to represent the functions of the organ. The general results were as follow :—1. The addition of the cerebellum to the medulla oblongata gives an increase of voluntary motive power in the four limbs—to the posterior in a greater degree than to the anterior. The power thus obtained is distributed in such a way as to produce even and balanced movements and often appears to be exercised in a continuous and automatic manner. 2. The removal of the cerebellum has an effect upon the muscles of the limbs, which increases in proportion as the organ increases in size. It consists in a diminution of voluntary power and of muscular adjustment. When an inequality of effect can be noticed the loss is greater in the posterior limbs. There is a loss of habitual activity. From the effect of lateral injuries it must be assumed that each lateral half of the organ has an influence on both sides of the body, but to a greater extent upon that opposite to itself. 3. The removal of the cerebellum has no effect upon superficial sensation, on any special sense, on the action of the involuntary muscles, or on reflex movements. 4. In the human being it appears there is no constant effect from loss or alteration of the cerebullum but failure of voluntary muscular power. Disease, or deficiency of the whole organ, invariably lessens voluntary power in the limbs, especially in the lower. The loss of one lobe produces its effects more on the opposite side than on its own. Disease confined to the cerebellum, has no effect upon superficial sensation, on the intellectual powers, or on the action of muscles supplied by the cranial nerves. Hence it appears that the function of the cerebellum is to supply the voluntary muscles of the trunk and limbs with self-regulating motive power. This is distributed in an inverse manner to the influence of the cerebrum. The latter has the sole control over the parts supplied by the cranial nerves, and the chief control over the anterior limbs. The cerebellum has its greatest effect upon the posterior limbs, less upon the anterior. Thus the muscles of the trunk and limbs are under a double rule, while those of the head and neck are regulated solely by the cerebrum. It appears that cerebellar movements are apt to be continuous and habitual, contrasting with the emotional character of those which originate in the cerebrum.

THE CATTLE PLAGUE.

Dr. Shettle read a paper entitled "A Few Remarks on the Causes of the Cattle Murrain." Having quoted from the Blue Book of 1857, Dr. Greenhow's diagnosis of the symptoms of the cattle plague, Dr. Shettle proceeded to argue that a perfect state of health is dependent upon a certain amount of electricity in the blood, that this electricity arises very greatly from iron, and that the absence of this electricity must constitute disease. Electrical changes, and especially magnetic and electrical storms and excessive heat, have the power of abstracting this electricity, and especially iron from the blood, the first two rapidly, the other by slow and continuous action. Upon this theory the speaker accounted for the recent outbreak of the cattle disease.—Dr. Crisp maintained that electricity had nothing whatever to do with the disease. If they put a healthy animal with another animal suffering from the disease, and that disease was communicated, how could it be attributed to electricity. Again, how was it that oxen only were affected, and sheep were not. The fact was the disease was a special poison, like cholera and small-pox.

This Section met for the last time on Wednesday morning, Professor Acland, the President, in the chair.

THE PARASITOID FORM OF FŒTAL DEVELOPMENT.

Professor Macdonald read a paper "On the Parasitoid Form of Early Fœtal Development." The Professor said the object of the paper was to challenge a re-examination of the circulation in the human embryo during its earlier stages in order to discover the true course of the blood circulation. After entering in detail into this subject, Professor Macdonald went on to say that his intention had been to point out the following postulates :—1st, that the blood circulation arises from the inherit powers and properties of the embryo itself; 2nd, That when it became necessary for the embryo to connect itself with a wider circulation, it protruded its venous trunk to ramify among the branches of the vascular area, and by its capillaries to return to the heart for nutritive distribution by means of the two trunks to the chorda centralis, along whose sides these trunks passed onwards to the heart and lungs for the progressive development of the fœtus; 3rd, that the cause of the circulation thus established continues during the whole intra-uterine life of the fœtus, after the abdomen has been closed, and the heart fully formed into auricular and ventricular cavities and that the blood sent by the umbilical vein to the placenta is returned to the fœtus by the umbilical arteries; 4th, that the action of the heart forces on the circulation partly to the head, and partly against the stream of aortic flow, and by this means the blood is forced laterally into the intestinal ramification of the arterial circulation; 5th, that with the first respiration of the fœtus the whole course is changed; the auricular blood is at once sent by means of the action of the right ventricle to the now opened pulmonary circulation around the first-inflated air-cells, to be sent to the left auricle and ventricle, to be transmitted by the aorta and its branches to all parts of the body.

Professor Rolleston made some remarks on the paper, observing that it entirely reversed the opinions previously held on the subject. He supposed the paper was read with the view to bring the subject forward merely in a tentative form.

EXPERIMENTS ON THE NON-EXISTENCE OF AMMONIA IN BLOOD.

Dr. A. Gamgee read some notes "On Experiments confirmatory of those of Kühne, on the Non-existence of Ammonia in Blood." Few questions had excited greater discussion among physiologists than the coagulation of the blood, and few researches on the subject had been received with greater interest by the scientific world than that of Dr. Benjamin Richardson. The conclusions Dr. Richardson had come to were, 1st, that the blood, whilst circulating in the living body, contained free ammonia; 2nd, that when the blood leaves the animal body, ammonia escapes and coagulation takes place, the escape of the ammonia and the phenomena of coagulation being considered to stand in the relation of cause and effect. He (Dr. Gamgee) made some experiments which were in direct opposition to those of so distinguished an experimentor as Dr. Richardson; and as the quantity of blood which Kühne and Strauch subjected to analysis was comparatively small, he determined on repeating the experiments in the most rigid manner possible, and upon a larger scale than had been previously attempted. Having described these experiments Dr. Gamgee concluded by remarking that further researches would, he believed, confirm the results of the experiments which he had per-

formed, and satisfactorily prove that Nersler's reagent was as delicate a tint for the compound ammonia as for simple ammonia.

A discussion followed the reading of the paper, in the course of which Dr. Richadson controverted the views of Dr. Gamgee.

THANKS TO THE SECRETARIES.

The President said that as some of the members were leaving, and as the General Committee met in that room in a short time, he wished, before the next paper was read, to offer the thanks of himself and of the Vice-Presidents to the gentleman who was about to read Dr. Lightbody's paper. In a great measure the pressure of the work of the Section had devolved upon Mr. Turner, and those who had only seen the results of his labours could scarcely know the amount of trouble he had to bestow. He begged to convey the thanks of the Section to the Secretaries, and especially to the Senior Secretary, Mr. Turner.

THE VASCULAR ARRANGEMENTS OF THE CORNEA.

Mr. Turner read a paper of Dr. W. H. Lightbody's, "On the Vascular Arrangements of the Cornea." The design of the paper was to show that the capillaries of the cornea were surrounded by spaces, which, from the corpuscles they contained, the writer believed to be lymphatics.

VOTE OF THANKS TO THE PRESIDENT.

Dr. Edward Smith proposed a vote of thanks to the President, and congratulated him on having conducted the meeting in a manner agreeable to the whole of the sections.

Dr. Fleming seconded the vote of thanks to Professor Acland.

The President gave them his hearty thanks for their approval of his conduct. Dr. Smith had occupied that chair before him, and knew it was a place of distinction—one, indeed, which he should have shrunk from holding, but for the feeling that he ought to do what he could. He had experienced a kind of gratification during the last week from the nature of the papers read; and although in many of them he did not see any extraordinary merit, yet some of them did possess very high merit, and were well worthy the attention of any body of scientific men. There had been altogether a harmony in the discussion which was beyond all praise, and that he should have been allowed to share in the pleasure of such a meeting was certainly one of the most agreeable things that had happened in the course of his life. The President then declared the Section to be adjourned.

SECTION E—ETHNOLOGY.

INFLUENCE OF CIVILISATION UPON THE DEVELOPMENT OF THE BRAIN.

Mr. R. Dunn, F.R.C.S., read a long and interesting paper on this subject. The author began by premising as a basis for his observation, the following postulates:—1. That the brain or encephalon is the material organ of the mind. 2. That there exists a close correspondence in form and size between the cerebrum and its outward bony covering—the skull; so that the varying forms of the human cranium indicate, as outward and visible signs, with certain well understood qualifications, corresponding differences or changes in the shape and size of the cerebral substance within. 3. That the genus *homo* is one; and that all the races of the great family of man are endowed with the same intuitions, sensational, perceptive, and intellectual—the same mental activities, however they may differ in degree; and that they all have the essential constituent elements *in common* of a moral, religious, and intellectual nature. He waived the question as to the monogenesis or polygenesis of man; but asserted that from all historic times there have existed, and do still exist, aboriginal and typical races of men, widely differing from each other, and easily distinguishable by well marked physical and psychical characters; such, for instance, are the negroes of Africa, the Mongols of Asia, the red men of America, and the white men of Europe. From time immemorial, he said, there have always existed, besides the rude and savage hordes of hunters and fishers, two forms of phases of civilisation—the *nomadic* or the pastoral, and the *agricultural;* the former essentially *stationary* in its character, but the latter eminently and strikingly *progressive;* the nomadic tribes of Asia, at the present day differing so little in their habits from those of their ancestors, that the Turkoman or Arab chief still welcomes the stranger after the same way which Abraham of old is reported to have done. The earliest traditionary record we possess of the state of the world when the earth was first peopled shows there existed a *nomadic population*, who lived in tents; and *artificers* who built cities—the earliest of all manufacturing towns. These two schemes of life, so far as we know, were contemporary. The dwellers in tents had seen the dwellers in cities, but preferred their own wild independence. Now, among the purely nomadic races, Mr. Dunn observed, where civilisation is stationary, there exists, as might be expected, an *uniform sameness* and *characteristic fixity* in the shape of the head, strikingly in contrast with what is seen to prevail among the agricultural races and cultivated Europeans. For, where civilisation is progressive, there is increased mental activity among the faculties of the perceptive and intellectual consciousness, and, in consequence, a corresponding development of the nervous apparatus—the cerebral substance, through which they are manifested. He dwelt on the importance of viewing, in contrast, the typical crania of the negroes, of Australian savages, the Mongolian nomades, and the cultivated Europeans; maintaining that, as the skull is the outward measure and index of the brain's development within, we are able fairly to estimate the relative size and comparative development of its three great divisions, the anterior, middle and posterior lobes; nay, among the typical races, to recognise *distinctive characters* impressed and stamped upon their varying crania, as indisputable evidence of *degradation* and *elevation* of type. In proof of this, he adverted to the *prognathous* type as one of *degradation;* and remarked that cranial configurations such as these, and where the face, nose, and jaws, ape-like, are all protuberant and projecting, speak a language and point to a destiny which cannot be mistaken; for wherever and whenever ignorance and brutality, destitution and squalor, have for a long time existed, this prognathous type is invariably found to prevail. In striking contrast to this, he adduced, as a type of *elevation*, that of the *orthognathic*, seen among the European nations, the Saxons, Celts, and Scandinavians, where the jaws are upright, and not projecting; the face scarcely, if at all, protruding beyond the forehead; and where, in place of the narrow, low, and retreating forehead, associated with largely developed, massive, and projecting bones of the face and jaws, we are struck with the symmetrical contour of the head, its size, and lateral fulness; but, above all, with the elevation of the forehead in proportion to the size of the face; and, with its broad, expansive, and towering heights, clearly indicating a harmonious development of the whole brain, and a special fulness in the intellectual and moral regions. From the skulls he proceeded to the comparison of the brains themselves, of which they are the bony coverings, after stating that all physiological physiologists were agreed that the great hemispherical ganglia was the sole and exclusive seat of all intellectual action and volitional power. But then, he remarked, to be able to interpret and duly to appreciate the structural differences which we meet with in the brains of the typical races, involves and implies a more exact and complete knowledge of the functions of these different cerebral parts, and of the nervous apparatus of the perceptive and intellectual consciousness, than that to which, he was free to confess, we had yet attained. Still, he affirmed, we are not without some definite knowledge of the functions of the cerebral lobes as psychical instruments; and stated what were the views and convictions of his own mind, not hastily taken up, nor merely founded on the multiplied cranioscopical observations of Gall, Spurzheim, Combe, and Carus, but on the facts of pathology, and of developmental anatomy, compara-

(Continued at page 210)

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 20, 1865.

THE PHYSIOLOGICAL SECTION OF THE BRITISH ASSOCIATION.

It is undoubtedly a subject of congratulation to the Medical Profession, that a sub-section of physiology was established in the British Association, because, as the proceedings of that body are not confined to one portion of the community, but are distributed to all classes by means of the general press, it becomes possible to disseminate sound principles relating to human life and health over a far wider area than could be done by the agency of merely professional meetings or by the publication of class-journals. Although discussions on the essential nature of life, or on the development of the embryo, or on the origin of cells, may be unintelligible to a mixed audience, yet there are many other questions, such as the food of the people in relation to bodily and mental work, the utilisation of sewage, the prophylaxis against epidemic diseases, the operation of alcohol for good or evil on the human system, the effects of tobacco, and the like topics, which possess infinite points of interest, not only to the Medical Profession, but to every individual; and in the conflict of opinions elicited by discussions, some useful and definite results may be attained for the guidance of mankind.

At the meeting in Bath last year, the physiological section was eminently successful, and many of the questions presented to notice were of great practical importance. The two principal topics were, the food of the people, and the utilisation of the sewage, and we believe that the facts described and the opinions expressed upon both of these subjects exercised a very considerable influence upon public opinion. The comparison of the diet of paupers and prisoners opened people's eyes as to the distinction drawn by our legislators between pauperism and crime, to the advantage of the latter, while the details published as to the chemical composition and consequent nutritious character of different kinds of food, although previously well known to physiologists, were now presented in such a popular and intelligible form as to convey many useful and practical lessons of domestic economy to every household in the empire.

The discussions, also, upon the methods of removing sewage from large towns, and the utilisation of manure, were strikingly advantageous at a time when it was in contemplation to carry away into the ocean the valuable matters derived from human excreta, which, when laid upon the soil, are among the great sources of the fertility of the earth, and are, in fact, designed by Nature to act in that capacity. It is not too much, perhaps, to assert that the discussions at Bath contributed in no small measure to prevent the contemplated waste of manure, and to preserve for the culture of the land one of the most valuable materials for the growth of the vegetable world.

We must repeat on the present occasion the expression of our opinion last week, that the physiological section has not been so successful at Birmingham as it was at Bath. The practical questions have been fewer, the hypothetical and technical ones too numerous, and the discussions, for the most part, languid and ineffective. The food question has been debated only in a very partial manner, and without any definite results, and very few of the other subjects have been invested with much interest, either by the writers or the speakers. Indeed, many of the physiological questions have been discussed in other sections, as for instance that of phrenology has been discussed in the section of zoology and botany, the modifications in the shape of the skull from civilisation and other moral causes have occupied the section of geography and ethnology, which latter section has received other papers which more properly belong to the department of physiology.

The question of the utilisation and disposal of sewage ought to have occupied a far more prominent place than it has done at the Birmingham meeting, for in this town, and in Manchester, and elsewhere, the present systems of drainage may be said to be still on their trial. The practice now in operation in many large towns and cities, of diluting the sewage and throwing it wholesale into the rivers, has at length tended to contaminate the latter without contributing much to secure the sanitary improvement of human communities, if, indeed, it has not had the contrary effect; while the loss to the land is manifest and appreciable. In connection with this question, we are informed that Mr. Chesshire, of Birmingham, has devised a plan (now partly in operation in that town) by which the solid part of the sewage is intercepted in its passage from the water-closet to the drain, and is thus detained, without any inconvenience, for the purpose of manure. In the intercepting box, the fluid part of the sewage passes away through a perforated plate, while the solid portion is retained; and by a peculiar contrivance, the latter may be periodically removed without inconvenience, mixed with suitable ingredients, and applied to the soil.

The important subject of the cattle disease, both with regard to its origin and to its influence on human health, has been very lightly touched upon at the Birmingham meeting, although the influence of intestinal worms upon health, and the sources by which these creatures are introduced into the human body, have been ably and fully discussed at the meeting, especially by Dr. Fleming, of Birmingham, and Dr. T. S. Cobbold, of London.

The somewhat worn-out subject of phrenology which belongs to physiology has been revived in the zoological section, and its introduction is by no means objectionable in a popular assembly. Although this system has long been discarded, we believe, by all the eminent physiologists of the present day, a faith in its doctrines still lingers among some portions of the community, and it is only just that its fallacies should be exposed by

the light of anatomical and physiological science, as well as by that afforded by common experience. Not only did one of the lay speakers at the recent meeting adduce instances within his own knowledge of the fallacious nature of the phrenological dogmas, but Dr. Hughes Bennett, of Edinburgh, Dr. Humphrey, of Cambridge, and Mr. Furneaux Jordan, of Birmingham, all showed that, on anatomical and physiological grounds, the system was untenable. Perhaps the labours of Gall were not sufficiently recognised at the recent meeting, by the opponents of his views, as that author certainly did something both for the anatomy of the brain and the classification of the human faculties; but all the speakers on the anti-phrenological side were quite correct in affirming that the anticipations of Gall, as to defining the relative extent of human faculties by the development of certain organs of the skull, had not been realised, and that the measurement of mental emotions and powers by the rule and the compass is an achievement which has not yet been vouchsafed to mankind.

Since the above remarks were in type, we have learned with considerable regret, that the physiological sub-section of the British Association has been suppressed by the General Committee, or, at any rate, that an effort has been made for its suppression. As lately constituted, section D was devoted to zoology and botany, and physiology was a sub-section of the same; but it is now recommended to the next year's meeting that the title of section D shall be changed to biology, or the science of life, whether animal or vegetable; and it has also been recommended that the Council should cease to make special arrangements or to nominate a president for a physiological sub-section. These recommendations, however, are not final, and it will still be possible, next year, to re-establish the physiological sub-section. In the case of section E, which is at present devoted to geography and ethnology, the section has expressed its opinion that a section or sub-section should be established for the discussion of anthropology or the science of man, but the General Committee have unanimously decided that no sub-section for this purpose should be constituted. This decision also is not considered final by the large and increasing section of anthropologists, and another attempt will be made by them to carry their views into operation next year.

THE FORTHCOMING MEDICAL SESSION.

[FROM AN OCCASIONAL CORRESPONDENT.]

Excelsior! aim high, and if you miss the mark 'tis nobly aimed. But buckle on your armour for the task before you is not light, and patience, thought with diligent research, and plenty of it, you will all require. 'Tis well you look before you leap or else, perchance you will sadly spoil your clothes if not your life. 'Tis no light thing to choose a course in which to spend your life. See that your boat is sound before you put to sea, or you may rue it. Life is a game that we can play but once, and so perchance is marriage, both of which require good heed. A man to run a race should not be halt or blind, and if too short, or faulty in the lungs, he may induce disease as well as lose the stake. See, therefore, that you are fitted for this work, and let it not be urged by friends against your will. The future flower that delights the senses with the brightness of its colours and the fragrance it emits, was contained in a small seed that proclaimed none of its beauties; one of these seeds carelessly planted may produce the flower, but how different will that be to another which has been planted in genial soil, and carefully tended; so with mind, aye, and the body too, its development requires judicious attention and training, and the more both are so exercised the more they can bear, and the happier is the future man. Reader, think; think in earnest. A French writer has said, "It is not by rote that we acquire knowledge, it is by our own thoughts," therefore, let me in all earnestness attempt to encourage you in the pursuit of knowledge.

The journey you have just taken to enter at one of the London Hospitals is, perhaps, the most important in your life. You are the life-boat about to be launched on the sea of life, and your mind is the rudder to guide you through all its storms. Exercise discretion; think *now* that you may not regret hereafter. Life with all its honours, wealth, virtues, vices, and its numerous pursuits, is open before you, and you are required, once and for all, to choose and judge for yourself as to the course you will pursue, and the position you will occupy. See, therefore, that you are physically as well as mentally qualified for the work.

But, let us think a little deeper. It has been said that a sound mind in a sound body constitutes health, but who has, or can define what constitutes life? In what does it consist? What part of its wondrous house does this mysterious, this subtle essence occupy? It is easy to ask the question, it is doubtless right to do so, but what confusion it causes in the mind, how the elements of thought start, as it were, with astonishment at an attempt to peer into this deep secret, this etherial something, which one attempts in vain to comprehend. It is even difficult to think about it, much less to understand it. Indeed, what is thought? Whence comes it? To think, to reason, and thereby to progress, doubtless marks the great superiority of man over every other living creature. It is thought that makes a man great, aye, for good or evil, as it is the execution of that thought, matured in secret, that renders him prominent, and transcribes his name in honour or otherwise on the page of history. It has, therefore, been truly said, "that it is by thought we acquire knowledge." In fact, if I may so express myself, thought appears to be to the mind what the stomach is to the body—viz., the main portal through which all food must pass, and by the action of which on suitable material its healthy or diseased state depends. It is clearly as important to our mental culture that we put nothing incongruous or injurious into the stomach of the mind, as into that of the body, and I may say one's reason ought to be to the mind what taste is to the body. If the plumb line then of our thoughts will not fathom the mystery of the principle of life, let us not object to examine the strata within our reach, for possibly by the exercise of our reason, sufficient particles of truth may be collected to guide us through the intricate maze of life, and form an eminence from which we may at least look forward with some certainty and hope to the full elucidation of the question, What is life?

Life, then, where it begins, or where it ends, we know not, but we see its effects, we experience the sensation of life, and, indeed, it is curious to reflect on the fact of being alive. Equally curious is it to see the various viscera in the dead house, each having performed its part during life, but now cold, motionless; aye, even poisonous. What mingled feelings it induces; how it seems to laugh at our pride and pomposity, we may almost see the corpse writing with its pale hand "Ichabod" on the whitewashed wall, and hear it whisper in our ear that significant word "vanity." May we never become so familiar with death as to forget that we too must die, how soon we know not. A long acquaintance with a gun does not lessen its dangerous character; and an acquaintance with suffering should not blunt the spirit of sympathy and kindness for the afflicted, or, I may add, thankfulness for our own health and strength. Nevertheless, our minds are as variously formed as our bodies, and each possesses a peculiar talent

worthy of cultivation. If parents did their duty it would be their privilege, to watch the early buddings of reason, to study the unsophisticated predilections of their dependent charges, and endeavour to find out what their talents were, and direct them accordingly. "Many a flower is born to blush unseen and waste its sweetness in the desert air," and doubtless thousands are unknown to fame, and lead a so far miserably vegetative life in consequence of the uncongeniality of their calling. We must have an appetite for our mental, as well as our bodily food, if we would digest it properly, and, it clearly must be the lack of a healthy appetite, that induces men to give way to habits at variance with reason, happiness, and prosperity. Every excess is a disease of the mind, it stands to reason that it must be so, as a morbid condition of the sensorium alone would permit it. If reason maintained her sway, it would clearly be superior to the bad habit, which would not be tolerated. Let us then see that we live what we follow, and let what we follow be good, as this proves a healthy mind.

The elucidation of truth ought to be the great object of our lives, and it should be cheerfully acknowledged from whatever source it comes, whether from our best friend or our most bitter enemy, from the highest peer, or the lowest peasant.

"Seize upon truth wherever 'tis found,
Amongst our friends, amongst our foes,
On Christian or on heathen ground,
The flower's divine where'r it grows;
Neglect the prickles, and ensure the rose."

Let us not, therefore, fear to act justly, though it may be against ourselves. Think you that it was noble on the part of that high-minded heathen when he sent fruit to save the life of his greatest enemy? I can imagine nothing more so, and is not such an act a reproof to hundreds in even this advanced age? There is no profession or calling in which more nobleness of mind is required than our own.

It is the duty of the Physician to regard man as a whole, formed of the material body, and the immaterial mind. He is clearly associated by the body with the present life, and by the mind with the future; and I don't see how he can avoid the double connection, inasmuch, as the conscientious discharge of his duty must naturally induce an inquiry as to how far the mind is influencing the body, and *vice versâ*. If this hypothesis be correct, does it not follow that it is the most noble study that can occupy the most exalted mind; and one admitting of more room for humility, from its combined grandeur than any other. Why then is, or shall I say, has been the Medical Profession regarded as the lowest of the learned Professions? simply it appears to me because its magnitude and its beauty have not been understood and appreciated by the world at large, or even by its own members. The law is a network of ingenious subtlety, the foundation of which was laid by man, and though as uncertain in its operations as it is intricate in its composition, it is nevertheless, being a human system, partly comprehensible, and capable, in the hands of long-headed men, of making black appear white and white black; and, further, of hocuspocussing every shilling from your pocket into that of its highly organised class. Here every amount of ingenuity and stratagem is expected and looked for, and surely never was a more complicated web spun.

But it is vastly different with the Physician. The foundation of his science is laid by a mighty architect, and he has to examine and study the work of Infinite wisdom; to find out that which the highest powers of the microscope fail to unfold, as each increase of power only reveals new wonders, as deep as they are perfect, as mysterious as they are beautiful—and though its sacredness has been traded on by the unscrupulous, and its mystery used as a cloak to cheat the unwary, it must yet, as truth will prevail, take a high place, and doubtless will hold the most honourable position of either of the professions. To accomplish this, what is required? I think, *unity*, honesty, and earnestness of purpose, not pedantic learning, not a multiplication of works, nor a multiplicity of terms to enshroud the subject with increased learned darkness. If man had built the body as he has the law, this would be admissible; but tread gently here, for thou standest before a work far more wonderful than the worlds which roll in infinite space. Bend thy head in humility, for were each a Newton, his wisdom would be as a grain of sand compared to the world of wonder contained in our complex structure. Let, therefore, lawyers complicate as much as they like, but let us simplify as much as we can. It is not the multiplication of terms that will advance our knowledge, and if one term is known and recognised seek not to change it. A learned critic may object to the name, but he appears to exhibit his learning, or rather his vanity, more than his common sense, by changing it. It is like splitting hairs, which is unworthy an original mind. Still we must take the world as we find it, and our object should be to avoid the errors which others have made, and educate ourselves to do better. Yes, educate ourselves, for this after all is the great task and pleasure of life. Endeavour then to be original. Keep your mind as free as possible from prejudice and yoke even if you should become an M.D. Lond. A great future is in store for Medicine. Surgery is far in advance because it is more exact and mechanical; but how much will this be helped when real science is introduced into the practice of Medicine? How many lives will be saved when the after treatment is better understood! Depend upon it, what the coast was to vessels before the discovery or introduction of the magnet, empiricism is to the true scientific practice of Medicine. Yes; we want humility, as a writer, who has thought and said more than one wise thing, observes, "Nature's machinery, though apparently complex and involved, is nevertheless simple: often, indeed, too simple for man's great mind—and acts by very simple laws, in very regular order, arranged in a consecutive chain of causes and effects, all ordered and foreseen, from the first link to the last, in a way which is more wise, effective, and complete than any of the boasted works of man." Yes, all Nature's laws are simple, and it is by their being observed and adopted by a comprehensive mind that makes a great man. Make her, therefore, your study. Question her at every turn. Why did that apple fall? said Newton; and what was the result? Thoughtfully did Watt watch the steam issue from the kettle—the seed was thereby planted in his brain which has now produced such astonishing results. The pustules on a milkmaid's hands were seed in the right soil, and though the blood had been circulating for thousands of years, Harvey alone demonstrated the fact. Prepare your mind for discoveries. Keep it, also, free from prejudice. Of this is as great a barrier to advancement in the scientific world as interest is in the commercial. A watch-maker in the Strand has invented a watch which for simplicity, durability, ingenuity, and workmanship is admitted to be unequalled. By rights it should have received a prize at the Great Exhibition, but the trade was against it, and as a powerful influence, backed by interest, keeps it for a time unknown. It is just the same in the book trade, if the lion's share does not find its way into the publisher's pocket, depend upon it your book "won't be known in the Row." Trade combination and interest again. A spirit of red-tapeism exists everywhere, which is totally at variance with true progress, as diversity of treatment in every hospital is at variance with true science. However graceful it is for our Government to receive 50,000*l.* annually from Patent Medicines, it is no less discreditable to the Profession itself that it should be so; and yet there are who lend themselves to prescribe and such things, as well as accept miserable pittances for different public appointments, clubs, &c., and thus become the mere tools of inferior men. Think you if such honesty were practised towards the public, and they were benefited as they should be by the scientific administration of Medicine, that they would resort to quacks? Fully we believe that it is our own incompetency and want of individual dignity that alone permits this state of things. Do you find lawyers, or even clergymen working, as a rule, for nothing? Why then should Medical men? It is a bad, rotten system, and bespeaks more weakness than philanthropy, and is as hollow as it is bad.

Earnestly is a change to be desired, both in the practice of Medicine and in the conduct of its members, and earnestly it is hoped that every new addition to our ranks this year will be a gentleman in mind, habits, and conversation, and as such will enlist on the side of reform. Remember, however, that you are being educated in a very small section of that great school—the world, and that when you leave your hospital you will meet with men educated elsewhere, who will hold totally opposite views to yourself, clearly proving, as all cannot be right, that the real gospel has not yet leavened the great mass of error that must at present exist. Question therefore everything; take nothing for granted, and never give as some reason—"Oh! this was Dr. So-and-So's treatment, and I studied under him." Depend upon it there is a reason, and a physiological one too, for the action of every Medicine, or for its good effect in this case and its bad effect in another, apparently of the same character. Be not therefore discouraged. Labour and wait. Strive to excel. Read, observe, and think. Respect those who teach you, and attend to all duties with diligent regularity. Xerxes we are told, on beholding his vast army, wept, to think that in one hundred years not one of all before him would be alive; and Abernethy wept mentally when, on regarding his class, he exclaimed, "God help you."—Yes, to find the truth, the whole truth, and nothing but the truth.

"CYCLOPS'" NINETEENTH LETTER ON PHYSIOLOGY.

To VIGILANS.

Physiology which persists in saying that the recrementitious and nutritious matters in the chyle are separated in the duodenum, must, I think, be at fault. The operation of the small intestines, described in my last, must be either right or wrong. If it is wrong, and the present physiological belief right, then the small intestines ought to have a double tube—one for the nutritious, and one for the recrementitious matters, separated, as they are said to be, in the duodenum; or, that the physiological action of the small intestines ought to be very different from what they are. But no one who thinks on this matter can really imagine this to be required, because the very anatomical structure of the small intestines forbids it. If a vague meaning has been given to the term peristaltic, let one more in unison with natural laws be substituted. If I am right in the physiological laws I have propounded, then we can account for the structure of the small intestines being what they are in shape and functions, and fully able to squeeze out from the whole homogeneous mass of chyle all the nutritious matters it contains. The word peristaltic, as I have now first used it, will serve us hereafter to explain other actions, and that it cannot be taken any more in the simple meaning hitherto given to it.

Now, what has given rise to the idea that chyle is separated in the duodenum? Why, a fallacy manufactured in the laboratory. Chyle, for instance, may have been abstracted; and, owing to the mass being so lightly held by its own chemico-vital laws, when it has stood for a time, a whitish, milky substance has been noticed to swim to the surface, and a yellowish pulp sink to the bottom—the milky substance being the least in quantity. This may be quite true when it is out of the body; but both are inextricably mixed when in their own fluid and vital state within it, precisely as the blood, when drawn, is seen after a time to separate into cruor and serum. As well may we say of this, that it is the duty of the heart to separate these two properties of the blood, when, in fact, the very function of the heart, as having two auricles and two ventricles, and the new-formed blood going into an auricle first, and then into a ventricle, then to the lungs and back again to an auricle, and then into a ventricle, and thence into the large vessels. All which processes would imply a provision to keep the whole mass well mixed and fluid; and nothing, I think, can illustrate better the intention; for without this reasonable philosophy, the heart might just as well have had only one cavity on each side instead of two. Thus a provision seems to be made in the duodenum to do the same thing for the chyle—not to separate it into the masses, but to keep it in one. Mixed as the chyle is, it seems great wisdom that the nutritious matter separates easily from the recrementitious; and it cannot be otherwise than apparent to me, that this latter mass must of itself contain much of the nutrition which could not be got out of it in any other way than by a passage through a tortuous intestine, subject to the knuckling and millstone pressure throughout, which I have described in my last, and what wine-pressers simulate to get all the vinous elements and juice they can out of their grapes. To show the fallacy of the present doctrines, the best of our physiologists comes to this conclusion, *as per book*. Explaining how the duodenum separates the chyle, he says:—"I have just mentioned how the separation of the chyle is performed; but the mechanism of that separation, and the process of chylification, ARE ABSOLUTELY UNKNOWN." To which I say, I most thoroughly believe him; because neither he nor his commentators nor later writers have gone further than the merest supposition, and having guessed at a fallacy, and thereby made a false basis for their reasoning, have not taken into consideration the anatomy or physiology of that intestine into which the chyle, which they speak of, has to be manipulated upon, and the processes therein performed upon it. Hence all the errors and all the darkness in which this subject has been hitherto shrouded. Granted that there are many things we do not understand, yet know somehow that they must take place. If we are satisfied with the law propounded to us, of the digestion in the stomach, which means nothing more or less than that everything taken into that viscus is knocked to pieces and made a creamy mass of, and containing, as a matter of course, elements of all the food or drink taken. Nevertheless, but always with this exception—namely, that they cannot for a moment remain what they were. The chemist may perform many experiments in his laboratory; but he has but few elements to operate with or upon. While taking the laboratory of the stomach, directly anything gets there, it brings at once a hundred elements into play, and in this act reduces all things to a few simple ones. These, amalgamated in their character of chyme, are again acted upon in a second laboratory by a totally different and opposite process. If we cannot work out these ourselves by our limited chemical manipulations, I do not think we should give up a fair philosophical deduction of them. We know that fresh elements are deemed necessary for the waste going on. We know that the waste and the common destruction of all animal properties in the body must be something enormous, and we know that every provision is being made for many being used again. I have, therefore, given it as my firm conviction, that we make, in the way above described, four-fifths of our own vital nourishment; and all we want is one-fifth of the raw material to assist it. It must not, however, be lost sight of, that I wish to bring the gases of the body more prominently forward than has ever been done before. We cannot be insensible for one moment of the extraordinary vitality of the atmosphere in this respect, it being the natural medium in which we live. What facts do we here see? Why; that whatever finds its way into it, never mind from what source, whether from trees, plants, herbage, or from animal substances, living or dead; there is a law that reduces it for the use of vegetation and animals to four-fifths nitrogen and one-fifth oxygen, with other almost immaterial substances. A similar law exists in ourselves, that whatever we take from air, earth, or water, solids or fluids—all are reduced to the few simple elements that make up our entirety, our life—so that when these elements have lost a certain vitality, or unison of action known under this term, fresh laws commence to reduce everything to a mere nothing. For what is that handful of earthy matter which the best and greatest amongst us must one day present, as all that remained of him?

I have spoken of the stomach as not being by any means a conservative organ; I have spoken of the duodenum as being partially one. The small intestines are only so in a very moderate degree, and that by reason of their anatomical formation and their functional duties. In their

commencement they have lacteals freely supplied to them; at parts, as they descend, these are sometimes scarce, then they appear again more freely, as if the intermediate parts had given time to the chylous mass to recuperate fluid elements in order to mix and remash again the recrementitious elements more thoroughly, lest nourishing matter, still lurking therein, might pass off unabsorbed. Then, as it progresses towards the ileum, and less and less oxygen is present, they become sparse and almost absent. We must here admit this to be a wise law, simply because, in the lower part of the ileum, very little or no oxygen at all is found, and the recrementitious matter is about to pass into a viscus where there is none at all.

In reviewing the passage of the chyle, when in full quantity, through the small intestines, we must not forget that the gases are still playing a most important part. The oxygen comes down direct into them, while their activity is great in pressing all fluid matter of a nutritious character out of the general mass into the lacteals, by which their general action is incessantly and regularly performed.

Here, again, we see a useful action which has never been sufficiently noticed, resembling that of the stomach, which I have described in a former letter, as made to do its own work of crushing, and so keeping its muscular powers in proper working condition. The muscular powers of the small intestines do the same. They are not left in the passive state physiologists would infer that they are, if the duodenum separated the recrementitious from the nutritious portions of the chyle. Neither would the small intestines have that healthy muscular character they are seen to possess if they were of the exceedingly passive character necessarily inferred by those who hold the present fallacious belief that they simply absorb the nutritious matter of the chyle, separated by some imaginary process into two parts by the bile in the duodenum. In this state they would indeed be very poor working organs; whereas they have muscular duties to do which keep them healthy and tonic in their action. If it was not for this, I question if much nutritious matter would ever get into the system; and if the present dogmas were right, I do not see the necessity for the small intestines to be supplied with any muscular apparatus at all. Therefore, their presence would be a work of supererogation, and Nature unwittingly wrong in placing them there. No one can disbelieve that where there are muscles, that they were given for power, or to exert power in some way; and that wherever they are present it must follow that any attempted philosophy that seeks to ignore them, and say they are useless, must be false; and I here repeat that the muscular apparatus of the small intestines must be employed in the way I have described on their contents. That they are wary as well as diligent in all their duties, and do not propel any matter through them till they have got everything that is good out of it, in the way I have described.

The same law of exosmosis pertains to the gases they contain. These are being also squeezed through their porous coats, for it must never be forgotten that there are other parts requiring them, and which could only get them in sufficient quantities in this way. There are membranes and fat to be provided for, and these are always ready to receive elements for their nutrition; and what oxygen is not absorbed by endosmose through the pores of the outer body, exposed as it is directly to the atmosphere, may at least be obtained through the mouth by aid of the ingesta and drink that is swallowed; for it is not all at all times absorbed or used by the hydrogens. Thus, when those enormous meals are made by some men, there is a regulating power to carry off at once into the colon much nourishing matter, even when their lacteals have taken up more than is wanted by the system, and hence it is that excess of fat is deposited within and on the outside of many organs and muscles. Thus, then, we see a wonderful process going on from the mere exosmose of gases at the most active functional time of the small intestines. On the other hand, when they are empty, or have little or nothing to do, the opposite action of endosmose takes place, and gases are then absorbed by them, and if it were not for this and the trickling down of elements from the stomach through the duodenum, to keep up a passive muscular action, there would accrue that probability which Nature has always bountifully provided against—namely, of the tube being rendered imperfect. Hence it is that long fasts can be endured;—hence it is that even existence can be prolonged on very little nourishment;—hence it is that Nature is always wise, and when we expand our minds to understand her, we every day find out how very little we really know. CYCLOPS.

P.S.—I notice Dr. Lane's letter in the last number of the MEDICAL CIRCULAR, and as it contains several important suggestive points in physiology, it is worth replying to in detail. I will, therefore, make it the subject of my next letter.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

THIRTY-FIFTH MEETING
OF THE
BRITISH ASSOCIATION.

(Continued from page 205.

tive and human—viz., that the anterior lobes are the seat of the intellectual, the middle of the personal or individual, and the posterior of the social and affectional, activities or attributes, of the human mind. He recognised throughout the hemispheres of the brain and in their tripartite division into anterior, middle, and posterior lobes, with Gratiolet, three stages or planes of development: 1. The inferior or lowest, the *basilar* and *superciliary*. 2. The middle, or *median frontal*; and 3. The highest, the *coronal or superior frontal*, the sole and exclusive prerogative of man. He then hazarded the opinion, that on the comparative evolution and size of the different cerebral lobes, in these stages or plans of development, the individual character is mainly dependent; and that, while the *middle* or personal are the denominating lobes of the brain, as to the animal, moral, and religious activities of the man, it is the *anterior* which indicate the character of his intellectual bearing and attributes, and the *posterior* that of his social tendencies, propensities, and affections. After a lucid exposition of his views, and as subservient to the better appreciation of the psychological significancy and importance of the *structural differences* which are noticed in the convolutions of the brain of civilised and savage man, he remarked that, as the anterior lobes of the brain are the seat of the intellectual activities of the mind, fulness of development and complexity of structure are sure indications of elevation of type; and that the converse, as Gratiolet, from extended observations, has amply shown, is equally true—viz., that simplicity of structure and perfect symmetry of shape and arrangement in the convolutions on both sides of the hemispheres are indisputable marks of degradation of function. Gratiolet, he said, had dwelt on the striking contrast which is presented between the simple, smooth, and symmetrical convolutions on both the hemispheres, on the superior frontal region of the brain, in the inferior races, and that of the unsymmetrical character, and of the great and intricate complexity of the same convolutions among those of the highest. After commenting upon and contrasting the brain of the Negro and the Hottentot Venus with that of the cultivated European, Mr. Dunn gave expression to his regret that, among the other aboriginal and typical races, so little had hitherto been done in the examination and comparison of their cerebral organisations. Ethno-psychology, he said, was still a *desideratum*. He looked forward to the microscopical examination of the ultimate structure of the grey matter of the brain in the typical races of man as pregnant with the most interesting and instructive results. Already his friends Dr. Beale and Mr. Lockhart Clarke, he said, had proved to demonstration that *perceptible differences* exist in the minute anatomy of the grey matter of the convolutions in the brain of man and that of the monkey and the highest anthropoid apes. Dr Beale had succeeded in demonstrating the connection be-

tween the nerve cells and the very finest fibres in the grey matter of the convolutions; and he maintains that the central cells of every nervous instrument form, with the peripheral nerve-cells and connecting nerve-fibres, *uninterrupted circuits;* and that all nerve-cells are connected with, or give origin to, at least two fibres. Mr. Lockhart Clarke had shown that certain *structural differences* are seen in the grey matter of the convolutions of the anterior, middle, and posterior lobes; and this fact, Mr. Dunn observed, was highly interesting and significant, when we bear in mind that it is upon the vesicular substance or grey mattter of the brain, as its substratum, that the mind is dependent for the manifestations of all its activities in this life; and, moreover, that it is here that the ultimate molecular changes take place, which are so intimately connected with the manifestation of mental phenomena. Nay, more, that as complexity of function, necessarily implies, and is connected with, complexity of structure, and as the anterior lobes of the brain are the seat of the highest and most complex psychical activities, he said, it is but reasonable to expect that, in the machinery of their action, as Mr. Lockhart Clarke has demonstrated, the greatest complexity should, in the grey matter of the anterior lobes, be found to exist; that is, in the nerve-cells, nerve-fibres, and circuits. He concluded by adverting to the historical bearings of his subject—to the evidence which is presented by history of the conversion, in *time*, of one type of humanity into that of another, under the influence of outward circumstances, social states, and intellectual culture. As illustrative instances, he adduced the case of the transplanted negroes in America and the West Indies; amongst the Asiatic or Mongolian races, the Turks of Europe and the Magyars of Hungary, and amongst ourselves, as instances of degradation, the Irish of Leitrim, and Sligo, and the vagabond nomades who infest our large cities and towns. In proof of cranial alterations for the better, from the influence of improved social conditions and higher intellectual activities, he directed attention to some casts taken at different periods from the same individuals. In each case, the interval was not a period of leisure, but of great mental activity; and the result in each was seen in the decided enlargement and development of the anterior part of the forehead. In the museum of the late Mr. De Ville, in the Strand, there were upwards, he said of fifty such illustrative examples, highly interesting and instructive, as pointing out and recording beyond all controversy, certain changes in the form and relative positions of the anterior lobes of the brain, in connection with certain intellectual pursuits.

"SIMIOUS SKULLS."

Mr. C. Carter Blake read a paper "On Certain Simious Skulls, with especial reference to a Skull from Louth, in Ireland," which was exhibited on the table. He said the skull now exhibited is the property of the Anthropological Society of London. It was presented to their Museum by Captain Montgomery Moore, who obtained it from Louth Abbey, in Ireland. Nothing more is known of its history. The attention which has been drawn, during the last few years, to the celebrated skull from the Neanderthal, in Germany, has rendered any skull which at all resembles it in its most striking aspects of peculiar interest. I need scarcely recapitulate what the distinctive characters of the Neanderthal skull were said to be, as its ponderous brow-ridges, and the peculiar character afforded by its sutures, are familiar to all who have read Dr. Barnard Davis's excellent paper on it. It was, I believe, left to M. Pruner-Bey to be the first who pointed out the close resemblance between the skull from the Neanderthal and those of existing Irishmen. The arguments brought forward by him are so fresh in our memory that I need only refer to them here. Professor William King, of Galway, in his comparison of the Neanderthal skull with the more normal examples of human crania, refers frequently to a skull from Corcomroo Abbey, County Clare, Ireland, which, from his description, appears to present some points of affinity with the skull from Louth now exhibited. I have said that M. Pruner-Bey, in his arguments for the Celtic character of the Neanderthal skull, rests much of his case on the extreme proportions of dolichocephaly exhibited by it ("Cran. Index, 72"). This dolichocephaly he considers to be an exaggeration of the Celtic characters; in fact, adopting the opinion which Retzius has so widely circulated—that the early Celts were a long-headed (dolichocephalic) race, in opposition to the short-headed prehistoric population of "Turanian" affinity who inhabited Western Europe, prior to the arrival of the Celts, and whose modified descendants were supposed to be identifiable with the Basques, Laplanders, Rhœtians, &c. This theory of course rests on its own basis. It has been recently so severely criticised and ably defended in Paris, that it will here be merely necessary to call our attention to the fact that a certain long-headed type of skull is conventionally associated in our minds with the idea of the "Celt." We are, of course, aware that many early Briton (undoubtedly ancient) remains (*e.g.*, those described by Dr. B. Davis from "Celtic" burial places in Northumberland) exhibit a short-head form of skull; we are far from denying that the true typical Celt—in England, at least—may be brachycephalic; but the confusion which has arisen on this subject appears rather to rest upon the supposition that one uniform race of men overspread western Europe prior to the great Teutonic, Sclavonic, and Roman migrations. So far as regards France, M. Paul Broca has overturned this theory. He has shown that widely distinct races of men inhabited France at the earliest period; the researches of Dr. Thurnam "On the principal forms of Gaulish and British skulls," appear to lead to a similar result. Under these circumstances, we may be content to admit the fact that in Ireland we have an extremely ancient dolichocephalic form of skull; in England an extremely ancient brachycephalic form; in both countries, other and discordant types are to be discovered in river beds of the highest antiquity; turning eastward, the most ancient caves of Belgium appear to afford us another and distinct long-headed type; whilst the Danish tumuli present to us a form which, although brachycephalic, differs most entirely from the brachycephaly of such ancient English skulls as those from Gristhorpe or Codford. Any of the above types of skull may be considered by an observer as "Celtic;" and should this word hereafter be proved to have any meaning, which may be reasonably doubted, anyone will be at liberty to select that skull which he chooses to represent the typical Celt. I shall, therefore, not again employ the word "Celt" in this paper, but merely apply the words "ancient Irish" to denote such skulls, *e.g.*, as are to be found at Louth or Corcomroo. The so-called "river-bed" skulls of Borris and Blackwater will be excluded from the category, and future observers must find their true place. In commencing the description of the Louth skull, I would remark that it is ovately dolichocephalic. The brow-ridges are large, and the points of muscular attachment are well marked. I shall, however, depart from the usual course in description, by passing at once to the characters presented by the sutures of the skull.

Condition of the Sutures.

The "frontal" suture has been early obliterated. No trace whatever exists. The length of the *sagittal* suture is 11·4 centimetres. Throughout the whole of the posterior two-thirds of its length, obliteration has proceeded to such an extent as entirely to obscure, the indications which would have shown its proportions, direction, or serration. The lambdoidal suture is present on each side, in an upward direction, for about two inches from its junction with the *additamentum mastoidalis*. The coronal suture offers some points of interest. Partial obliteration has extended throughout the whole of its course, excepting the portion so deeply serrated above, the postorbital and temporal ridges. The condition of the sutures around the alisphenoid bone demands our special attention. It is only necessary to say that on the left side the spheno-frontal and spheno-parietal sutures are entirely closed, whilst not the slightest trace exists of their direction. Turning, however, to the right side, the shape of the posterior edge of the alisphenoid becomes manifest. A long, narrow tongue of bone extends in front of the squamosal, and is partially confluent with the parietal, especially at the extreme anterior corner of the latter. It has also become, at a less

extent, though still definitely, coalescent with the frontal bone. This coalescence is especially interesting, as, though upon the right side of the skull, it has taken place upon a spot apparently free from the erosive action, which has taken place on the posterior right portion of the skull. It is only necessary to say that, with respect to the squamous suture, no peculiarities meet the eye of the observer. The connection between the mastoid and squamosal bones is obliterated to a great extent, but not more so than is usually observable in aged individuals. I now turn to the other characters of the skull. The brow-ridges are exceedingly peculiar. Enormous frontal sinuses have developed a bony ridge, which extends above the eyes throughout the whole length of the supraciliaries, and is thickest and most pronounced immediately below the glabella. The supraorbital canal on the right side is higher than on the left. Proportionately to the size of the ridge, the supranasal notch does not appear deep. The forehead is rather low and retrocedent, apparently rendered more so by the great size of the supraciliary ridges. The curve of the frontal bone, backwards and upwards, is equable and smooth. When a line from the glabella to the inion is made horizontal, the greatest height of the skull is situated about an inch behind the junction of the sagittal and coronal sutures. When the Abbé Frère's line from the *meatus auditorius* to the centre of the coronal suture is made vertical, the most posterior part of the skull is situated about one inch and a half lower than the apex of the lambdoid suture, and the same distance above the inion. The line of greatest breadth of the skull will be found in a line drawn from the spot of greatest heighth to the apex of the mastoid process. The parietal bones are very slightly flattened between the line of the sagittal and the line of the attachment of the temporal muscle. The traces of the latter are not remarkably prominent. From the above description of the skull, I consider that the following conclusions can safely be drawn. The contracted forehead is due to the premature closing of the sutures surrounding the alisphenoid bone, and the lower medial part of the coronal suture. In early life the frontal and alisphenoid bones being firmly united with the adjacent ones in such a way as to form a bony plate, the same conditions were observed as described by Dr. B. Davis, in his paper on the Neanderthal skull. "It will thus be seen that there is nothing either of a simious character, or that might not have been expected in the low forehead of the Neanderthal skull, in which the brain had to grow and expand under a plate of bone, which appears to have been in a great degree in one solid piece. It was impossible to raise this plate of bone upwards; and the result, as will be seen, was a development to another direction. In the middle region of the calvaria, the sagittal suture being closed the contained cerebral substance could only expand at the sides, in the situation of the squamous sutures; and here the Neanderthal calvarium seems not to lac development. But in the posterior region its greatest expansion took place, precisely because in this part was the open lamdoid suture, which admitted of the growth of the brain. In the figures of this imperfect calvarium, the superior occipital scale is seen to be bulged out, and the whole of what remains of the occipital bone is full and large—the compensatory result for the contracted anterior regions." The above words, which Dr. B. Davies applies to the Neanderthal skull, can be applied, *mutatis mutandis*, to the skull from Louth. The peculiarities which were alleged to be so specially characteristic of the Neanderthal skull, having been proved to be due merely to the premature closing of certain sutures, the fact is not remarkable that such skulls as the specimen, "1,029 of Davis," or as the skull before us, should be encountered not unfrequently. Attention having been drawn to the influence which premature closing of the sutures produces on the form of the skull, it is probable that we shall find many other instances. But the occasional occurrence of such cases leads an anthropologist deeply to regret that such an abnormity as the Neanderthal skull should have ever been put forward as an important link in the series of early forms, connecting man with the lower animals, and to hope that a similar error of generalisation will not occur again in our science. Although to allude to the Neanderthal skull, in the present state of the controversy, may appear to some a superfluous digression, the lesson cannot be too often insisted on, that in examining a skull purporting to be that of "the missing link," it should have been worth while to have enquired whether its peculiarities were not in some degree traceable to the premature ossification of the structures of the skull.

GENERAL CORRESPONDENCE.

CHOLERA.

To the Editor of the Medical Circular.

SIR,—At the present period, when we are likely to be assailed by that terrible pestilence whose shadow seems creeping onwards, it may not prove uninteresting to place before your readers a brief sketch of "Cholera," as it first appeared in this country in the years 1831 and 1832, and subsequently in the years 1848 and 1849. The outbreak commenced in Sunderland, with dropping cases, in November, 1831, though I am disposed to think there were a few cases in October. The general belief was that it was imported to our shores from ships arriving from the Continent more especially Hamburg; but be that as it may, the community were seized with a frightful panic, and alarm prevailed on every side. In the meantime, the Profession were on the alert, and speedily a meeting of the Medical men resident in the town was convened, and held at the Infirmary. The late Dr. Clanny being called to the chair, several resolutions were passed, and, after careful and judicious deliberation, the meeting came to the conclusion that it was truly "Asiatic, or Epidemic Cholera." A memorial was drawn up, signed by those present, and subsequently sent to the Privy Council by the chairman. In the meantime, several post-mortems were being conducted, when the pathological appearances fully substantiated our previous convictions. The government lost no time in dispatching Drs. Barry, Dawn, and Gibson, to investigate and further to report. A cordon of soldiers was suggested so as to prevent ingress and egress to the "doomed town," and ships of war were proposed to be placed in the offing, to prevent all communication by shipping from port to port. These formidable precautions raised the ire of the merchants and shipowners, and the general public, owing to the complete cessation of trade and commerce. A meeting of the merchants, shipowners, and inhabitants, was convened, and held in the Town Hall, which the Medical men were requested to attend, to give their opinions respecting this frightful outbreak. Very few of the Profession attended, it being generally dreaded that there would be much uproar and ill-usage.

Hitherto the disease had confined itself to the alleys, back streets, and filthy lanes of the town, but ere long it extended its influence to a different locality and class of the community—namely, the centre of the High street. One incident occurred which at once convinced the most sceptical of the merchants and others that it was none other than the "foreign disease." A highly-respectable tradesman became the subject of an attack, and was immediately visited by his own Medical attendant. His bed was very soon surrounded by his own physician and the whole government staff. My friend, Mr. Fothergill, in the meantime, suffered from indisposition, and kindly requested me to attend for him. His request was at once attended to. I found the sufferer all but in *articulo morbis*. Having to visit a neighbouring village, I left my patient with my assistant in order to carry out the instructions of the Medical staff during my absence. On returning, I was given to understand that there had been a consultation of the whole staff, and that a recipe was left to be compounded and administered to him as soon as I arrived.

The following may be a digression, but in order to show how little was known in the treatment of the disease, I venture to inform your readers. The contents of the draughts ordered were nothing more than spirits of turpentine, laudanum, and mucilage—one every two hours. One

was given to the patient, but, alas ! he lived not to have a second administered ; and on my informing him that he had only a short time to live, he replied that "he thought I was mistaken, and that he would soon get better." A few minutes afterwards he requested me to give him a drink of water ; having raised him from his pillow for the purpose, reclining on my arm, he at once sank and died.

The result of this case (several having reported that he had died of apoplexy) very soon turned the tide of opinion —that "really and of a truth" we had the disease amongst us. Things thus progressed, and the inhabitants became more reconciled. The professional men, who had been given to turpitude, were discarded ; in fact, I believe one or two were never engaged in a cholera case afterwards. About this time I and my late esteemed friend, Dr. Miller, were appointed inspectors, and deputed to conduct post-mortem examinations of such as died in the neighbouring villages, and report thereon, as well as general inspectors of the whole district. This, of course, brought us in contact with numberless cases. Every endeavour was now made in order to arrest the progress of the disease. Sanitary matters were entertained and carried out ; a large school-room was set apart as a hospital for the reception and treatment of poor and destitute patients, and was so far attended with success until an untoward event occurred. The examination of the body of one of the sufferers having been discovered by some prying individuals, they raised the alarm, and consequently the hospital was soon discarded. Medical men arrived from all parts of our own land, and others from France, Spain, Italy, and Germany, all alike anxious to see the character and progress of this scourge of human nature. Medical conversaziones were held from time to time to discuss matters, and to ascertain, if possible, the most successful mode of treatment, the disease still holding on its course. Such was the imperfect knowledge and treatment of the disease that many succumbed from *mala* practice ; and others (I say it advisedly) went to the graves prepared for them before the "lamp of life" was extinguished, I myself having, in one or two instances, saved them from premature burial, such being the haste, according to orders, to bury the dead. The government officials were quite at sea as to the treatment. The old adage, "When we speak of the dead, to tread softly over their graves," induces me to make a few comments on their mode of treatment. Dr. David Barry, who had recently arrived from St. Petersburg, recommended a solution of common salt to be given to the patient, and in extreme cases the actual cautery (an iron heated to whiteness) to be run down the spine, &c. Dr. Dann suggested castor oil, sulphate of magnesia, Gregory's powder, and the like. The sheet anchor of Dr. Gibson was extensive blood-letting. However, these several vagaries were exploded before the disease became extinct. Calomel, calomel and opium, and Cayenne pepper in large doses were the favourite remedies of many, and in some instances enormous quantities of cold water were given to the poor sufferer, each practitioner administering his favourite, consequently the mortality was great. The inhalation of oxygen gas tended to restore the vitality of the effete blood, thus maintaining the powers of life, together with other means restraining the loss to the system, and affording sufficient and suitable nourishment, not unfrequently proving beneficial. A variety of experiments were conducted by my valued friend, Dr. Clanny, the first to make the analysis both of the blood and the dejections, thus discovering that little or no serum was left in the body, the blood becoming totally inadequate to carry on the powers of life from the draining off of its saline and its constituents.

The disease at last wore itself out, and the town once more resumed its busy scenes of trade and commerce, which had become totally paralysed. During the latter part of 1848, cholera again visited Sunderland, or rather commenced at a colliery situate at Monkwearmouth, on the northern side of the river, where its ravages were very rapid amongst the poor colliers. Subsequently it extended its influence to the surrounding district. I had just returned from Liverpool, having had charge of an extensive district during the "Irish famine fever," and which was shortly followed by diarrhœa and dysentery, numbering no less than three to four hundred cases daily. As the latter were of an epidemic character, and the treatment pursued proving successful, I was disposed to adopt a somewhat similar treatment during this outbreak. My services were soon in request, and, I am happy to state, proved very successful, numbering no less than 700 cases in their several stages ; the deaths averaging not more than eight per cent. I may be permitted to state that I do not believe the disease to be infectious, having so frequently, and, indeed I may say so continuously, been brought in contact with very many of the living and the dead.

Darlington, Sept. 13, 1865. I am &c.,
THOMAS R. TORBOCK, M.D

NEW REGULATIONS FOR THE REGISTRATION OF MEDICAL STUDENTS.

The following Regulations have been adopted by the General Medical Council in reference to the Registration of Students of Medicine :—

1. That the Registration of Medical students be placed under the charge of the Branch Registrars.

2. That every Medical student shall be registered at the commencement of his professional study ; and not until he has passed the preliminary examination.

3. That each of the Branch Registrars shall open a Register of Medical Students, according to the subjoined form ; and that application for registration be made by every such student within fifteen days after the commencement of professional study.

FORM OF THE REGISTRATION OF MEDICAL STUDENTS.

Date of Registration.	Name.	Preliminary Examination in Arts, and Date.	Place of Study.

4. That every person being desirous of being registered as a Medical student, shall apply (in writing) to the Branch Registrar of the division of the United Kingdom in which he is residing, according to a form to be had on application to the several qualifying bodies, Medical schools, and hospitals, and shall produce or forward to the Branch Registrar a certificate of his having passed a preliminary examination in arts recognised by the General Medical Council, and of his place of study ; whereupon the said Branch Registrar shall enter the said applicant's name and other particulars in the Student's Register, and the Registrar shall give him a certificate of such registration accordingly ; and that each of the Branch Registrars shall supply to the several qualifying bodies, Medical schools, and hospitals, in that part of the United Kingdom of which he is Registrar, a sufficient number of blank forms of application for the registration of Medical students.

5. That a copy of the Register of Medical Students so prepared by the Branch Registrars be transmitted to the Registrar of the General Council, who shall, under direction of the Executive Committee, prepare and print an alphabetical list of all registered students, and supply a copy of such authorised list to each of the bodies enumerated in Schedule (A) to the Medical Act.

6. That the several Licensing Bodies be requested not to admit to examination, after October, 1869, any Candidate for Licence or Degree whose name does not appear on the authorised list of Medical students, or whose name is not already on the 'Medical Register.'

7. That the several Branch Councils shall have power to admit special exceptions to the foregoing regulations as to

registration, for reasons which shall appear to them satisfactory.

8. That the Branch Councils be desired to take means to make these regulations known to the Medical students at the various Medical schools.

PRELIMINARY EXAMINATIONS IN ARTS RECOGNIZED BY THE GENERAL MEDICAL COUNCIL.

Resolved,—"That testimonials of proficiency, granted by the National Educational Bodies according to the subjoined list, may be accepted, the Council reserving the right to add to, or take from, the list."

1. A Degree in Arts of any University of the United Kingdom or of the Colonies, or of such other Universities as may be specially recognized from time to time by the Medical Council.
2. Oxford Responsions or Moderations.
3. Cambridge Previous Examinations.
4. Matriculation Examination of the University of London.
5. Oxford Middle Class Examinations (Senior).
6. Cambridge Middle Class Examinations (Senior).
7. Durham Middle Class Examinations (Senior).
8. Durham Examinations for Students in Arts in their Second and First Years.
9. Durham Registration Examination of Medical Students.
10. Dublin University Entrance Examination.
11. Queen's University, Ireland, two years' Arts Course for the Diploma of Licentiate in Arts.
12. Preliminary Examinations at the end of A.B. Course.
13. Middle Class Examinations.
14. Matriculation Examinations.
15. First Class Certificate of the College of Preceptors.
16. "Testamur" granted by Codrington College, Barbadoes.
17. Degree of Associate of Arts granted by the Tasmanian Council of Education, with a Certificate that the student has been examined in Latin and Mathematics.
18. Resolved,—"That students who cannot produce any of the Testimonials referred to in the first recommendation [as above] be required to pass an Examination in Arts, established by any of the bodies named in Schedule (A) of the Medical Act, and approved by the General Council."

FRANCIS HAWKINS, M.D., Registrar.

Application for Registration as a Medical Student.

I hereby apply to be Registered as a student in Medicine, in conformity with the Regulations of the General Council of Medical Education and Registration for the United Kingdom, for which purpose I submit the following particulars :—

Name of Applicant. (To be written in words at length.)		Prelim. Exam. in Arts.	Date of Prelim. Exam. in Arts.	Place of Medical Study.
Surname.	Christian name.			

*Applicant's Signature,*_____

*Address,*_____

*Date of Application,*_____

To the REGISTRAR OF THE MEDICAL COUNCIL FOR ENGLAND,
32 *Soho square, London, W.*

N.B.—The above Form of Application, duly and legibly filled up, must be forwarded to the Registrar, post free, and be accompanied by Certificates, 1st, of the applicant's having passed a Preliminary Examination in Arts, recognised by the General Medical Council; and 2ndly, of his entrance, and the date of it, at a place of Medical study.

Students who shall have commenced their professional studies more than fifteen days before the 2nd October, 1865, will not be required to be registered by the Registrar of the Medical Council.

UNQUALIFIED MEDICAL PRACTITIONERS.

On Monday week, Mr. John Humphreys, the coroner for East Middlesex, resumed a protracted inquiry respecting the death of Maria Perfitt, aged eight months, who died under the following circumstances :—

The evidence went to prove that the deceased's parents resided at the residence of a chemist named Winter, at 109 Bethnal-green road. The deceased was taken ill with a cough, and a gentleman styled Turner was in the practice of attending sick patients. He was not duly qualified, but he was in the habit of visiting sick persons. He saw the deceased, and prescribed medicine and ordered mustard poultices to the chest. He said the child was dangerously ill, and shortly afterwards it died. He afterwards gave a certificate as to the cause of death, which was duly received by the registrar of the district.

Dr. James Edmunds said he had examined the body. There were no marks of violence ; but in making a post-mortem examination of the body he found the lungs diseased and broken, as if from violent coughing. They were also congested. The other organs were generally healthy. The immediate cause of death was bronchitis. The lungs were also strained and ruptured.—By a Juror: The deceased in such a condition ought to have had the best of nourishment ; but the medicines ordered by Mr. Turner were quite right according to the usual practice for such a malady.—Mr. Thomas Turner, of No. 26 Approach road, Victoria park, said that he had been practising as a surgeon for sixteen years. He had been a Medical student, but had not taken up his diploma, nor was he registered according to the Medical Act of Parliament. The certificate as to the cause of death was in his handwriting, and he kept a book with printed forms, which he obtained from Mr. Murray, the registrar of the Hackney road district. He was in the habit of attending sick persons, and he was of opinion that he had a right to do so.—A Juror: Did you not attend a Mrs. Clevely in her confinement, who died?—Witness: I was called to the case, but I did not attend to it. I advised the friends to send for another Medical gentleman, as it was a highly dangerous case.

After some further evidence, Mr. Turner addressed the jury at length, and cited several cases from Medical works in justification of his conduct.—The Coroner, in an impartial manner, summed up the facts adduced, and said although it was clear the child had died from natural causes, it did not justify Mr. Turner in acting as a Medical practitioner without being duly qualified. He was liable to a prosecution under the Apothecaries' Act, and open to a fine of 20*l*.

A Juror (Mr. Unwin, a guardian) said that he considered that Mr. Turner ought to be censured for acting as a surgeon without a diploma.

The other members of the jury objected to the proposition, and ultimately they agreed to a verdict of "Natural death from bronchitis."

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, Sept. 14: —Napoleon Bisdee Major, Hungerford, Berks; John Charles Compson, Edinburgh Royal Infirmary; John Lloyd, Birmingham ; and Robert Stuart, Woolwich. The following gentleman also on the same day passed his first examination :—Frederic Morell Mackenzie, London Hospital.

STATUE OF DR. JENNER.—On Monday week there was nveiled at Boulogne a statue erected in honour of the Inglish physician, Dr. Jenner, by the united exertions of a ociety of *savans* in Paris and the municipal corporation of Boulogne-sur-Mer. The statue stands on a marble pedestal bout 12 ft. high, and measures nearly 10 ft. in height. It s of iron, bronzed by galvanic acid. The *pose* of the gure, which is clothed in the costume of 1810, is easy. he head is slightly inclined, as though absorbed in thought. n the right hand he holds a lancet; the left hand reposes n a pile of treatises placed on a pedestal, from which deends the sketch of a cow. The right foot is firmly placed ver the word "Angleterre," while the left is advanced ver the word "France." On the border of the groundork is inscribed the name "Jenner," and on the pedestal s imprinted "A Edward Jenner, la France reconnaissante 1me Septembre, 1865."

UNQUALIFIED PRACTITIONERS IN POLICE COURTS.—At he Mansion House, on Wednesday, in consequence of some lleged malpractices, the Lord Mayor said he must lay own stringent rules for the future that none but barristers, ertificated attorneys, or their articled clerks should be llowed to conduct either a prosecution or a defence in this ourt. This salutary rule will prevent certain qualified ractitioners from taking fees and then leaving the business o be done by unqualified persons, frequently to the detrinent of prosecutors as well as prisoners. A case now occurred contrary to the new rule. A person rose to defend prisoner, but on being questioned he said he had been irty years in the profession, but he had not taken out his ertificate this year.—The Lord Mayor said he must decline o hear him.—The case then proceeded without his services. —[Why are not unqualified practitioners of Medicine treated n an equally summary manner?—ED. MED. CIRCULAR.]

APPOINTMENTS FOR THE WEEK.

EDNESDAY, SEPT. 20.—Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

HURSDAY, SEPT. 21.—Operations at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

RIDAY, SEPT. 22.—Operations at the Westminster Ophthalmic Hospital, 1½ p.m.

ATURDAY, SEPT. 23.—Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

ONDAY, SEPT. 25.—Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

UESDAY, SEPT. 26.—Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

L. T. R. TORBOCK'S letter is inserted.

W. (Rumsey).—From the description given by our correspondent, we cannot distinctly understand the causes of the affection to which reference is made. Unless all the circumstances are explained we are unable to offer any opinion on the case. Either of the gentleman named may be consulted with advantage.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—A gentleman called on me a few weeks ago as agent to the "United Kingdom Medical Association, established for the Protection of the Profession, and Recovery of Debts," &c. Offices, 11 Cannon Street West, E.C.; London Local Offices, Eldon House, 87 Camberwell Road.

Legal agents and private correspondents throughout the United Kingdom. Annual subscription, one guinea per annum, to be paid on entering as a subscriber. The above fee I paid, but before sending my accounts for collection, I was desirous of knowing the respectability of the firm.

If you would afford me your opinion on the subject as a subscriber to your MEDICAL CIRCULAR, I should esteem it a great favour.

Sept. 7, 1865. I am, &c., B. T.

[Perhaps some of our correspondents can answer this question.—ED. MED. CIRCULAR.]

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—I will feel much obliged by your informing where I can procure Schönbein's test paper for ozone. I am &c.,

Mallow, Co. Cork, Sept. 2, 1865. THOS. H. JUSTICE, M.D.

[It may be procured through any wholesale druggist.—ED. MED. CIRCULAR.]

Guy's Hospital.—The Medical

SESSION commences in OCTOBER. The Introductory Address will be given by Thomas Bryant, Esq., on MONDAY, the 2nd OCTOBER, at 2 o'clock.

MEDICAL OFFICERS.

Physicians—G. H. Barlow, M.D.; Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Assistant Physicians—S. O. Habershon, M.D.; S. Wilks, M.D.; F.W. Pavy, M.D., F.R.S.
Surgeons—Edward Cock, Esq.: John Hilton, Esq., F.R.S.; John Birkett, Esq.; Alfred Poland, Esq.
Assistant-Surgeons—J. Cooper Forster, Esq.; T. Bryant, Esq.; Arthur Durham, Esq.
Obstetric Physician—Henry Oldham, M.D.
Assistant Obstetric Physician—J. Braxton Hicks, M.D., F.R.S.
Surgeon Dentist—J. Salter, Esq., F.R.S.
Surgeon Aurist—J. Hinton, Esq.
Eye Infirmary—John F. France, Esq., Consulting Surgeon; Alfred Poland, Esq., Surgeon; Chas. Bader, Esq., Assistant Surgeon.

LECTURERS—WINTER SESSION.

Medicine—Owen Rees, M.D., F.R.S.; S. Wilks, M.D.
Surgery—John Birkett, Esq.; Alfred Poland, Esq.
Anatomy—J. Cooper Forster, Esq.; Arthur Durham, Esq.
Physiology—F. W. Pavy, M.D., F.R.S.
Chemistry—Alfred Taylor, M.D., F.R.S.
Experimental Philosophy—Hilton Fagge, M.D.
Demonstrations on Anatomy—J. Bankart, Esq.; Hilton Fagge, M.D.
Demonstrations on Morbid Anatomy—Walter Moxon, M.D.

LECTURERS.—SUMMER SESSION.

Demonstrations on Cutaneous Diseases—S. O. Habershon, M.D.
Medical Jurisprudence—Alfred Taylor, M.D., F.R.S.
Materia Medica—S. O. Habershon, M.D.
Midwifery—H. Oldham, M.D., and J. Braxton Hicks, M.D., F.R.S.
Ophthalmic Surgery—A Poland, Esq., and C. Bader, Esq.
Pathology—Walter Moxon, M.D.
Comparative Anatomy—P. H. Pye-Smith, M.D.
Use of the Microscope—Arthur Durham, Esq.
Botany—C. Johnson, Esq.
Practical Chemistry.—T. Stevenson, M.D.
Demonstrations on Manipulative and Operative Surgery—T. Bryant, Esq.
Vaccination—J. Braxton Hicks, M.D., F.R.S.

The Hospital contains 600 Beds. Special Clinical Instruction given by the Physicians in Wards set apart for the most interesting cases.

Clinical Lectures—Medicine, Surgery, and Midwifery—weekly.

Lying-in-Charity.—Number of Cases attended annually, about 2,000.

Twenty-six Beds for Diseases of Women. Thirty Beds for Ophthalmic cases.

Museum of Anatomy, Pathology, and Comparative Anatomy (Curators—S. Wilks, M.D., and W. Moxon, M.D.); contains 10,000 specimens, 4,000 drawings and diagrams, a unique collection of Anatomical Models, and a series of 400 Models of Skin Diseases.

Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. They are required to pay 40*l.* for the first year, 40*l.* for the second, and 10*l.* for every succeeding year of attendance, or 100*l.* in one payment entitles a student to a perpetual ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents, and Dressers in the Eye Wards, are selected according to merit from those Students who have attended a second year. A Resident House-Surgeon is appointed every four months from those Students who have obtained the College Diploma.

Six Scholarships, varying in value from 25*l.* to 40*l.* each, will be awarded at the close of each Summer Session for general proficiency.

Two Gold Medals will be given by the Treasurer—one for Medicine and one for Surgery.

A Voluntary Examination will take place at Entrance in Elementary Classics and Mathematics. The three first candidates will receive respectively 25*l.*, 20*l.*, and 15*l.*

Several of the Lecturers have vacancies for Resident Private Pupils.

Mr. Stoker, Apothecary to Guy's Hospital, will enter Students and give any further information required.

Guy's Hospital, August, 1865.

University College, London.

The SESSION of the FACULTY of MEDICINE will OPEN on MONDAY, October 2.

INTRODUCTORY LECTURE at 3 p.m. by JOHN MARSHALL, F.R.S., Surgeon to the Hospital and Instructor in Practical Surgery in the College. Subject—"The Art of Healing, its Scope, Limits, and Relations with Science."

LECTURES FOR WINTER TERM.—Anatomy: Professor Ellis. Anatomy and Physiology: Professor Sharpey, M.D., F.R.S. Chemistry: Professor Williamson, F.R.S. Comparative Anatomy: Professor Grant, M.D., F.R.S. Medicine: Professor Jenner, M.D., F.R.S. Practical Physiology and Histology: Professor Harley, M.D., F.R.S. Surgery: Professor Erichsen. Dental Surgery: Mr. Ibbetson, F.R.C.S.E. Medical Clinical Lectures by Dr. Jenner, Dr. Hare, and Dr. Grailly Hewitt; also by Dr. Reynolds, Professor of Clinical Medicine, whose special duty is to train the pupils in the practical study of disease. Surgical Clinical Lectures especially by Mr. Quain and by Mr. Erichsen. Lectures on Ophthalmic cases by Mr. Wharton Jones.

SCHOLARSHIPS, EXHIBITIONS, AND PRIZES.

Three Entrance Exhibitions of the respective value of 30*l.* 20*l.* and 10*l.* per annum, tenable for two years.

Atkinson Morley Surgical Scholarship for the promotion of the study of surgery, 45*l.* per annum, tenable for three years.

Longridge Exhibition for general proficiency in Medicine and Surgery, 40*l.* October, 1865, and October, 1866.

Filliter Exhibition for general proficiency in pathological anatomy, 30*l.*

Dr. Fellowes' and Liston's Medals for clinical medicine and clinical surgery,

Prospectuses and the regulations for scholarships, exhibitions, and other prizes, may be obtained at the office of the college.

GEORGE HARLEY, M.D., F.R.S., Dean of the Faculty.

August, 1865 CHAS. C. ATKINSON, Secretary to the Council.

The Lectures to the classes of the Faculty of Arts will commence on Monday, the 9th of October.

GENERAL MEDICAL COUNCIL.
32 SOHO SQUARE, LONDON, W.
September, 1865.

Registration at the Commencement
OF PROFESSIONAL STUDY.

NOTICE is hereby given, that Regulations for the Registration of Medical Students have been sent to all the recognised Schools of Medicine in England. Students commencing their studies are directed to apply to the Registrar for England, according to the Form with which they will be supplied on application to the several Qualifying Bodies, or at the Schools of Medicine and Hospitals.

The Albert Veterinary College
(Limited),
QUEEN'S ROAD, BAYSWATER.
SESSION 1865-66.

PRINCIPAL—Professor JOHN GAMGEE.

INAUGURAL ADDRESS on MONDAY, the 2nd October, at Three p.m. precisely.

Prospectuses and information relating to the competition for a Free Studentship, &c., may be obtained on application from the Secretary.

Holders of ten shares in the company, persons who pay two guineas per annum, or twenty guineas in one sum as a life subscription, have the privilege of attendance on their sick animals, and examination for soundness, according to the rules and regulations, to be had from.

J. P. ISAACSON, Secretary.

Bethlem Hospital.—With a view of
extending the experience requisite for the efficient Medical Treatment and Management of the Insane, this Hospital is open for the admission of two Resident Medical Students who have recently obtained their Diplomas to practise Medicine and Surgery.

They will be permitted to reside in the Hospital for a term, generally not exceeding six months, and will be provided with such apartments, rations, and attendance as the Committee shall consider reasonable.

They will be under the direction of the Resident Physician, and will be elected by the Committee from candidates whose testimonials appear to be most satisfactory.

Applications for the appointments, with testimonials, to be forwarded to Bridewell Hospital, Blackfriars, E.C., addressed to A. M. Jeaffreson, Esq., on or before Monday, the 9th of October next.

The election will take place on the 16th of October, and the elected candidates will be expected to commence residence on the 1st of November.

A. M. JEAFFRESON, Clerk.

September 2, 1865.

Royal Free Hospital.—Winter Ses-
SION, 1865-66.—The Pathological Practice of Surgery will continue to be demonstrated at the Bedside and in operations, on Wednesdays and Saturdays, at 2 P.M. by FREDERICK JAMES GANT, F.R.C.S., Surgeon and Pathological Anatomist to the Hospital.

Royal Free Hospital.—Winter Ses-
SION, 1865-66.—Practical Instruction in Surgery to First Year Students, and Dresserships to Students, after two years' Professional Education, both in accordance with the recent Regulations of the Royal College of Surgeons of England, may be obtained at this Hospital.

For particulars apply to

THOMAS STRANGEWAYS, Registrar.

The Middlesex Hospital Medical
COLLEGE.—The WINTER SESSION will open on Monday, Oct. 2nd. The Introductory Lecture by Dr. J. HALL DAVIS.

MEDICAL STAFF OF THE HOSPITAL.

Dr. Stewart, Dr. Goodfellow, Dr. Henry Thompson, Dr. J. Hall Davis, Dr. Murchison, Dr. Greenhow, Dr. Burdon Sanderson, Mr. Shaw, Mr. De Morgan, F.R.S., Mr. Moore, Mr. Nunn, Mr. Hulke, Mr. Lawson, Dr. Cayley, Mr. Tomes, F.R.S., Mr. Bell, Mr. Turner, Mr. Watts.

OTHER LECTURERS.

Dr. Robert Liveing, M.A., Mr. Sibley, Mr. T. Taylor, Mr. Heisch, Dr. W. Woodham Webb, Dr. T. Spencer Cobbold, F.R.S.

The Hospitable contains upwards of 300 beds, and has special Departments for Cancer, Syphilis, Uterine Diseases and Ophthalmic Cases.

Six Resident Clinical Appointments, with free commons, tenable from six to twelve months, can be competed for by all general students, under prescribed regulations.

In place of the ordinary Prize system, a Medical Tutor (Dr. Liveing) has been appointed, who will assist all first and second-year's men in their studies, free of expense.

The Prospectus, bontaining full details, will be forwarded on application to Mr. Watts, the Resident Medical Officer of the Hospital.

Mr. Campbell De Morgan, F. R. S., the Treasurer, will afford further information if required. T. W. NUNN, Dean.

Sydenham College Medical School,
Summer Lane, Birmingham, (opposite the General Hospital.)—The SESSION 1865-6 will COMMENCE on TUESDAY, October 3rd, at Three P.M., with an INTRODUCTORY ADDRESS by Mr. FURNEAUX JORDAN.—A Prospectus, containing full particulars, will be sent, and further information obtained on application, either personally or by letter, to the Principal, Dr. Bell Fletcher, Waterloo street; the Treasurer, Dr. Russell, Newhall street, who is authorised to enter Students; or to the Secretaries, Mr. Bassett, Hockley Hill, and Mr. Howkins, Bennett's Hill, Birmingham.

St. Mary's Hospital Medical School.
The WINTER SESSION 1865-66 will commence on Monday, Oct. 2nd, at 8 o'clock P.M., with an Introductory Address by Dr. HANDFIELD JONES, F.R.S.

At this Hospital the Medical Appointments, including five House-Surgeoncies, the annual value of which exceeds as many Scholarships of 50*l* each, and a resident Registrarship at 100*l*. a year, are open to the pupils without additional fee To enter, obtain prospectus, and for other information, apply to any of the Medical Officers and Lecturers, or to

ERNEST HART, Dean of the School.

Westminster Hospital School of
MEDICINE. The Introductory Address of the Session 1865-66, will be delivered in the Lecture Theatre, by Mr. BARNARD HOLT, F.R.C.S., on Monday, the 2nd of October, at 8 P.M. After the Address, a Conversazione will be held in the Board-room of the Hospital. The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament, A.D. 1836. It contains 200 beds, and affords relief to about 28,000 out-patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Anstie, Dr. Gibb, Dr. Willis.
Physician Accoucheur—Dr. Frederic Bird.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse.
Assistant-Surgeons—Mr. Hillman, Mr. Power, Mr. Heath.
Surgeon-Dentist—Mr. Walker.

LECTURES.—WINTER SESSION.

Descriptive and Surgical Anatomy—Mr. Christopher Heath.
Practical Anatomy—Mr. W. F. Teevan.
Physiology and Physiological Anatomy—Mr. Power.
Chemistry—Mr. A. Dupre, Ph.D.
Medicine—Dr. Basham.
Surgery—Mr. Holthouse,
Dental Surgery—Mr. Walker.

SUMMER SESSION.

Botany—Mr. Syme, F.L.S.
Materia Medica and Therapeutics—Dr. Anstie.
Forensic Medicine—Dr. Gibb and Dr. Willis.
Midwifery—Dr. Frederic Bird.
Practical Chemistry—Mr. A. Dupre, Ph.D.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.

Clinical Lectures will be deliveved weekly during the Winter and Summer Sessions by the Physicians and Surgeons.

PRIZE APPOINTMENTS AND PRIZES.

The offices of House-Physician and House-Surgeon are open to competition amongst gentlemen who have been educated at the Hospital, and who are qualified to practise under the Medical Registration Act. The House-Physician and House-Surgeon are not only appointed without the payment of any fee, but they are provided with board and lodging in the Hospital free of expense.

The Assistant House-Surgeon is appointed without fee from among the senior students by examination, and is provided with commons at the Hospital table.

Clinical Clerks and Dressers are selected from the most qualified students without additional fee.

The entire course of study (including Hospital Practice and Lectures) required by the Colleges of Physicians and Surgeons and the Society of Apothecaries may be attended on payment of 7 guineas, in three instalments. Perpetual. 80 guineas. Further information may be obtained on aplication to Mr. Power, 3 Grosvenor terrace, Pimlico, or to any of the Lecturers at the Hospital.

Mr. G. Hind, F.R.C.S., will resume
his DEMONSTRATIONS and EXAMINATIONS on the 13th of September, at 29 Newman street, Oxford street. Hours, from 10 to 11 A.M., and from 6 to 8 P.M.

NEW EDITION.—POST FREE.

Gabriel's Pamphlet on the Teeth,
(ILLUSTRATED AND DESCRIPTIVE.) Explaining the only effectual mode of supplying Artificial Teeth without pain, to answer in every particular the purpose of natural masticators. These Teeth are supplied on the principle of capillary attraction and suction, thus dispensing entirely with springs, and are supplied at moderate charges.

MESSRS. GABRIEL, THE OLD-ESTABLISHED DENTISTS.

LONDON:—27 Harley street, Cavendish square, W

CITY ESTABLISHMENT:—64 (late 36) Ludgate hill (four doors from the Railway bridge)

134 Duke street, Liverpool. 65 New street, Birmingham.

Complete Set of Medical Account
BOOKS for 1865.

SPECIMENS forwarded on application.

London: John Smith and Co., Medical Stationers, 52 Long acre

The Visiting List for 1865
NOW READY.

The Medical Circular.

SCIENTIFIC ARTICLES.

STATISTICS OF INSANITY.

Dr. Hugh G. Stewart, Assistant Medical officer of the Crichton Royal Institution, Dumfries, draws the following conclusion from the records of the Asylum during the period of twenty-four years.

I. *Sex.*—1. There were 16 per cent. more males than females under treatment. 2. That the females recover more readily than the males. 3. That the number of deaths in each sex is nearly equal.

II. *Domestic Condition.*—1. That most of the patients were single. 2. That the highest proportion of recoveries was among the married, the next among the single, and the lowest among the widowed. 3. That the smallest proportion of deaths was among the married, a higher among the single, and the highest in the widowed. 4. That the married with offspring had a much greater chance of recovery, and a much less chance of death, than the married without offspring.

III. *Education.*—1. That those having a superior education recover less frequently than those whose minds are not so highly cultivated. 2. That those having moderate and indifferent educations have the best chance of recovery. 3. That the highest mortality occurs among those whose education is indifferent.

IV. *Occupation.*—1. That members of the learned professions have much less chance of recovery than men in any other occupation. 2. That artisans have the largest proportion of recoveries among them, proprietors next, commercial men next, and architects, engineers, &c. next. 3. That death is more frequent among the members of the professions and less so among the other classes. 4. That among the females the fewest recoveries are among the affluent class, and the greatest in the commercial and artisan class. 5. That the deaths among females are more frequent in the artisan and affluent than in the commercial class.

V. *Cause.*—1. That the ascribed cause of insanity is much more frequently physical than moral. 2. That moral causes are more frequent among the females than the males. 3. That moral causes, both among males and females, produce an insanity more easily curable than physical causes. 4. That death in both sexes occurs more frequently among cases of mental disease produced by moral than by physical causes. 5. That one half of the cases were hereditary, and that 12 per cent. of them were ascribed entirely to hereditary transmission. 6. That the cases produced by easily removable causes are the most curable.

VI. *Age at which the Insanity first appeared.*—That the greatest number of first attacks occur between the ages of twenty and thirty years. 2. That the highest percentages of recoveries occur in those attacked at the climacteric period, namely, between the ages of ten and twenty, and forty and fifty years. 3. That the recoveries are next most frequent in those first attacked between twenty and thirty; and that as life advances (with the exception of those in the disorder mentioned in the preceding paragraph) the chances of recovery diminish. 4. That the percentage of death is higher the greater the ages at the first appearance of the insanity.

VII. *Number of attacks.*—1. That 66 per cent. of the cases admitted are first, 15 per cent. second, 7 per cent. third, and 9 per cent. frequent attacks. 2. That by far the lowest proportion of recoveries takes place in those that suffer from the first attack, and that those having a second or frequent attacks recover in a much higher proportion. 3. That the proportion of deaths is higher in the first, and generally lower in the frequent attacks.

VIII. *Duration of attack prior to Admission.*.—1. That the earlier the patient is placed under treatment the greater is his chance of recovery. 2. That the number of deaths is fewer in those admitted soon after the appearance of insanity, than in those in which the disease has existed for longer periods.

IX. *Bodily Health.*—1. That nearly one half of the cases had good bodily health; that in 31 per cent. it was indifferent, and in 18 per cent. it was bad. 2. That the recoveries were high among those having good, but highest in those having indifferent, and lowest in those having bad health. 3. That the deaths were lowest in the first class intermediate in the second, and highest in the third.

X. *Age on Admission.*—That the greatest number of patients admitted are between the ages of twenty and fifty. 2. That most recoveries take place in those whose age is between fifteen and twenty, and forty-five and fifty-five the two climacteric periods (see heading VI). 3. That the proportion of deaths steadily increases in proportion to age.

XI. *Form of Mental Disorder.*—1. That mania was the most frequent form of mental alienation; next melancholia, next monomania, and next dementia. 2. That after dipsomania, melancholia was the most curable, and after it mania and monomania. 3. That the deaths were most frequent in fatuity and dementia, less so in monomania; and that in mania and melancholia they were in the lowest proportion.

XII. *Duration of Attack.*—1. That the greatest number of attacks of mental disease last for less than one year. 2. That the longer the attack the fewer the recoveries. 3. That the longer the attack the greater becomes the proportion of deaths.

XIII. *Duration of Residence in the Asylum.*—That the mass of cases remain less than one year in the asylum. 2. That such cases are the most curable. 3. That more than a half of those cases that remain only for a month die, and that in those remaining six months the mortality reaches its minimum, and thereafter, in the longer periods of residence, on the whole, increasing.—'Journal of Mental Science, July, 1865.'

A FEW WORDS AGAINST THE HABITUAL USE OF PURGATIVES.

By C. B. RADCLIFFE, M.D., F.R.C.P.

Not a few persons still look upon purgatives as necessaries of life. They seem to think that their bowels would never act without the customary pill or potion. They stare incredulously if they are told that constipation is the natural result of some error of diet. They scout the idea that in some cases the bowels are habitually constipated with advantage, and not with disadvantage. Nor can it be denied that the conduct of not a few Medical men is such as to encourage rather than to contradict these notions.

I object to the habitual use of purgatives on two grounds chiefly. In the first place, I object because the object in view may be attained by a more ready and rational way; that is, simply by regulating the diet in a proper manner. In the second place, I object because the very cases in which purgatives are habitually resorted to are very often those in which the constipation which it is intended to remove is a state to be encouraged, rather than a state to be corrected. To show fully why I make these objections is not possible in the few minutes at my disposal. I can only hint at the reasons which have influenced me; and this, in fact, is all I propose to do.

1. Man is an omnivorous animal. Originally it was not so. Then, "every herb bearing seed which is upon the face of all the earth, and every tree, in which is a fruit of a tree yielding seed," was ordained for meat. Now it is very different; and it is to the butcher, rather than to the gardener, that man looks for his daily food. And what must be the consequences, so far as the bowels are concerned, of so doing? What must be the consequences, in this respect, of taking too much animal food, and too little green meat? These are questions to answer which it is not necessary to look further than to the illustration supplied in the case of a herbivorous animal, and in that of a carnivorous animal—the cow, for example, and the lion. The

cow grazes on grass, and has a semifluid motion every hour or thereabouts. She is, so to speak, in a state of habitual diarrhœa; and this is her natural state. The lion, on the other hand, gorges on flesh. He eats seldom; and his bowels are relieved of a mass of little more than dry earthy matter once a fortnight, or even not oftener than once a month. He is in a state of very decided constipation; and this state is natural to him. As, therefore, the food of man departs from that of the lion and inclines to that of the cow, it may be expected that his bowels will act more and more after the fashion of the cow; and so, in fact, it is. Supply green meat—salad, fruit, and the rest—and the bowels, as a rule, will act well enough; withhold it, and constipation will be the result. This is my experience in this matter. At any rate, this much I may say, that I have always been able to dispense with the habitual use of purgatives by attending to this point, and to that which I have next to consider.

In regulating the bowels, it also seems to be important to bear in mind the composition of the natural food provided for the state of infancy. This food, of course, is milk. Now milk, especially human milk, contains a large quantity of cream—contains a large quantity of that ingredient which is carefully extracted in too many instances from the milk which too often has to do duty for mother's milk. And what is it which this cream is intended to do? Part of it, it is probable, has to be burnt in the respiration in order to keep up the heat of the body. Part of it, it is possible, has to act as food for nerve-tissue, by supplying some of the oily matter, which is an essential ingredient in this tissue. And the rest—what of it? It is possible—nay, it is probable—nay, rather it is certain—that it will further the secretion of bile; for it is one of the functions of this secretion to dispose of unused-up "respiratory fuel." Hence, to feed an infant on skimmed milk may lead, of necessity, as one of its consequences, to constipation, by stinting the natural outflow of bile into the bowel; and hence the natural remedy for the constipation thus arising may be, not "to seek to regulate the secretions," but simply to follow Nature's lead, and restore to the milk used as food what had been robbed from it—namely, its cream. Surely in theory it is better to be *secundum naturam* than *secundum artem*, and most assuredly all I have seen in practice has taught me to prefer cream to grey powder, or any other abomination of the kind, as a means of correcting the constipation of infants. Indeed, my own experience amounts to this: that sickly spoon-fed infants have improved in health, and ceased at the same time to be sources of solicitude as to the condition of their bowels, as soon as care was taken that the milk used in their food was not deficient in the natural amount of cream. And, if this be so with infants, why should it be otherwise with persons of maturer age? If this be so with cream, why should it not be so also with butter, fat, and oily matters of other kinds? In theory, I can find no reason why it should not be so; and still less so in practice. Practically, indeed, I can say this without hesitation: that the result of insisting upon the addition of a due amount of oily and fatty matter to the food, together with (at proper ages) a due amount of green meat, has been to enable me to dispense, for the last dozen years at least, with the habitual use of purgatives in practice.

In properly regulating the bowels, there are, of course, many other things to be attended to; as, for example, the proportion of bread and potatoes in the food; the question of brown bread *v.* white, and coffee *v.* tea; of alcoholic drinks *v.* water; of exercise *v.* rest; and so on. But all these, as I believe, are of minor moment only, when compared with the two questions which have been considered. Indeed I have no hesitation in saying this broadly, as the result of an experience extending over at least a dozen years, that in any ordinary case, without making any other change, the habitual use of purgatives may be dispensed with by taking care that the diet contain a sufficient amount of oily and fatty matter together with a sufficiency of green meat in those cases in which green meat is not contraindicated by age or by some other circumstance; and that in every case the result is most unmistakably beneficial.

2. A sentence or two will serve to say what can now be said in justification of my second objection to the habitual use of purgatives. I objected on the ground that the very cases in which purgatives are habitually resorted to are very often those in which the constipation which it is intended to remove is a state to be encouraged, rather than a state to be removed. The cases I had in my mind in making this statement are cases of old age, and of debility generally—cases in which, most assuredly, constipation must be looked upon as the rule, rather than as the exception. Now, in cases of this kind, certain things may be assumed. It may be assumed, that the digestive powers are feeble. It may be assumed, that debility of digestion implies inability to deal with the more innutritious kinds of food, green meat especially, that is to say, which are favourable to frequent stools. It may be assumed, also, that debility of digestion implies slowness of digestion; and that one effect of slowness of digestion is to lessen the number of stools. It may be assumed, in fact, that constipation, within certain limits, ought to be the rule in the cases in question, if the diet be of the kind best suited to the wants of the system; and that it is simply foolish to attempt to bring about a contrary state of things. In the cases in question, indeed, to cause the bowels to act every day, after the manner of many, is, as it seems to me, to do what must have the effect of starving the system, by removing the food from the bowel before digestion and absorption have had time to do their work—is to victimise the patient as Sancho Panza was victimised by his pretended physician at Barataria; that is, to take away the dish before time had been given to partake of it. At any rate, be these reasonings right or wrong, of this I am sure in practice—that good results from disregarding in a great degree the habitually constipated condition of the bowels in many cases of debility, of old age especially; and that to attempt to remove constipation by the habitual use of purgatives in these cases, is only to increase debility and irritability.—'British Medical Journal.'

THE LATE SIR B. BRODIE.

The following smart review of the Autobiography of the late Sir Benjamin C. Brodie, from the 'Journal of Mental Science' will be read with interest:—The son of a rector, magistrate, and deputy-lieutenant, enjoying the intimate acquaintance of a leading whig lord; whose mother was the daughter of a wealthy banker, and inherited 10,000*l.* soon after her marriage; whose aunt married Dr. Denman, and whose first cousins married Dr. Baillie and Sir Richard Croft, three eminent physicians in London; who, moreover, had an elder brother studying for the bar at Lincoln's Inn, as also a cousin; could not with reason deplore his fate when it was decided for him that he should leave his father's home to study in London for the Medical Profession. His education had been liberal; his training good. Accustomed to diligent exercise of his mind in the attainment of general knowledge under the tuition and guidance of his father, in London he would have to continue the same industry in acquiring special knowledge under the tuition and guidance of friends and relatives engaged in that profession to which he was about to belong. He would exchange a small domestic circle for a large one of friends and kindred not closely allied to him. He had hitherto encountered no great difficulties, and he had no reason to anticipate them in the future. Amongst Medical worthies of every age there cannot be mentioned one who started on his career with such substantial advantages as Sir Benjamin Brodie possessed when he "first came as an adventurer to London." Position, power, and influence, were available on all occasions to promote his interests, and the best advice was always at hand to guide his every step. Had he been possessed of ordinary talent failure was impossible; with his rare combination of admirable qualities, success was certain.

Success is always interesting to read about; the autobiography of a successful man being only eclipsed in interest

by that of a great failure. The autobiographer is necessarily egotistic, and, to some extent, subjective; his opinions concerning himself, however, are valuable aids to a just criticism of him. For we see him as he saw himself, and we see him as he appears to us. As he acquaints us with his feelings in the details of life, and in the hard struggle how physically to exist, we see in these purely personal matters the real character of the man displayed more clearly than in his conduct before the world. Judging from Sir Benjamin Brodie's autobiography, we are inclined to consider prudence to have been his characteristic virtue; and his possession to such a degree of this eminently northern quality goes far to confirm the truth of his supposition that he was of Scottish origin. His frequent allusions to money matters; the very moderate demands he made on his father's "limited means;" and, after his father's death, his endeavours, by avoiding all extravagance, to live comfortably and keep up a respectable appearance on means less than those of many of his acquaintances, who were, notwithstanding, frequently in difficulties, manifest the economical and cautious cast of his mind. When he married, his income was 1530*l.* a year, and his *naïve* remark that his wife and he "managed, by being careful as to their mode of living, to make both ends meet at the end of the year," and his reference to the considerable anxiety caused by his having an additional person to keep, are more calculated to create a smile than to excite sympathy with him in his distressing position. One may form an opinion of the magnitude of the trials, and the nature of the difficulties with which Sir Benjamin Brodie had to contend through life, when we find that to have to maintain a wife on 1530*l.* a year, with brilliant future prospects, produced dyspepsia, which troubled him for two or three years. A rapidly increasing practice removed his anxieties, and cured his dyspepsia.

It must not be forgotten, however, that although Sir Benjamin Brodie had such a good start and so many helps on his way, half his success was due to his own industry sobriety, tact, and good common sense. The exercise of the same solid qualities would have ensured success in whatever circumstances he had been placed at the outset of his career, but they never would have elevated him to the position which he occupied. Fortune was very kind to him, and he made the best use of her favour.

It was in the autumn of 1801 that young Brodie first came to London "to grope his way as well as he could by himself," in the profession for which he was destined. During his first winter he attended Abernethy's lectures on anatomy, of whom he speaks in terms of the highest praise. His admiration for this distinguished teacher led him to follow his footsteps, and devote himself to pure surgery. In the dissecting-room he formed the acquaintance of Lawrence, even then a remarkable person. "From that time to the present," he says, "Lawrence and myself have been moving on parallel lines, he having had the largest share of private practice next to myself." And after criticising Lawrence as a writer, speaker, and thinker, he adds, "that he is thoroughly acquainted with his profession cannot be doubted, for it would not have been possible for him otherwise to retain for so long a period the high place which he has occupied." So widely different are such minds as that of Brodie and Lawrence, that we might, perhaps, as reasonably expect the former to sympathise with the genius of the latter, as the latter to appreciate at its full value the sagacious mediocrity of the former. We cannot agree with Sir Benjamin Brodie that an exact parallel, or, indeed, any parallel, can be drawn between him and Lawrence. That Brodie had the larger private practice is certain; that he possessed the qualifications which obtain practice in greater perfection, or with fewer drawbacks than Lawrence, may be admitted; but there can be no question that the latter has a higher order of mind, stands on a higher platform, and must be judged according to a different standard.

"Genius does what it must: talent what it can."

During his second winter in London, Brodie's professional studies were still, as in the first winter, limited to anatomy, except that by the advice of Dr. Baillie he attended a chemist's shop to gain some knowledge of materia medica and pharmacy. It was not until the spring of 1803 that he became connected with any hospital. He then entered as a pupil of Sir Everard Home (at that time, Mr. Home), at St. George's Hospital. It was the good advice of Dr. Baillie which induced him to make himself a complete anatomist before he commenced the study of diseases in the hospital, and he found it of great advantage to him. In 1805 he was appointed house-surgeon at St. George's, and his connection with Sir Everard Home was the beginning of his private practice, for that eminent surgeon proposed to him that he should take the place of his *protégé* Nicholson, who had hitherto assisted him, and who had now gone to India. About this period also Sir Everard Home introduced him to Sir Joseph Banks, president of the Royal Society, and that distinguished man invited him to the meetings which were held in his library on the Sunday evenings which intervened between the meetings of the Royal Society. There he met with visitors distinguished by their scientific reputation, the elder Herschel, Davy, Wollaston, and a host of others. This intimacy with these eminent men was of immense advantage to him; he himself says that they treated him with much kindness and consideration, and he adds: "I obtained a place in my profession which I could not have attained otherwise."

In March, 1808, when only twenty-five years of age, through the interest of Sir Everard Home, Brodie was appointed assistant surgeon to St. George's, and Sir Everard entrusted him very much with the management of his patients. Besides he was appointed, along with the other assistant surgeon, Mr. Robert Keate, to take charge of the patients of Mr. Gunning, the junior surgeon, who was attached to the staff of Lord Wellesley in the Peninsula, and to whom at that period an unlimited leave of absence had been granted in accordance with an old law of the hospital now done away with. Not long after this he obtained the sole management of these patients. Thus he had the opportunity at an unusually early age of acquiring a large experience in hospital practice, and to this circumstance he attributed much of his professional success. He devoted himself diligently to his hospital studies. He introduced the practice of giving clinical lectures, which gave him considerable reputation amongst the students of the hospital, and also served to make his own knowledge more clear and accurate, enabling him to express himself with greater facility and precision. About this time he began to think more seriously of private practice. He took a house at 22 Sackville street, and for the first time placed his name upon the door. Owing to his reputation at the hospital, his connection with Sir Everard Home, and his intimacy with several Fellows of the Royal Society, and other men of high standing, he had no difficulty in at once obtaining practice, which yearly increased, until, free from anxiety concerning himself, he found time to pursue to some extent scientific studies. He was elected a Fellow of the Royal Society, and in 1810 he gave as the Croonian Lecture a paper on the "Influence of the Brain on the Action of the Heart, and the Generation of Animal Heat," for which he was awarded the Copley medal, an honour never before obtained by so young a man. In the year 1813 he communicated a paper to the Medical and Chirurgical Society, under the title of "Pathological Researches respecting the Diseases of Joints," which was the foundation of the book which he afterwards published, "On Diseases of Joints," and which has gone through five editions. With these exceptions, Sir Benjamin Brodie has not contributed anything of importance to Medical literature. About 1814 he became a regular visitor at Holland House, and was very intimate with Lord Holland up to the time of that nobleman's death, and with Lady Holland afterwards. Holland House has in its time been of material assistance to several young men, and was doubtless of some advantage to a rising young surgeon of good reputation. In 1816, his professional income being 1,530*l.*, Sir Benjamin Brodie ventured to marry. From that time he continued his unparalleled career of prosperity, and his good fortune never left him, but carried him steadily on from one hour to another. He filled the office of serjeant surgeon, was made a baronet by Lord Melbourne, and reached the highest point in his profession.

Sir Benjamin Brodie's life was not an eventful one. The history of the most interesting part of it, from his commencement as a student in London to his marriage, if written by the most facile pen, would never be an exciting narrative. His life owes its interest, not to any remarkable freak of fortune for his special good, but to the unbroken series of favours which she so constantly bestowed upon him. He himself was in no way remarkable for any striking intellectual quality, but for an unusual combination of ordinary qualities. He is for this reason entitled to be considered a typical representative of the successful men of the world in all professions. He is an admirable pattern to any one who desires wealth, influence, and reputation — who wishes to be great in his *day* and *generation*. He worked very hard for the present, and the present abundantly rewarded him. He was essentially a man of the times, and with the times he is even now passing away. His character and his life were completely comprehensible by average intellect; the one embodied the cardinal virtues of prosperous men who object to selling themselves for lucre, but who equally object to cherishing any ideas which have not for their aim worldly success; the other is the best text-book for that part of the rising generation whose destiny it is to carry on the world's business. Patient and persevering, Sir Benjamin Brodie never wearied. Shrewd and sagacious, he avoided everything that could injure him in the estimation of the public. With considerable tact he stood well in society. Not so far gifted above his fellows as to have little in common with them, he had not to create an artificial sympathy with them and their views, and they saw no marked superiority in him that they should either envy or hate him.

The future will not remember him. His was not an universal mind. He was a practical man of the world, whose great object in early life was to attain unto a position in which he could keep himself, and after his marriage to accumulate a satisfactory fortune for his wife and children; and he fully succeeded in accomplishing his aim. And he has left behind him a short and interesting biography, the truthful nature of which some may well doubt, if they do not bear in mind that so exceptionally fortunate was Sir Benjamin Brodie's career that those circumstances which would be "trifles light as air" to ordinary mortals, were of the greatest moment to him, the sunshine of whose prosperity was never darkened by a single cloud.

CATTLE AND CHRISTIANS.

Under the above heading S. G. O. thus writes to the 'Times':—For years past I have said that cattle have been more cared for, as to their housing and general cleanliness, than Christians. Let the public now say whether or no tens of thousands of Christians are not for ever living and dying among us; we knowing well that they have not these common elements of health, which we are warned to give our cattle. When Dr. Jeaffreson, in your columns, told his typhus tale, did any dare to dispute it? Has anything the least approaching to the measures now advised for dairies been carried out in the scenes where we know typhus is destroying, and has been for years past? In every possible detail, Dr. Thudicum, under the wing of the Privy Council, proclaims a campaign against the cattle typhus, which is to penetrate and cleanse to the smallest details of cow life. How is it with the Boards of Guardians, Sanitary Boards, and Inspectors, who have charge over the health of the poor creatures who dwell in well-known typhus nests? How is it with landowners, especially that one in Norfolk, who fought the Inspector on a question of common decency, and still is said to hold his people worse housed than the cows of many a bad dairy? I thank Dr. Thudicum for having admitted that a man and a cow have alike a claim on decent cleanly shelter, pure air, and water. The Privy Council have indorsed his deliberate opinion. Typhus is among our poor, Cholera threatens them. Shall all interest run to cow-ward, no active sympathy be shown for human beings kept in the condition which insures disease? When I read Dr. Thudicum's advice as to every living and dead thing coming in contact with a sick cow, and then thought, how typhoid poor are tended, the condition of their sheds, the state of their ventilation, to what their attendants are exposed, what the air they breathe, the water they drink; I could not but ask myself, whether we have really arrived at the conclusion, that animal is more precious than human life. Sanitariums are established for cows, with veterinary surgeons armed with all power, and in all means, to try and save. Throughout the whole kingdom committees are formed, money subscribed, every available agency enlisted to protect the cow. Two sick heifers in a dairy five miles off make a sensational topic. What, I ask is being done, for the crowded, ill-fed and poisoned poor of our towns and villages? Your columns have been open to the statements of Medical men, clergymen, all the host of witnesses who tell the public where mankind live, deprived of all, Dr. Thudicum says, they should have in common with a cow. Is there anything like the interest shown for the poor of "Thompson's rents" that is shown for the heifers on any farm? The Government of the country is alive to human typhus, as existing among us, as it is to that disease which slays our cattle, but does it show the energy with regard to the former as clearly evinces about the latter? Are owners of property as keenly appreciative of the necessity for clean cottages in good repair, with all conveniences, as they are to the cleanliness and general furniture of the cowshed or stable.

ALLEGED DEATH FROM VERATRIA.

Last Thursday Mr. C. J. Carttar, coroner for West Kent, resumed an inquiry, which had been three times adjourned, into the circumstances attending the death of Mrs. Elizabeth Reeve, which, it is alleged, was occasioned by the administration of a certain deadly poison, known as veratria. We subjoin the medical evidence:—

Mr. H. R. Palmer, surgeon, of Greenwich, said that about a quarter past four on the morning of the 15th of August last, the husband of the deceased called him from his bed, and said he wished he would come immediately to his wife, who was dangerously ill, and that he then feared it would be too late. He at once accompanied the husband, and on the way to the house he asked whether the deceased had had any excitement, and her husband replied that she had, owing to her servant being about to leave her, and one of the children having jumped or fallen from the table. He also said that his wife had been seized with vomiting, and that he had sent for Mr. Hope, a surgeon, whose assistant attended about one o'clock the day previously, and administered some effervescent medicine. On getting to the house witness found the deceased lying on her back in bed, moaning, throwing her arms up, and slightly convulsed. He was told that she had just come out of a fit. She was not unconscious, but she became conscious afterwards. The deceased's husband said that the moment she took the medicine she complained of its being noxious stuff, and became worse. Witness tasted the medicine, which he found to be an ordinary saline mixture. The husband told witness that she was pregnant, and witness suggested that labour should be brought on, but the husband objected, saying it would torture her. Afterwards her pulse became very low, showing that she was fast sinking. At five o'clock he left, having a case to attend, and on returning home at nine o'clock he heard that the husband had again called at his surgery, and that the death of the deceased had then taken place.

Mr. David Hope, surgeon, of Deptford, said he was engaged to attend the deceased in her confinement about five or six weeks before her death, when she said she expected to be confined about the end of August. She then appeared in good health, but expressed a fear that she would not go safely through her confinement. He did not again see her until after her death, but was sent for the day previously. Being from home, his assistant attended the first time about noon, the second time at four o'clock, when he remained three hours with the deceased, and again later in the evening. In witness's day-book, the writing

being that of his assistant, who had since left him, he found an entry, under date August 14, and that the ordinary mixture to allay sickness, and which was perfectly harmless, had been prescribed by him for the deceased.

Dr. Cogan, of Douglas house, Maze hill, Greenwich, said that in company of his two assistants, and in the presence of the medical gentlemen already examined, and a medical gentleman named by the deceased's husband, he made a post mortem examination of the body on the 18th of August (78 hours after death). The delay in making the examination arose from the husband objecting to its taking place unless a medical man was present on his behalf. Witness found that deceased was about eight months with child, and that there were indications of labour having been going on for some time. On the left side, between the membrane and the brain, he found a clot of blood, arising from the rupture of a blood-vessel, and sufficient to cause death. That might have been occasioned by excessive vomiting.

Professor J. E. D. Rodgers, of Pentonville, said he was a surgeon and professor of toxicology. He had received a box from Dr. Cogan containing parts of the body of the deceased, with two quantities of wine, and the remainder of the mixture and powders prescribed by Mr. Hope's assistant. He found the kidneys diseased as in "Bright's disease." Different parts were subjected to a distinct system of analysis, mercury and antimony being first searched for, but there was no trace whatever of any metallic poison. In the wine he found an alkaloid, being a preparation from plants, and which gave indications of a deadly poison known as veratria, obtained from white hellebore. In the kidneys, viscera, and portions of the liver, he found the same traces in minute but clear quantities, and in the stomach the poison was in greater quantities. One-fourth of a grain of this poison would be dangerous to life, whether swallowed or taken into the system in any other manner. Half a grain would be very dangerous, and death would take place in from six to twenty-four hours. The poison was used externally for neuralgic pains. He had tested the medicines prescribed by Mr. Hope's assistant; they were perfectly pure. The poison had been absorbed into the blood of the deceased, but from the quantities traced he had no doubt that enough might be detected to cause death. The poison was not an alkaloid to be found in every surgeon's house, and was very rarely bought in large quantities—seldom more than a drachm by surgeons.

Dr. Cogan said, after hearing the evidence of Professor Rodgers, his opinion was that the poison by producing vomiting had been the cause of the rupture of the blood-vessel, and that this had been the cause of death. The case was adjourned.

REVIEW OF BOOKS.

Tension of the Eyeball: Glaucoma, &c.: Some Account of the Operations practised in the Nineteenth Century for their Relief. By James Vose Solomon, F.R.C.S., Surgeon to the Birmingham and Midland Eye Hospital. Pp. 80. London: Churchill and Sons, 1865.

After giving an historical account of the operations performed for the relief of intra-ocular tension, Mr. Solomon sets forth the theory he has devised to explain the effects of iridectomy in glaucoma. He believes that the division of the ciliary nerves, at the point where they pass from the ciliary muscle into the iris, forms an important part of the operation, and that by this proceeding a more healthy action is induced in the ciliary ganglion, which presides over the organic function of the eye. This opinion appears to be supported by the views now generally entertained with respect to the pathology of glaucoma, namely that the nerves of the ciliary vessels are intimately concerned in the symptoms constituting the malady described under that name. With the object of relieving this disease, it is well known that various operations have been devised, those best known being iridectomy, as introduced by Von Gräfe, and practised by many ophthalmic surgeons of the present day, and the division of the ciliary muscle, as recommended and practised by Mr. Hancock. Mr. Solomon's operation is one devised by himself, and it consists of an incision dividing some of the radial and other fibres of the ciliary muscle in a transverse direction, and also dividing some branches of the nerves distributed to this part from the ciliary ganglion. His opinion seems to be that the nerves of this ganglion being vaso-motor as well as sensory, their division relieves the tension which constitutes one of the principal features of glaucoma. He does not, therefore, consider that cutting out a portion of the iris is essential to the success of the operation, nor does he adopt the mere division of the ciliary muscle, as advocated by Mr. Hancock. Mr. Solomon states very clearly the nature of his operation, and the physiological laws on which it is based, and he gives a series of cases illustrative of the treatment of glaucoma and tension of the eye-ball; some having been treated successfully by medicines and diet, and others by surgical operations. Mr. Solomon's book is well worthy of the attention not only of ophthalmologists, but of the Profession in general, as it is a very thoughtful, and at the same time practical, contribution to ophthalmic surgery.

Anniversary Address delivered before the Anthropological Society of London, Jan. 3, 1865. Dedicated to the British Association for the Advancement of Science. By James Hunt, Ph. D.; F.S.A. &c., President of the Society, pp. 32. London: Trübner and Co, 1865.

In this very able address, Dr. Hunt gives a general view of the position and progress of the Anthropological Society, of the publications which it has introduced to British readers, and of the necessity of recognising anthropology, as a distinct department of science, in the British Association. There appears to be some jealousy existing between the Ethnological and the Anthropological Societies, and while the first is represented in the Geographical Section of the Association, the second is not recognised in any section, although at the last meeting in Birmingham, some papers on anthropology were read. Dr. Hunt argues that instead of anthropology being a department of ethnology, the very reverse is the case; and as to the relative number of the members of the Anthropological and Ethnological Societies, the former, he states, has very much the advantage. An attempt was therefore made at Bath last year, and has been repeated this year at Birmingham, to introduce Anthropology as a substantive Section, but on both occasions without success. The present Address was published before the Birmingham meeting was held, and was avowedly circulated to promote the advancement of Anthropology in the British Association; and although the immediate object of the Anthropologists has for the present failed, renewed efforts in the same direction will be made next year at Nottingham, and all those who are interested in the subject will find it very lucidly and learnedly handled by Dr. Hunt. Those who are still unacquainted with the scope and objects of Anthropology, will gain much useful information by the perusal of Dr. Hunt's pages.

On Epilepsy: In what Class of Cases, and under what Circumstances, may we Reasonably Hope for Cure in Epilepsy? By William Camps, M.D. Pp. 20. London: Lewis, 1865.

In this pamphlet Dr. Camps gives a practical description of epilepsy, dividing it into the symptomatic and the idiopathic kinds, and while he admits that many cases resist all modes of treatment, he thinks that drug medication and regimen are sometimes beneficial. Of all medicines he thinks that the bromide of potassium is the most efficient, and next to it, belladonna, or its alkaloid, atropia, and its salts, especially the valerianate.

Photographs of Eminent Medical Men of All Countries, with Brief Analytical Notices of their Works. Edited by T. Herbert Barker, M.D., F.R.S.E., with Photographic Portraits from Life by Ernest Edwards, B.A. Cantab. London: Churchill and Sons. September, 1865.

The present number of this series contains the photographs,

with short memoirs, of three members of our Profession who have achieved eminence, although in different capacities. The first on the list is Sir James Clark, the Physician to Her Majesty; the second is Mr. John Propert, the well-known founder of the Royal Medical College; and the third is Dr. Acland, the Regius Professor of Medicine at Oxford. All the portraits are very good, and the biographical memoirs are as usual brief and judicious.

PARISIAN MEDICAL NEWS.

PATHOLOGY AND TREATMENT OF SPINAL PARALYSIS IN CHILDREN.

A fine child, generally between six and eighteen months old, hitherto in the enjoyment of perfect health, becomes suddenly *feverish;* the fever lasts a day or a night, sometimes forty-eight hours, but seldom as much as a week, and this condition is followed by a state of *paralysis* of peculiar aspect and progress. The loss of power is at first observed in the arms and legs, but soon becomes concentrated in the lower extremities, and finally settles in one of the limbs only, paralysing the flexors or extensors, and subsequently involving atrophy of the part. Hence a series of vital disturbances, induced by impaired nutrition, protracted loss of muscular power, and predominance of the action of the muscles spared by the disease.

The above is a rough sketch of the most habitual aspect of the singular affection, to the symptoms of which Dr. H. Roger invited attention in one of the last lectures of his summer course.

Amongst the writers who have described the disease in question, under various denominations, M. Roger mentioned Kennedy in England, Heine in Germany, and M. Duchenne (of Boulogne) in France. This gentleman calls the complaint *fatty atrophic paralysis of infancy;* other observers designate it as *idiopathic infantile paralysis;* M. Roger terms it, with Heine, *spinal infantile paralysis*, because it appears highly probable that the anatomical change, of which the symptoms are the outward expression, is primarily situated in the spinal cord.

M. Roger conceives that three stages may legitimately be recognised in the evolution of the disease—viz., the initiel or febrile period; the paralytic stage in which the loss of power, at first general, manifests a tendency to become more and more narrowly circumscribed, and a period of muscular atrophy and secondary deformation of the limbs.

The professor dwelt at considerable length on the initial, or febrile stage, which sets in without any premonitory symptoms, and being sometimes extremely mild and transient, deceives the observer and misleads him as to the subsequent gravity of the case. How, indeed, can the practitioner feel justified in predicting that an attack of ephemeral fever can possibly entail serious symptoms of paralysis? We may further remark that the feverish stage is seldom witnessed by the medical attendant, who is generally summoned only when the second period has set in; but he must even then inquire with the utmost care into the existence of a feverish attack, previously to the appearance of the functional disturbances to which his attention is solicited, because a knowledge of the fact will guide him in the discrimination of the nature of the symptoms, and give him a clue to their import. Direct observation, however, or the commemorative description of the earlier symptoms, show that the feverishness set in *suddenly*, with restlessness and sometimes drowsiness and langour; the skin is hot and the pulse frequent, but the feverishness is seldom ushered in by emesis. M. Roger erases from the list of the earlier manifestations of the disease convulsions and spasmodic muscular contractions, which are not especially characteristic of infantile and spinal paralysis. Another character of this febrile condition is its limited duration. West has recorded two cases in which the fever did not extend beyond one night; on the following day, paralysis set in in both instances. Whatever be its duration, the fever is almost always continuous, and if protracted, is more liable to assume the remittent than the intermittent type.

Let us now turn to the second, or paralytic stage of the disease.

We must remark, in the first place, that muscular power alone is impaired by the paralysis, which affects neither the intellect nor general or special sensation. Another noteworthy fact is, that from the onset the paralysis at once attains its highest amount in extent and intensity. The upper and lower extremities, the trunk and neck, are at once and simultaneously invaded. The child is utterly deprived of all power of motion. His legs bend beneath him, he cannot even sit up; and the paralysed muscles do not respond to electrical stimuli. In some few cases the paralysis may have a limited starting-point, but it must be remembered that, as a rule, the general character of the paralysis is pathognomonic of the affection. Habitually, however, the hands and arms are less severely afflicted than the legs and feet, and paraplegia is the form most commonly observed even at the beginning of the second stage; but, as we have remarked above, even when the loss of power is well marked in the upper extremities, it soon yields in accordance with the rule which governs the progress of the paralysis, and gradually disappears from the arms and becomes more and more circumscribed, until it settles finally in one limited set of muscles.

It is difficult to state with precision when the remission and localisation of the paralytic symptoms may be expected. Observation teaches that paraplegia is a first and temporary halting-place, and that after a time the paraplegic loss of power gradually becomes more limited. One limb at last recovers its action, and only certain sets of muscles of the other remain perfectly powerless, and become atrophied. The extensor communis, peronœi, tibialis anticus, and gastrocnæmei, being those most habitually engaged. The muscles of the thighs or arms are seldom similarly affected.

The secondary atrophy which marks the third stage of the disease is proportionate to the number of muscles involved, and the time the complaint has lasted. It sometimes makes its appearance very soon, but in general sets in only after an interval of several months, or even years. The limb shrinks to two-thirds or one-half of its natural size, and the skin assumes a dull, livid, withered aspect, as if the blood-vessels had, like the muscles, suffered a diminution in size: the thermometer further indicates that the temperature of the part is perceptibly lowered. Thus, when placed in contact with the skin, instead of marking 92 deg. or thereabouts, the thermometer falls to 68 deg. or even lower. The ligaments and bones participate in the general atrophy, and the process of the latter are less clearly defined. A shortening of the lower extremity of an inch or fifteen lines is generally observable, and the contraction may reach two, three, or three and a half inches, and thus induce a considerable amount of lameness. The wasted limb affords no support to the body, and the paralysis aggravated by the presence of atrophy, precludes walking exercise. The consistency of the part is soft and analogous to that of fatty growths. In addition, the loss of power in certain sets of muscles allows full play to the action of the antagonistic organs of motion, and induces the formation of the different varieties of club-foot, pes equinus, valgus, and more generally, varus, deformities which can be remedied but by the tenotomist.

When death supervenes from another cause during the progress of infantile spinal paralysis, the muscular fibre is found in a discoloured and attenuated state. On examination with the microscope, appearances vary according to the stage of the disorganisation; the transverse markings first cease to be perceptible in the ultimate fibres, and, subsequently, the longitudinal striæ; at a later date, the muscular fibrillæ are replaced by granulations, which are transmuted into fatty matter in the most advanced, and according to M. Duchenne, the final period of atrophy.

These changes in the muscular textures are, however, themselves but secondary, and the consequence of primary disease of the central parts of the nervous system, which

to be sought for in the portions which govern motility -viz., in the anterior columns of the cord. In one instance, which paralysis had existed for two years, the final fatty metamorphosis not being yet fully accomplished, the anterior columns were translucid and of a light roseate grey ue. On microscopic inspection, the nerve-fibres of the lumns were found distinctly reduced in size and number. he attenuated state of this segment of the cord formed a riking contrast with the perfect integrity of the posterior lumns, and afforded a satisfactory explanation of the full eservation of common sensation during life.

The description we have entered into of the symptoms iders it unnecessary to dwell on the diagnosis of the dise. No confusion is likely to arise with traumatic or aumatic paralysis, or the loss of muscular power consent on continued fever, or the painful contraction of the ubs, &c. The practitioner will especially bear in mind insidious beginnings of the affection, and the feverishs which precedes at a short interval the paralysis at t general, and promptly exhibiting a tendency to alisation. The paralysis may possibly escape notice at t, but, when observed, is pathognomonic. Spinal menin- is will be discriminated from infantile spinal paralysis by presence of impaired common sensation; in meningeal morrhage of the spine, the paralysis is attended with anic convulsions. In children, paraplegia is seldom the ult of any other disease than that under consideration. mary inflammation of the spinal cord entails loss of sen- on, as well as loss of motility, and the sphincters of the um and bladder participate in the muscular relaxation; paralysis has, moreover, more tendency to increase than liminish.

he causes of infantile spinal paralysis are obscure. In ost every instance, the feverishness sets in without any gible cause. The affection has been ascribed to exposure old, but paralysis due to this circumstance has another ct, and runs a different course. Amongst the internal es to which the disease may more legitimately be re- d, M. Roger notes childhood, especially early infancy. hirty-seven out of fifty-six cases, the age of the patients ed from six months to two years, seventeen were older ects, and in two or three instances only the children but a few weeks old. Fliess, Kennedy and West con- the disease with the process of teething, but M. Roger rks that teething and exposure to cold are daily oc- nces, and that the paralysis imputed to them is com- ively rare. They should, therefore, be viewed as mere idences; and, in short, we are compelled to acknow- that the true cause of spinal paralysis baffles our in- gation.

e disease, although not fatal in itself, is nevertheless mely formidable on account of the loss of muscular r it induces, and of the deformities consequent on hy. The question of treatment therefore deserves our ttention.

general medical assistance is called in too late to admit e application of the precept "*principiis obsta.*" If, ver, the practitioner is summoned in time, and is of the nature of the case, he should not hesitate to vour to allay the congestive irritation of the spinal by antiphlogistic treatment, proportionate in energy e age and strength of the patient. Leeches applied the spine, mercurial inunctions, and aperients, might ly exercise a beneficial influence. Calomel has in ases been extolled as the most efficacious of all anti- istic remedies, but it is obviously useful only in tran- paralysis, coinciding with gastric disturbance. In paralysis M. Roger prescribes calomel merely as an nt, if costiveness exists. It, is, however, but seldom nedical advice is called in in time to admit of any ac- eatment of the first stage of the disease; the practi- 's duty is usually confined to the management of the tic condition, which he should endeavour to relieve, r to obviate the occurrence of atrophy and its sequelæ, ter to remedy the deformities to which the affection ave given rise.

order to subdue the morbid action and restore the impaired muscular power, West recommends the local steam douche; in France, tepid-water douches have occasionally been found useful. Stimulating liniments, ammonia, Fioraventi's balsam (storax), linimentum terebinthinæ, a compound of one part of phosphorus and thirty of lard, &c., are also beneficial, and frictions with coarse wine are also a cheap and efficient remedy. Small blisters applied in succession along the sides of the spine, especially in the dorsal and lumbar regions, are also extremely serviceable. Very superficial cauterisation with an iron rod may also be resorted to for the purpose of counter-irritation, and leaves no scars. M. Roger also enumerated amongst the various means of treatment, saline, sulphurous, or sand-baths, or baths of wine-lees. If the patient's friends are in easy circumstances, Saint-Amand, Kreuznach, Bagnères-de-Luchon, Aix, are thermal stations which may be recommended, and also sea-bathing on the southern shores of France. All kinds of baths acting, however, on the entire surface of the integument, they should be prescribed on alternate days only, and in the intervals douches or rather local remedies must be applied to those regions which it is desirable more especially to stimulate.

In this respect, the method of treatment which seems at first sight most applicable is electrisation, the influence of which may be exclusively confined to the diseased organs, without interference with any others. M. Roger, therefore, recommends an early recourse to Faradisation, not as is usually practised after two or three months, but ten or fifteen days after the first appearance of the disease, and concomitantly with other therapeutic agents. Every other day ten or fifteen shocks, each lasting one second, should be imparted to the paralysed muscles, the entire operation lasting from five to ten minutes. Electricity thus applied, restores heat to the limb and equalises the temperature in both sides of the body. This system is eminently serviceable, and greatly assists the process of nutrition, and the return of the functional activity of the muscles, which are yet but weakened, and have not undergone the adipose metamorphosis.

This remedy is a painful one, it is true, but with proper precautions may easily be rendered bearable. In addition, the inductive apparatuses, which alone should be used in such cases, such as those adopted by Messrs. Duchenne, Gaiffe, Legendre, Morin, and others, determine powerful contractions of the muscular fibre, and give but little pain, and the good effects of the method fully counterbalance its disadvantages.

Should it, however, prove otherwise, and should it be impossible to bribe the little patients into compliance, other means must be resorted to. Gymnastics, although less efficacious than electricity, are yet a useful resource. Active exercises are, however, out of the question, unless the child is supported with proper appliances, leading strings, go-carts, or carriages moved by the automatic motion of pedals, &c. But passive gymnastics, imparted movements, shampooing and percussion of the muscles, the beneficial influence of which has perhaps been exaggerated by German and Swedish authors, should be employed with a view to the stimulation and restoration of the weakened muscles, and also to the removal of the tendency to deviation of the joints.

This remark forms a natural transition to orthopædic measures, especially in a prophylactic sense. It is highly desirable, in M. Roger's opinion, to lose no time in contending with the paralysis, and it is likewise necessary to use every effort to prevent deformities, which, once formed, may not be susceptible of cure. Without any delay, therefore, mechanical boots and appliances calculated to remedy club-foot should at once be resorted to. The shape of the boot and the support of the lateral rod keep the foot in the proper direction. It should be worn at night only, because its permanent use may prove too fatiguing, and because it is chiefly during sleep that the limbs, withdrawn from the influence of volition, assume the improper attitudes, prompted by the absence of equilibrium between the healthy and paralysed muscles.—'Journal of Practical Medicine and Surgery.'

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 27, 1865.

ON THE DIFFERENCE BETWEEN LAW AND MEDICINE IN THE PUBLIC ESTIMATION.

In our last number there were two paragraphs of news, which, when viewed in juxta-position, exhibit, in a very forcible manner, the different modes in which Law and Medicine are regarded and appreciated by the public, and by those who administer justice in this country. One of the paragraphs was entitled "Unqualified Practitioners (of Law) in Police Courts," and it showed that in consequence of some alleged malpractices, the Lord Mayor had issued his dictum that for the future none but barristers, certificated attorneys, or their articled clerks should be allowed to conduct either a prosecution or a defence in his court. "*This salutary rule*," writes the newspaper from which the paragraph is extracted, "will prevent certain qualified practitioners from taking fees, and then leaving the business to be done by unqualified persons, *frequently to the detriment of prosecutors as well as prisoners.*" The paragraph goes on to state that a case occurred in which the Lord Mayor's "salutary rule" came into operation, for a person rose to defend a prisoner, and on being questioned, he said he had been thirty years in the Profession, but he had not taken out his certificate this year, and the Lord Mayor thereupon peremptorily declined to hear him.

Now, we admit that this rule of the Lord Mayor's is a very "salutary" one for the protection of the legal profession, because it forbids any persons, however able they may be, from exercising the functions of lawyers, unless they have been regularly admitted into the profession, and have paid the fees demanded for their certificates. But really we cannot see that any great "detriment" can follow to prosecutors or prisoners by the practice of such unqualified persons, in a country where the principles of free trade are so firmly established as in Great Britain, and where, we are told, everyone has a right to employ whomsoever he pleases to conduct his business. It really does not appear to us that it requires any extraordinary learning to enable a man to browbeat and abuse a witness, or to procure the conviction of a thief, or to rescue a prisoner from an unfounded charge. But the law says that none but lawyers shall perform these duties, and the Lord Mayor peremptorily refuses to hear a person (perhaps a very respectable and able man) upon the sole ground that he has not taken out a certificate to practise for the present year. We find no fault with the Lord Mayor's "salutary rule;" but, as we asked last week, why are not unqualified practitioners of Medicine treated in an equally summary manner? Is it supposed that the diagnosis and treatment of bronchitis or hydrocephalus are perfectly easy matters, while the question whether a man has or has not picked a pocket is a very difficult one, or is it absolutely necessary that a lawyer must be a man of education and a gentleman, while any illiterate scoundrel may practise Medicine with impunity?

But we now turn to the other paragraph to which we referred, and which is headed "Unqualified Medical Practitioners," and we shall see how differently custom deals in respect to Medicine. In this case there was a protracted inquiry before the Coroner for East Middlesex respecting the death of a child aged eight months, who was attended during its illness by a person, who though not duly qualified to practise Medicine, was in the habit of visiting patients. This person saw the deceased, prescribed medicines, and after the death of the child, gave a certificate as to the cause of death, which was duly received by the registrar of the district. The professional status of the unqualified practitioner may perhaps be best learned from his own words; and he tells us that "he has been practising as a surgeon for sixteen years. He had been a Medical student, but *he had not taken up his diploma, nor was he registered according to the Medical Act of Parliament.* The certificate of death was in his handwriting, and he kept a book with printed forms, which he obtained from the registrar of the district. He was in the habit of attending patients, *and he was of opinion that he had a right to do so.*" We may state at once that there was no evidence to show that this person caused the death of the deceased child, but the question was and is, whether he had any right to attend the child at all in a Medical capacity. The coroner informed him that he was liable to a prosecution under the Apothecaries' Act, and to a fine of 20*l.*, and one of the jury thought that he ought to be censured for acting as a surgeon without a diploma, but the other members of the jury objected to such a course, and ultimately brought in a verdict of "Natural death."

Now, either this unqualified Medical practitioner was treated very leniently, or the unqualified legal practitioner, who was summarily prevented from pleading before the Lord Mayor, was treated very harshly. The newspapers, too, which think the rule a very "salutary" one, which prevents an unqualified lawyer from defending a person who perhaps has picked a pocket, have nothing at all to say against a man who steps as it were between life and death, and professes to treat diseases without possessing any legal qualification to entitle him to do so. According to the old and rather vulgar adage, "what is sauce for a goose, is sauce for a gander;" and if an unqualified man is to be prevented from practising law, so ought an unqualified man to be prevented from practising Medicine.

As a subordinate incident in the case of the inquest, we find that the unqualified practitioner was in the habit of filling up certificates of death, the book with the printed forms being furnished to him by the registrar of the district. Surely the Registrar-General's attention ought to be drawn to the circumstance with the view of preventing such practices for the future.

Another instance of the relative powers and immunities possessed by Law and Medicine may be drawn from the case of the unfortunate Mr. Charles Gordon Sprague, who,

it will be recollected, was tried and acquitted on the charge of murdering some of his relatives by poison, and immediately afterwards was charged with committing a rape; and although the evidence on the latter accusation was of the weakest possible character, he was incarcerated in Newgate for upwards of a month, the Dogberry before whom he was charged, having refused to accept bail for his re-appearance. Dogberry probably thought that as the poor man was acquitted of the murder, he must be guilty of the rape; for upon no other mode of reasoning can we understand Mr. Sprague's committal to prison on the latter charge, which was wholly unsupported by a tittle of evidence, except that of the prosecutrix herself, from whose own statements and from whose own conduct the capital charge could not be sustained. Here was a gentleman (perhaps an imprudent one), locked up in Newgate on an accusation which was at once pronounced to be groundless, by the Grand Jury, before they had heard any defence, and who was at once liberated solely upon the evidence for the prosecution.

But it will perhaps be thought that Mr. Sprague has some redress against Dogberry, and that a British jury will give substantial damages to a man who has been locked up for a month, on a groundless charge, in a dismal cell in Newgate, and made to associate with murderers, thieves, and blackguards of all descriptions. Not at all. This gross iniquity has been committed under the sanction of the law, and Dogberrry may continue to eat his turtle-soup in security; but if a Medical practitioner had only expressed an opinion that some mischievous but cunning lunatic, or some patient with delirium tremens, ought to be restrained from injuring himself or others, he might become liable to be amerced in heavy damages, and even if he were victorious in the action, would have enormous costs to discharge.

Such are some of the contrasts exhibited between the modes in which Law and Medicine are respectively estimated by the community, and instances of the same kind are occurring every day. The Medical journalist has to refer to them only too often, but he may entertain a faint hope that some day the respective positions of Law and Medicine will be more equitably adjusted.

LONDON VESTRIES AND THEIR SANITARY WORK.

Under this title a pamphlet has just appeared from the pen of Mr. Rendle, late Medical Officer of Health for the parish of St. George's Southwark, and now a vestryman of that parish. The pamphlet is, in fact, a speech delivered by Mr. Rendle at a meeting of the vestry on the 8th of August last, and the questions he proposes for solution are whether London vestries are willing and able to do their sanitary work, and whether they may be trusted in the face of a severe epidemic? To both of these questions Mr. Rendle answers in the negative, and in the course of his very able and argumentative speech, he gives some good grounds for his opinion. He has formerly held the appointment of Medical Officer of Health, and is therefore able to speak from experience of the innumerable obstacles opposed to a gentleman who conscientiously desires to perform his duty, and he very plainly tells the vestry, of which he is now a member, of their shortcomings in reference to sanitary matters. It is not often that so much truth is told in a small compass as is contained in Mr. Rendle's speech, which deserves the careful perusal of all who desire to know something of parochial mismanagement. In the case of St. George's Southwark, it is perfectly monstrous to read of the enormous number of fever cases which have occurred in that parish, and which are distinctly traceable to the shameful neglect of sanitary precautions. We are horrified to learn that in less than five months of the year 1864, *one hundred and eighty-three cases* of fever were sent to the Fever Hospital from St. George's parish, and still more are we horrified at being told, on the authority of the Medical Officer of the London Fever Hospital, that these cases came continually, month by month, from the same buildings, or even the same building. The same authority tells us that houses from which five, six, seven, or eight typhus cases had been sent away, still remained utterly unregarded by the sanitary authorities, and were allowed to remain overcrowded and filthy in the extreme. Families, too, which had been frightened from their homes in consequence of having lost their relatives from fever in them, had had their places quickly supplied by fresh candidates for typhus, who entered infected rooms without even the form of cleansing having been gone through. Well may Mr. Rendle hold up such conduct as disgraceful to a Christian country, and well may he remark on the inconsistency of subscribing thousands to convert the Heathen in distant lands, when we permit such abominations to continue at home. We heartily agree with him in the following sentiments, which will be echoed by every right-minded person in the Empire. "If," says he, "we cannot mend this and similar evils, let us pray for different men and a different mode of election; let us have a municipality of parishes; or, as soon as possible, some central and powerful court of appeal; anything rather than the vile compromise at present in the ascendant." We also hope that he will persevere in the determination he expresses to petition the House of Commons for an inquiry leading to renovation and amendment. Although Mr. Rendle's observations are chiefly drawn from the parish with which he is immediately connected, they are, we fear, almost equally applicable to other parishes, and we hope that other sanitary reformers as vigorous as Mr. Rendle, will spring up elsewhere, to expose the shameful manner in which many local vestries neglect their duties, and trifle with the lives and health of the community.

THE CATTLE PLAGUE.

We regret to find that the disease among the horned cattle still continues its ravages, and fresh outbreaks are reported almost every day. It is a reproach to science that no definite opinions have yet been formed among

physicians and pathologists as to the nature of the disease itself, its mode of propagation, or the best means to adopt for its prevention or cure. With regard to the question of its being imported from abroad, we are not yet convinced that such has been the case, although the importation theory has been boldly advanced and maintained in various quarters, nor are we even persuaded that the disease is contagious in the strict sense of the term. We are pretty well convinced, on good authority, that the disease is *not* typhoid fever, at least if ulceration of the glands of the small intestine constitutes one of the main features of that complaint. We are by no means certain that the disease is incurable, and in fact, many cows sent to the slaughter-houses have been in process of recovery before they were killed; and many have been killed which were not suffering from the disease. That the malady, like influenza among the human race, is epidemic, there can be no doubt; but if, as we strongly believe, it is analogous to human influenza, the wholesale destruction of the animals is very much to be deplored, because many of them might recover under appropriate treatment, or under no treatment at all except temporary segregation. We hope that the Government and the public will not be led away by specious theories, but will regard the whole matter in a practical point of view; and will endeavour to stay the waste of animal life which is now being sanctioned by authority, to the great injury and privation of the inhabitants of this country without, as we believe, effecting any good results to the bovine race.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. HYDE SALTER continues his course of lectures "On Dyspnœa," and he now describes his mode of classifying dyspnœas in relation to their causes. There are three directions in which respiration may be injuriously affected—namely, on the side of blood-supply, or of air-supply, or through the nervous system; and as arranged under these three heads there appear to be six modes in which the conditions of normal respiration may be disturbed. These modes of dyspnœa may be caused—1. By the lung having more work to do than it is able to accomplish. 2. By the difficulty of getting air through the air-passages. 3. By the derangement of the forces of elasticity and muscular contractility. 4. By pain, as that of pleurodynia. 5. By direct obstruction of blood-vessels; and 6. The dyspnœa may be only nervous.——Dr. FRANCIS EDMUND ANSTIE contributes a paper "On the Physiological and Therapeutical Action of Alcohol." The paper is a controversial one, and is an answer to an article in another Journal (we believe the 'British Medical'), on the subject "Is Alcohol Food?" Dr. Anstie maintains that the sentiments expressed in the article in question are altogether erroneous, and that it is by no means proved, as asserted by the writer of the article, that the theory of MM. Lallemand, Duroy, and Perrin, is generally received, or that the views of Dr. Todd are devoid of a scientific basis. After arguing that the experiments of the French physiologists are open to great doubts as to their accuracy and conclusiveness, Dr. Anstie proceeds to vindicate Dr. Todd's theory and practice against the attacks which have lately been directed against them, and he deprecates the efforts which have been made to frighten the Profession from persisting in the inquiry as to the therapeutical properties of alcohol. In reference to the charge sometimes made against Medical men that they encourage drinking habits by the therapeutical administration of alcohol, Dr. Anstie remarks:—

"A word or two, in conclusion, about the insinuated charge against the alcoholic treatment of febrile states, that it lays the foundation of drinking habits. No man could sincerely make this statement who had studied alcoholismus chronicus on the large scale, and who, at the same time, was acquainted with the history of the growth of our knowledge of this subject. The clinical features of alcoholismus were very imperfectly known till the works of Roesch, of Magnus Huss, and (in this country) of Dr. Marcet, threw light upon the subject. We now diagnose with confidence the existence of concealed drinking habits in thousands of cases which would have passed undetected not many years since. One of the most remarkable features of these secret drinkers is their inordinate propensity to tell lies, and their favourite falsehood, when they are detected, is to lay the blame of their evil habit on some apocryphal Medical prescription of stimulants. Those observers, however, who have carefully studied the genesis of alcoholic excess are aware that the habit springs, in the immense majority of cases, from the temptation supplied by states of bodily or mental dejection and misery, and very often from a peculiar weakness of the nervous system which is *inherited*. These are facts of which the writer in the journal referred to appears to be ignorant, but which it was his bounden duty to have studied before he ventured to prefer a charge so deeply wounding to the reputation and the honour of the Medical Profession as that which he has rashly uttered."

Dr. GEORGE BUCHANAN, of Glasgow, continues his record of Clinical Surgical Cases, his present paper being "On Ligature of Arteries for Secondary Hæmorrhage," and he illustrates his remarks by details of operations on the common carotid, the posterior tibial, and the brachial arteries.——Dr. WILLIAM BAKER contributes a paper "On Ascites and its Treatment," illustrated by some brief remarks on three cases, which were treated by hydragogue purgatives and tapping.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. LIONEL BEALE continues his "Inquiry into the Nature of the Phenomena which constitute Inflammation," his present subject being Contagion. Dr. Beale believes that the efficient agents in contagion are minute bodies which are given off by infected organisms and enter into the tissues of animals. The mode by which their entrance is effected is thus explained:—

"How, then, do the living particles pass through the vascular walls and enter the blood, and what are the circumstances that would favour or interfere with their passage? Thin-walled capillary vessels, as is well known, come very near to the surface in many parts of the body. Those of parts of the mucous membrane of the nose, mouth, and conjunctivæ, even in a state of perfect health, are covered with a very thin layer of protective epithelium, while those of the air-cells of the lung are practically bare. In many morbid states the epithelial covering of the mucous membranes enumerated above is very soft, and sometimes it is reduced to a thin layer of a soft pulpy mucus, in which any foreign particles would very readily become embedded. It is reasonable to suppose that the contagious germs find in this soft mucus a nidus favourable for their reception, and at the same time soluble materials adapted for their nutrition. They would grow and mul-

tiply, and probably minute offsets from them would soon find their way to the external surface of the capillary walls."

These views, although hypothetical, are quite in accordance with the teaching of sanitary science, and the measures adopted by practical men for preventing contagion consist in the adoption of all such measures as are calculated to arrest the diffusion of the poisonous materials, or, as in the case of inoculation, to guard against a severe disease by communicating a mild one. Dr. Beale thus sums up his conclusions in reference to contagious diseases:—

"The *materies morbi* of contagious diseases does not consist of lifeless organic or inorganic matter, nor of any form of gas or vapour generated in the decomposition of animal or vegetable substances, nor of any matter set free during the decomposition of fæcal or excrementitious matter of animal origin; nor is it any species of animal or vegetable organism or parasite; but the active contagious material consists of exceedingly minute particles of living germinal matter which may be regarded as the direct descendants of the germinal or living matter of an organism which has been for some time living under unusual conditions. Contagious poisons affecting men and animals have originated in their organisms. The living or germinal matter of some contagious diseases originating in the bodies of animals may grow and multiply in man, and *vice versâ*. These particles of living germinal matter may retain their vitality for some time after they have escaped from the seat of their formation. They may pass through the air or be preserved in clothes, or various fluids, or moist solids. The smallest particle (less than the $\frac{1}{1000000}$th of an inch in diameter) being introduced into the body already in a fit state for its nutrition, may grow and multiply, giving rise, in due time, to the symptoms characteristic of the particular disease, and producing myriads of particles like itself. But it is probable that such particles, being introduced into a perfectly sound organism in a state of perfect health would not grow and multiply, but would die; or, in other words, such an organism would resist the influence of the contagious matter. Some of the germinal matter forming the *materies morbi* of certain contagious diseases may retain its vitality for a considerable period of time in a comparatively dry state, like vaccine lymph. Knowing what we do of the protective influence exerted by vaccination, it seems probable that the ravages of many other contagious diseases besides small-pox may be mitigated or prevented by the inoculation of certain forms of contagious matter which would produce allied but much less severe forms of disease. It seems desirable that numerous experiments should be instituted on cattle with the object of ascertaining if any such protective influence would be really exerted."

Mr. T. M. HARDING, in a paper "On the Alleged Degeneracy of Vaccine Lymph," treats of the subject of the degeneracy of vaccine lymph by frequent transmission. His opinion is that vaccination is not now so efficient as it was in the time of Jenner, and he recommends a recurrence to the original plan of taking the matter direct from the cow, in order to institute a fresh series of experiments on vaccination.

"CYCLOPS'" TWENTIETH LETTER ON PHYSIOLOGY.

To VIGILANS.

SIR,—Dr. Lane, in the MEDICAL CIRCULAR of the 13th inst., says I did not explain the tetanic symptoms of his cases of cholera recorded in the MEDICAL CIRCULAR of the 23rd August. I thought I had done so. I wish, however, now to correct a few errors he has fallen into. It seems I called his cases "*erratic cholera*"—that is, a bastard sort of this disease, and not the true type; and afterwards styling them "*a disease simulating cholera.*" He says:—"Why say it resembles, when first he said *it was cholera?*" He will see that I said no such thing—*erratic* and *simulating* being two words expressive of the same meaning. Then speaking of the shock to the solar plexus, I said, "it is from this centre of the nerves that spasmodic cramps arise in true Asiatic cholera." Dr. Lane makes me say in the next line but one, that these spasms *only* arise in true Asiatic cholera. His own correct quotation of my observation proves that I did not use the word *only* at all; for this reason,—cramps like these may arise after an aggravated diarrhœa; or after much flooding in labours; or from loss of blood in mænorrhagia; or from a severe mental shock, &c., &c.; proving that I know they are not confined to Asiatic cholera, and that I could not mean for a moment they *only* happened in this disease; but being more severe and more marked in Asiatic cholera, I drew attention to the fact. His other observations on this point, he will see, necessarily fall to the ground.

Again, "to use the term extreme hyperæmia of the spinal and lymphatic nervous centres, is as difficult to understand as to apply;" whether the word lymphatic or sympathetic was used, makes no difference to the observation I made. I still maintain the opinion expressed in that sentence.

Now, the meaning of the term hyperæmia is understood differently by different persons. I think it was Andràl who used it, to imply a congestion of blood in a part, from whatever cause. Therefore, a clot of blood on the brain—an engorged state of blood in any collection of arteries—a congestion of blood in any set of veins, such as hæmorrhoids—an infiltration of blood in the capillaries, such as blood-shot eyes, or conjunctivitis—all would imply, according to Andràl's meaning, hyperæmia. Whereas, it is applied by others to denote any extra sensitiveness of the skin, or any other part. Therefore, until our Medical nomenclature is more defined, it is not possible to understand it. But supposing it to be present, one of two circumstances must happen. If Andràl's definition is correct, what does a hyperæmia produce on the part? Would it be obstructive to the electric action of the nerves, or would it excite their electric currents? A clot of blood on the brain, or a hyperæmia there, is evidently obstructive to the due performance of its functions. If, on "the spinal and sympathetic nervous centres," whereby I suppose is meant either semilunar, plexus, or both—namely, the solar plexus, does the same fact occur as if on the brain? I am inclined to take this view. If so, we can account for tetanic actions—namely, from arrest of electric currents which produces them; showing that the telegraphic wires or nerves are affected according to the pressure exercised upon them, and the correct or incorrect state of the batteries that influence them. But, on the other hand, if hyperæmia in any part produces excessive sensitiveness, then electric actions are inordinately excited, and pains are necessarily great and continuous. Then, again, some physiologists say that anæmia is the cause of pain along the nerves; while others attribute it to hyperæmia; so that, taking all these things together, any man who is in search of the truth, gets bewildered, not only with terms, but with dogmas. No wonder that physiology wants a closer attention paid to it, not only to sift the meaning of its terms, but to explain many of the actions of the body. Taking the meaning of "hyperæmia of the spinal and sympathetic nervous centres" as an explanation of "the tetanus," "the cord-like feeling across the chest," "the feeling as if cold water was running down the spine," and the fact of rice water stools being "cold as ice" when passed, would then imply, arrested electric currents in the "spinal and sympathetic nervous centres," which a consequent deficiency of caloric has produced. This reading of the fact I believe to be as correct as any other. But then, as I have said in one of my earliest letters, that the nerves are only wires, and that the batteries which make the electric aura, or certain combinations of elements which, in the performance of their duties, produce heat. We must conclude, then, that these batteries were stopped by a hyperæmia, and not only was all electric action stopped at

the same time, but heat also. Hence the "tetanus," "the cord-like feeling across the chest," "the feeling of cold water down the spine," and the rice water stools being "cold as ice." All produced by a temporary paralysis of nerve batteries. Can this hyperæmia be explained in any other way? As it stands by itself, it carries no explanation whatever. But, on the other hand, what was the cause of the hyperæmia? Was the course of the blood suddenly arrested in the "spinal and sympathetic nervous centres," or solar plexus? I should say nay to this, because the rapidity with which the cases recovered, rather forbids this view of the matter, and as Dr. Lane wishes these symptoms explained, and not the cholera, I thought I had done so by referring the cause to the destruction of electric-battery action in the solar plexus, the necessary result of which was many of the symptoms in his two cases of "*erratic*" or "*simulated* cholera." In giving my view of the treatment, I am sure Dr. Lane ought to be satisfied with my explanation of the action of his drugs and other remedies. I observed that, "to stop pain, arrest the fluxes, and restore the electric actions" are what true science is called upon to do, and which he says were "the very objects he had in view." I am glad of it, and hope these facts will be spread far and wide. I observed also that these cases of "*erratic*" or "*simulated cholera*" were frequent; whereat, he says (which God forbid), yet at the conclusion of his letter, he says he has had "*five more, but none so severe.*" Therefore, as he had seven, and I know many Medical friends who have had as many or more, none arriving at the dignity of true cholera, and I myself have had many cases during the last six weeks of the same *erratic character*, some of which have been congestive or acid; but as it so happens, the majority of mine have been inflammatory, and have been treated with the acids, anodynes, and opiates, instead of the alkalies, anodynes, and opiates, with very marked and good results. Dr. Lane is inclined to treat this great distinction lightly; but I may simply, in illustration of this, mention the difference between bronchial congestion and bronchitis. In the former, the bronchial tubes are loaded with mucus, the tongue furred, the pulse full, the skin moist and perspirable, with all the other characteristic conditions of a *congestive state*. The remedies are the alkalies and their carbonates, stimulating expectorants and good generous diet, plenty of fresh air, and everything done to promote the cough, in order to get the great mucus enemy out of the camp. On the other hand, bronchitis is an inflammation of the bronchial tubes. There is little or no mucus secretion on them; they are, in fact, bare of this secretion, not even having at times their proper diptherite covering; the tongue is dry and clean, or red in parts; the pulse sharp and wiry; the skin hot and dry, with other characteristics of the feverish state produced by inflammatory action. The cough is hard, because there is little or nothing to come up, caused by the mere irritation of air impinging on raw surfaces. The remedies are acids and opiates—the very opposites; in order to stop the coughing, which you dare not do with impunity in the other state, bland drinks, low diet, and as perfect freedom from the air as possible. These observations may be suggestive in cases of great diarrhœas, "simulating cholera." But Dr. Lane asks, "are the two forms of cholera to be discriminated by testing the *excreta*?" If he has no other means of diagnosis, he can do this, and may learn much by them. I have!

Dr. Lane asks me to enlighten my Medical brethren by giving the symptoms of each, as "if they are distinct types they must have different symptoms." Now, there a.e many symptoms in both these forms of cholera much alike; but it is only the careful observer of all facts that finds out and discriminates between the two. The same being necessary in other diseases; whether they be gout, rheumatism, or fever, &c. Disease is produced by a morbid or altered condition of the secretions generally, and must be cured through them; but as long as this fact is ignored, so long will disease of any character have its ever-varying forms of treatment, and which, to say the best of them, is only treating a NAME, and not a CAUSE. New ideas that would promote better principles are always somewhat sneered at. All new thoughts are very difficult even to be introduced and men forget, in the after usefulness of them, how much they were condemned at first.

In our own day, gas, steam, vaccination, and railroads, all had their clever and apparently worldly-wise scoffers. Where are they now?

Dr. Lane seems a little offended at my using the term "*empirically*." I did so because the practice of Medicine is yet but an *art and mystery*, NOT *a science*. If he were to have a run round the London hospitals this next season, he would see the same apparent disease not only treated differently in each, but differently by every physician. Not only this — he would hear the practice of Medicine differently taught at each hospital, and hear the most opposite opinions.

Now, most men believe they practice *scientifically*. The few who know most about the practice of Medicine shake their heads and regret they cannot. Each man prescribes to the best of his ability, but never with certainty. All may say, "Experiencia docet;" and as every man's experience guides him, and as all differ, then I use the term "empirically" for all. Dr. Lane's prescriptions were ordinary compositions (none the worse for that, by the way), and they did good. Twenty other men would, perhaps, have each given something different, according to their notions. Let him read in the Medical journals the different treatment of cholera, and he will see that I am right in what I say, and that every man thinks he is right in what he does. I wished to state the probable manner in which Dr. Lane's treatment accomplished a good result, in order that in some cases where the same treatment may be adopted and failed, that a watchful man like him would be induced to observe more closely the few hints I have thrown out and prescribe according to the morbid condition or state of the secretions, not for a mere name, because it is diarrhœa, "simulating cholera," or even a cholera itself. There is a physiological dogma much believed in, and that is, that in cholera, "a great deal of the watery part of the blood is eliminated and passed off by the vomiting and purging." I no not think this tenable. If we take the two distinct currents of the blood in health, and see how regularly they keep up a given standard, and are renewed by new ingesta through the lacteals, as well as by fresh elements from the body itself, through the lymphatics, we can then imagine that if a sudden stop takes place in all these phenomena, by a rapid evacuation of the contents of the whole alimentary canal, that many of the revivifying elements are at once lost to the blood. The heart's action still goes on; but every pulsation exhausts what blood there is in the body, and every hour the goodness of that stock is gradually reduced. For instance, what have the lacteals to take up? Nothing! for the whole alimentary canal is in an active state of endosmose, and whatever finds its way there, is immediately carried away. What have the lymphatics to do? Why, just as little; for if there are no elements sufficient for battery-power to the nerves, there are no superfluous ones for them to carry off. I do not, therefore, think it requires any emptying of the blood-vessels in the way physiologists have thus set forth. In fact, sudden death would occur if it were so; and if it is not, there would be very few recoveries. It is quite enough for them to bear the non-restoration of their elements without taking away from them what they have, which is hourly getting less, by the simple act of want of new supplies. This I believe to be a new idea on the subject, and opposed to current doctrines, which I am not bound to pin my faith upon, though I am equally bound, as a physiologist, to state what I believe more approximates to the truth. Therefore, I said the blood had nothing whatever to do with this disease, and I do not believe for a moment that cholera is produced by any morbid poison therein. The purple colour which the body assumes can be best accounted for on the principle I have laid down; for when the arterial supply is exhausted, and no new elements can be obtained, the venous blood must yet be exhausted before vitality ceases, and this being gradually done, what there left becomes ill-oxydised and ill-decarbonised in the last

from the absence of the natural heat of the body and other causes. For it does not follow that the blue or purple state is alone a sequence of cholera, as it is often seen in other diseases as well, and I could cite some extraordinary cases of this kind.

In the course of my papers, Dr. Lane and my other readers shall have the benefit of these.

I am, &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

GENERAL CORRESPONDENCE.

INFANT BURIAL AND MEDICAL CERTIFICATES.

To the Editor of the Medical Circular.

SIR,—Not long since, a young woman applied at my surgery for advice for her baby, which was about twelve months old, but emaciated to the utmost degree, and evidently had been sadly neglected. I ascertained that it was illegitimate, and had been put out to nurse. The mother, however, evinced considerable anxiety for the child, and appeared, as far as her circumstances would admit, to tend it carefully. I saw it a few times, and then an interval of about a fortnight elapsed, when she called again, with her mother, to say that the child was dead, and to ask for a certificate. This I refused at the moment, and told her to call again; but I have never seen or heard of her from that time to this. I presume, therefore, that the child was buried, but how this was accomplished, and on whose authority, I know not. Perhaps some of your readers can inform me? Again, Sir, I see in the present number of the CIRCULAR that a Mr. Turner admits not having any qualification, and yet visits, prescribes, and gives certificates of death, as occasion requires, without let or hindrance; and though this is only one out of many cases, yet our Medical Council, or Licensing Bodies, our Government, don't interfere! Of what use, Sir, is it our registering at an expense of five guineas, under such miserable and unfair management? It can only be to support those in luxury who are fortunate enough to get appointed. Surely, sir, death certificate books should be supplied with as much care as cheque books, and kept as carefully under lock and key, otherwise, how easy is it for a man capable of a greater crime, to get one of these papers and forge a Medical man's name to secure the burial. Pray, Sir, bring a powerful leader to bear on these abuses, and urge the Profession to agitate their rights.

I am, &c.,
H.C.

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—At the last meeting of the Committee, it was resolved that the above fund should be definitely closed. Intending subscribers will oblige by forwarding their contributions on or before October, 31st proximo.—I am, &c.,

145 Bishopsgate Without, ROBERT FOWLER, M.D.,
Sept. 6th, 1865. Treasurer and Hon Sec.

CASE OF ALLEGED POISONING BY STRYCHNIA AT SALISBURY.

On Wednesday the adjourned inquest on the body of Miss Emily Sophia Blake was resumed.—The deceased was daughter of Mr. T. J. Blake, surgeon, of Castle street, Salisbury, and was 19 years of age. It appeared from evidence taken previously that on the night of Tuesday, the 5 inst., Mr. and Mrs. Blake were alarmed by hearing cries from the bedroom of the deceased. They proceeded to the spot and found her in great agony and screaming loudly. Her body was rigid, and she exhibited all the symptoms of having been poisoned by strychnine. They sent for Dr. Roberts and Mr. W. M. Coates, who shortly afterwards arrived. She admitted to Dr. Roberts, when told she was dying, that she had taken three pills which had been given to her by Mr. William John Storer, who had been her father's assistant some time before. Dr. Roberts asked her if any of the pills were left, and she said there was a box of them in the dressing-table drawer, where the box was found. She then fell into convulsions, and died.

Dr. Alfred Swaine Taylor, M.D., F.R.S., said,—On Thursday, the 7th of September, 1863, I received,—first, a jar containing, as it was alleged, portions of the viscera of the deceased; secondly, a small bottle; and, thirdly, a box containing pills. The pills in the box were twelve in number. The average weight of each was rather more than four grains. They were of a brown colour, and had an aromatic smell. They were soft, as if made with treacle or syrup. Under the microscope they presented no unusual appearance. No crystalline or mineral matter could be perceived in them. They contained neither arsenic, antimony, nor mercury, but they contained a large proportion of sugar, with vegetable matter similar to the aromatic confection of the Pharmacopœia. Three of the pills weighing 12·6 grains were submitted to the usual processes for the detection of strychnia and other alkaloids of the like nature. Strychnia was separated from them in a crystalline state, and distinctly identified by all of its principal chymical properties. The decoction of the pills in water and spirit had the intensely bitter taste of strychnia. This taste remained upon the tongue for more than an hour. From the three pills a quantity of strychnia equivalent to half a grain was separated. Assuming that the strychnine was equally distributed among them this would make a proportion of one-sixth part of a grain for each pill. By another chymical process the strychnine contained in the half of another pill was extracted. This was found to be equivalent to one-tenth part of a grain, or representing one fifth part of a grain for each pill. By another chymical process the strychnia contained in the half of another pill was extracted. This was found to be equivalent to one-tenth part of a grain, or representing one-fifth part of a grain for each pill. Considering that it is exceedingly difficult to extract the whole of the strychnia contained in a pill under such circumstances, it may be inferred that each pill would not contain less than from one-sixth to one-fifth of a grain, and that three pills would therefore contain from three-fifths to one-half of a grain. Three other pills taken from the box were made into an extract with spirit (for dissolving the strychnia), and one-half of this extract was placed within a wound made in the skin of a rabbit. In four minutes the animal was seized with the usual tetanic convulsions which are produced by strychnia. These followed each other in rapid succession, and the animal died in three minutes, making altogether seven minutes from the time at which the extract, equivalent to one pill and a half, was placed beneath the skin. The bottle of blood contained seven drachms, or about a tablespoonful, of blood of a dark crimson colour, not putrid. It presented no unusual appearance under the microscope, and chymical analysis did not show in it the presence of any strychnia. The quantity here examined is equivalent to only 1-500th part of the blood contained in the body of an adult. The contents of the jar.—The jar contained—first, the stomach unopened, and the two ends properly secured by ligatures, so that none of the contents had escaped; secondly, the large and small intestines; thirdly, a portion of the liver; and fourthly, the spleen. These organs, it may be observed, were healthy, and presented no appearance which would account for death; they were remarkably free from putrefaction. As to the stomach, on the outside of this organ there was a deep patch of a red colour, corresponding to the situation of the spleen. When opened the stomach was found to contain about six ounces, by measure, of half digested food of a thick pasty consistency, and of a sour smell, as if it had undergone fermentation after death. No pills could be seen in the contents, but the following substances were recognised and separated:—The pips and skins as well as the pulp of apples, French beans, the fibre of meat, and a quantity of bread (starchy matter), as well as fat. These were partially digested, showing that death

must have taken place suddenly soon after a full meal had been made. There was no odour of prussic acid, spirits, or other poisonous volatile liquids. The contents were acid, probably as a result of the fermentation of the food. The inner surface of the stomach presented a few patches of congestion, and it was slightly reddened, but there was no appearance of disease to account for death. The whole of the contents, with the mucus scraped from the inner surface of the stomach, were submitted to the same chymical processes as the pills for the detection of strychnia. The result was that slight traces of that substance were detected in the liquid portion of the contents. The intestines presented nothing unusual, either internally or externally. They were in some places reddened, apparently as the result of congestion; but on opening them they contained the usual healthy substances derived from digested food, and the lining membrane presented no appearance of disease. As to the liver and spleen, four ounces of the liver and the whole of the spleen were minutely examined for strychnia, but no trace of this poison was detected in either organ. The conclusions, which I draw from this analysis, are—First, that the pills contained strychnia in a quantity sufficient to cause death, according to the number taken; secondly, that there were traces of strychnia in the contents of the stomach; thirdly, that there was no strychnia in the liver, spleen, and blood. Assuming that three pills had been taken shortly before the death of the deceased, and that they contained a similar amount of strychnia to that which I examined, I should not have expected to find greater and more distinct traces of strychnia in the stomach of the deceased than I did. The dose was very small. I should state that the longer a person lives after taking poison, the less trace of it is found, as it becomes absorbed into the system. I should not have expected to find it in the blood. Had it all been there the proportion would only have been the fiftieth part of a grain to 1 lb. of blood. Assuming the quantity of strychnia to have been taken which I discovered in the three pills, I should not have expected to find any traces in the liver or spleen. Half a grain of strychnia would destroy the life of an adult. Strychnia is given in cases of paralysis and nervous affections; but the medicinal dose would commence at the twentieth part of a grain, and increase to a twelfth, or even a tenth part of a grain. I may add that symptoms of poisoning begin in doses from a quarter to a third of a grain, and actual death has taken place in two known instances from a quantity equivalent to that which is before you. The quantity of strychnia I found in the deceased is consistent with either a poisonous or a medicinal dose. From the traces found in the stomach I can draw no inference; the residue was consistent with either, as I have said, so that I can form no conclusion as to the cause of death. I cannot conceive that strychnia would be a proper medicine for the purpose of procuring abortion. I have never heard of it. I can conceive no other effect than convulsions resulting in death. The action of strychnia is over the voluntary muscles, and I have not heard of its action on the uterus. I do not think one pill would destroy life; two might have jeopardized it; but three would, I think, have been fatal to any one. It is possible that one pill may contain more than another; but from the analysis I made I take it that the strychnia in them was pretty equally divided, and that any adult taking three of those pills would die.

The Coroner directed the jury in his summing up that if the pills containing strychnia were given by an unqualified man through ignorance, and death resulted, they (the jury) should return a verdict of manslaughter; but if that medicine was administered with "malice," then it would be in the eye of the law murder.

The jury retired at half-past 5, and, after an absence of half an hour, returned the following verdict:—"We find that the deceased Emily Sophia Blake died from the effects of strychnia taken by her in three pills, given to her by William John Storer, and we find a verdict of manslaughter against the said William John Storer."

OBITUARY.

R. WOLLASTON, M.R.C.P.

Dr. Wollaston was a few years ago appointed one of the Physicians to the South Staffordshire Hospital, in this town, upon the resignation of Dr. Topham. He held that appointment for about two years. Subsequently he removed to Stafford, having been elected Physician to the Staffordshire Infirmary, and Visiting Physician to the Coton Hill Asylum. After discharging the duties of those offices for some time, the state of Mrs. Wollaston's health induced Dr. Wollaston to remove to a warmer climate, and he proceeded to Italy. For some time past he had been engaged in Rome studying antiquities, especially ancient mosaics, a subject with which he was well acquainted. He afterwards went to Naples with the intention of pursuing similar studies at Pompeii, but was prevented carrying out this object by an attack of illness, which terminated in his death. Exposure to the sun's heat in the streets of Naples brought on congestion of the brain, followed by diarrhœa and inflamation of the lungs. On the 16th ult., Dr. Topham, of Rome, who was staying at Sorrento, was telegraphed to go to Naples to visit Dr. Wollaston, in consequence of his illness having become serious. Dr. Topham visited Dr. Wollaston three times, staying the night on each occasion. Notwithstanding, however, all that Medical skill and human aid could afford, Dr. Wollaston expired on the 22nd ult. It is a somewhat remarkable circumstance that Dr. Topham, whose successor Dr. Wollaston was in the South Staffordshire Hospital, should have attended him at his death in Naples, and that the Rev. Pelham Maitland, formerly Vicar of St. James's, Wolverhampton, should have performed the funeral ceremony at his interment in the English burial-ground in that city, his friend Dr. Topham attending the funeral. We may add that Dr. Wollaston, who was well versed in antiquarian and archæological subjects, was a schoolfellow of the late Lord Macaulay. He was apprenticed to a leading hospital surgeon in London, and afterwards went to Clapham, where, through the kindness and influence of Dr. Darling, a physician practising in Russell square, London, he was introduced to a good local connexion. Amongst other patients in the higher ranks of life, he attended the late Sir J. Mackintosh. Having married, Dr. Wollaston removed to Westbourne terrace, London, where for many years he enjoyed a large and lucrative practice. His wife, however, suddenly died, and this event so completely unnerved him that he sold his practice, and an opportunity presenting itself, during the Crimean War, he accepted an appointment as Physician to the Hospital at Scutari. On the termination of the war he returned to England, and married the present Mrs. Wollaston, resuming practice at Cheltenham. He subsequently removed to Wolverhampton, having always had a strong desire to be connected with some public institution. Dr. Wollaston was, we believe, at the time of his death, upwards of sixty years of age. As an author, he was known by his "Memoir on the Turkish Bath," and by an elegant treatise on the "Baths of Ancient Rome." Dr. Wollaston was connected with the same family as his namesake, Dr. Wollaston—the celebrated author of "The Religion of Nature," who was a native of Staffordshire.—'Wolverhampton Chronicle.'

JOHN GLOVER LOY, M.D. EDIN.

This gentleman, who was in practice at Whitby sixty-four years, died there on the 4th inst., aged ninety. His talents were of a high order. Great and general was the esteem in which he was held during his long, active, and successful career.

His pamphlet, "Experiments on the Origin of Cow-Pox," published in 1801, attracted particular notice everywhere, at home and abroad, by those to whom the subject had become a matter of interest, and brought him into correspondence with some distinguished Medical and scientific men, including the late Dr. Carro, of Vienna, who published a German translation of it; Sacco, of Milan, Dr. Jenner himself, and others. From their first appearance

own to the present time, Dr. Loy and these (his experi-ents) have been commonly quoted by the various authors ho have treated of the subject of cow-pox. To show the markable power and retention of his faculties, mental d physical, up to so late a stage of life, may be recorded successful operation performed by him in May last—viz., e excision of a female's cancerous breast. Dr. Loy's rare ilities and just reputation entitle him to more than a ere passing notice.

URETHROTOMY.

We now advert to the discussion which recently took ce at the Society of Surgery, on the subject of internal throtomy. We stated that the members almost unani-usly agreed in the views brought forward by M. Perrin. e assertion was premature. The debate was apparently austed, when it was revived by criticisms adduced by A. Guérin. M. Dolbeau endeavoured to defend his ctice, and MM. Voillemier and Démarquay dealt paringly with the arguments of the exclusive partisans urethrotomy.

rom an attentive perusal of the observations which fell n the different speakers, and the reply of Dr. Perrin, conceive that the practical inferences from the debate be summarised as follows :—

s we stated before, incision from within is not appli-le in every case of stricture ; it is the surgeon's last ource, but as such sometimes yields unhoped-for results, may be instrumental in saving the patient's life. ed, when all attempts at dilatation by the various ods in use have failed, when the introduction of the slender bougies has been found utterly impracticable sufficient to check in time the symptoms consequent etention of urine, the practitioner is compelled either uncture the bladder, to open the urethra behind the ture in the manner described by Elliston, or to perform rotomy. Now, although puncture of the bladder is perfectly successful, an assertion fully borne out in a t case observed in M. Jarjavay's practice, we have esitation in acknowledging that we prefer incision of rethra, if the same object is attainable by this proce-

We agree, however, with M. Démarquay, that rotomy should be viewed merely as an auxiliary to ation, and should be resorted to under the following nstances only :—1. In the case of fibrous strictures ilatable beyond a certain point, especially if sinuses lso present. 2. For retractile strictures, which yield mporary manner to dilatation, but promptly relapse. irritable strictures. In many individuals, a bougie ertain size can be introduced with perfect ease, but ttempt to insert a sound of larger diameter induces sh symptoms of a more or less serious character. In cases, urethrotomy supplies the surgeon with the of removing all these morbid phenomena, and ates the introduction of voluminous catheters.

MEDICAL NEWS.

THECARIES' HALL.—The following gentleman passed amination in the Science and Practice of Medicine eceived a certificate to practise on the 31st ult :—

Fitzpatrick, Northampton.

LTH OF THE NAVY.—The Statistical Report of the t of the Navy for the year 1862 has just been issued, the superintendence of Dr. Mackay. The mortality s to be 9·1 per 1,000.

REY COUNTY HOSPITAL.—Her Majesty has graciously d her intention of presenting a bust of the late Consort, executed by Theed, to the Surrey County al, to be placed in the corridor of the building, which nearly ready for the reception of patients.

OME AND INSTITUTION FOR TRAINING NURSES, is o be formed in Southampton for Hampshire, on the lan as that which has been in operation for three uccessfully in Bath.

DEATH OF DR. FORREST, C.B.—Inspector-General of Hospitals, John Forrest, M.D., C.B., died at 10 Queen's parade, Bath, on the 10th inst , aged 61 years. Dr. Forrest, who was an Honorary Physician to the Queen, entered the army November 10, 1825, and served in the expedition against the Rajah of Kolapore, in 1827 ; he was also employed during the expedition against the insurgent Boers beyond the Orange river in 1845 ; and in the Kaffir war of 1846, for which he received a medal. He was in Medical charge of the 3rd division of the Eastern army at Gallipoli and Bulgaria, and accompanied the expedition to the Crimea in September, 1854, and was present at the affair at Bulgarnac, capture of Balaklava, battles of the Alma and Inkerman, and siege of Sebastopol, and was noticed in Lord Raglan's despatch after Inkerman "for his able exertions as deserving to be most honourably mentioned." He was rewarded with the medal with three clasps, made a C.B., and received the fourth-class order of the Medjidie. He became Inspector-General December 31, 1858, and was stationed at Malta until December, 1861.

THE HERBERT CONVALESCENT HOME.—On Saturday week, the foundation-stone of this institution was laid, at Bournemouth, in memory of the late Lord Herbert of Lea, by his youthful son, the Earl of Pembroke. The "Home" will be connected with the Salisbury Infirmary, in which the late Lord Herbert took a deep interest.

THE DANGER OF ACTING UPON CERTIFICATES OF LUNACY.—MARLBOROUGH STREET.—Henry Thomas Durrant, engineer, No 23 Little Drummond street, was brought up before Mr. Knox, charged with assaulting James Powell, an ex-constable of the C division. The complainant said he lived at No 6½ Oxford market. About half-past six o'clock on Wednesday evening, while lying down, his wife brought the prisoner and another man into the room. When the prisoner saw him he said, "We have got you now, and we mean to take you in a cab to the Marylebone Workhouse." The prisoner then struck him on the face and threw him back, while his wife and another man held him forcibly down and placed a pair of handcuffs on his wrists. His legs were then tied together, and while this was being done he called "Police !" and "Murder !" The outcry he made caused several persons in the house to come to his assistance, when he gave the prisoner into custody. It was not the first time his wife had acted in the same way. Mr. Stone, the landlord of the house, said he had always known the complainant to bear the character of a quiet, inoffensive man. Hearing a disturbance last night, he went upstairs and found the complainant lying on the bed with his legs tied together and handcuffs on his wrists. As it was not the first time the complainant's wife had brought men to the house, he detained the prisoner and gave him into custody. A police-constable said he found the complainant as described. The prisoner said he had lost the key of the handcuffs and could not unfasten them. The wife had been to him several times to take the complainant into custody on the plea that he was mad. The complainant's wife handed to the magistrate a certificate signed by Mr. Clapp, for the complainant to be admitted into the insane ward of Marylebone. Mr. Knox asked the complainant if Mr. Clapp had ever examined him. The complainant said he had never seen Mr. Clapp in his life. In reply to a question by Mr. Knox, the prisoner said that he had acted not under the authority of the parish, but under the authority of the complainant's wife. He was a ship engineer, and had just come home from a long voyage. Inspector Silverton said the wife of the complainant had told him at the station that her husband was mad. He had known the complainant for some years, but had never noticed anything like madness about him. Mr. Knox said the wife had also complained to him on the same subject. Shortly afterwards Mr. Tubbs, the overseer of Marylebone, and Mr. Clapp, who had been sent for, entered the court. Mr. Knox said he wanted an explanation of the certificate signed by Mr. Clapp. Mr. Tubbs said Mr. Clapp, issued an order for the admission of the complainant, but, when the order was brought to him, he declined to send an

officer to take the complainant. He told the complainant's wife if she apprehended danger, and would bring her husband to the house, he would take him in, and then after he had been seen by a magistrate he would be sent to Hanwell if expedient. The complainant was brought to the house, but he ran away, and no steps were taken to recapture him. He heard nothing more of the case until a certificate was brought to his office yesterday. The parish had nothing to do with what took place. Mr. Clapp.—I gave the certificate on the 7th inst. It was only put in force on Wednesday, and when I gave it the complainant was labouring under delirium tremens. The prisoner in defence said,—I met Mrs. Powell last night and she asked me to take her husband to the workhouse, as she could not get anyone to do the job. She told me she had the proper papers from the magistrate and the workhouse; that there would be no danger to me; that the neighbours would not interfere, as they knew what her husband was. I went to the house, and the complainant threw a boot at me. I helped to secure him, but I never struck him. Mr. Knox. —I do not think the prisoner has been actuated by malicious motives, and I shall, therefore, instead of sending the case for trial, as I intended, deal with it as one of assault and fine him 5*l.*, with the alternative of one month's imprisonment. I declare emphatically that but for the unfortunate circumstance of Mr. Clapp having issued a certificate to the wife the present case would never have occurred, but at the same time I must acquit Mr. Clapp of having been actuated by any improper motive in signing the certificate.

ARMY SURGEONS.—*Return to an Address of the Honourable the House of Commons, dated 22nd May,* 1865:—for, "Returns of number of Assistant-Surgeons at present in Her Majesty's Service, exclusive of the Indian Army; and, of number of Assistant-Surgeons promoted to the rank of Surgeon during the last three years, specifying the number in each year."—HARTINGTON, War Office, May 25, 1865.—— Return showing number of Assistant-Surgeons at present in Her Majesty's Service, exclusive of the Indian Army:— 738.—Return showing number of Assistant-Surgeons promoted to the rank of Surgeon during the last three years: —Year ending 31st March, 1863, 16; year ending 31st March, 1864, 19; year ending 31st March, 1865, 20.

PRESENTATION OF ADDRESS AND TESTIMONIAL OF 800 SOVEREIGNS TO JOHN HARRISON, ESQ., M.D. OF ROSCOMMON. —The following address with the accompanying testimonial was presented on the 2nd September by the Right Hon. Lord Crofton, Chairman of the Committee, on the part of the subscribers, and as inscribed on the lid of the casket:— "ADDRESS.—*Presented by* 305 *Ladies and Gentlemen to John Harrison, Esq., M.D.*—In grateful recognition of the consummate ability, the unostentatious liberality, and the universal devotion which have eminently distinguished his lengthened professional career, and which have insured for him the respect, and won for him the affection, of all ranks and classes of society.—CROFTON, Chairman of Committee." The amount subscribed was 816*l.*; and Dr. Harrison made the following reply:—"*My Lord and Gentlemen.*—If ever there was an occasion, when one must fail to express what he feels, surely the present is that occasion, and if I fail to say, as I must, what is in any measure suitable and due, I am sure, my Lord and Gentlemen, that you will at least give me credit for what I feel. The proudest day of a man's existence must necessarily be the day most replete with feeling, and this being the proudest and happiest day of mine, lays claim to feelings of the deepest gratitude and sincerity. (Applause.) But, my Lord and Gentlemen, you have over-rated my deserts, you have put too high a value upon what was but a duty; if I have been in any way instrumental in lessening sorrow for, and in increasing the happiness of, the home circle, it was my greatest ambition to do so, and my highest recompense that it was felt, whilst most of the success must be attributed to the courtesy and kindness and ready co-operation I invariably met at the hands of your Lordship and the other members of the public institutions to which I am attached, but the evidence of appreciation manifested here to-day is so much beyond what I either hoped or imagined, that I must ask to remain a debtor still to such noble generosity and such generous consideration; nor can I rest at this, there is another feature that, as it were, puts a crown upon the gift, and enhances it a hundred times, if enhanced it could be, and that is the spontaneous unsolicited promptitude with which the movement was carried to its great success by the rank and beauty of the county—initiated by no less a personage than Lady Crofton herself. To the ladies then, in a more especial manner, is my gratitude conveyed, and whilst I shall retain the liveliest recollection during life of all my friends, and all their kindness, the memory of the ladies, who were ever my fast and fondest friends, shall be cherished and esteemed in my latest remembrance.

HEALTH OF THE NAVY.—The Report just issued on the Health of the Navy in the year 1862, shows that the number daily sick was 3,370, or 57 per 1,000 of the force in the service afloat corrected for time, which was 58.870. There were almost exactly three entries on the sick-list for every two men, and a mean of about eighteen days' sickness to each man of the force. But a very large proportion indeed of the sick rate in the Royal navy is from boils, simple catarrh, and injuries of a more or less trivial nature, the duties of the man-of-war's man involving such constant exertion that it is necessary to pay much more attention to trifling ailments than their immediate importance would seem to call for, in order to avoid the risk of their aggravation. The ratio of sickness from diseases, properly so called, is in reality very small. The Cape station showed the highest rate in 1862, owing to duties in the Mozambique Channel and in the Zambesi river. The number of men invalided from the navy in the year was 1,944, or 33 per 1,000; and the number of deaths was 15·3 per 1,000. But eliminating disturbing elements arising from accidental duties, that is to say, excluding deaths from casualties by wounds and injuries and deaths from outbreaks of cholera and yellow fever, the death-rate in the service as a service is reduced to 9·6 per 1,000, which is very little higher than the death-rate among the healthiest class of outdoor labourers in England. It may be said the death-rate in the navy is reduced by invaliding, but the vast majority of invalided men labour under diseases by no means a fatal nature, and very many of them return the service. The rate of mortality on the Cape station was as high as 23·7 per 1,000; but the station had to sustain the loss of two boats' crews massacred at Bareia, in the Arabian Gulf, by Somalis, to whom they had applied for goats and water. Excluding deaths by violence, the rate of mortality at this station was only 4·3. On the East and China station the mortality rose to no less than 61 per 1,000, the great majority of deaths being from dysentery and cholera, contracted in river service against the Taepings. The surgeon of the Euryalus sketches incidentally a fearful picture of the state of Shanghai, to which his ship returned after the capture of Kahding. He says he learnt that the mortality among the Chinese who had crowded into Shanghai for refuge was at one time so great that there was no burial-ground for about 2,000 of the daily deaths, and the corpses were enclosed in boxes of boards, loosely put together, or packed up in straw matting, and left to rot in the sun. Then, again, the mortality on the American coast has to bear a certain number of deaths caused by the Mexican expedition. Vera Cruz is a city of open sewers, and is situated on a level surface, the fall towards the sea being so trifling that the courses of foul water, &c., require repeated sweeping during the day. The Mexicans are very particular as regards this matter of cleanliness, but under the conjoint rule of France, Spain and England, it became neglected, and the neglect is avenged. The accumulation of offal is kept down by the turkey buzzards, everything being placed on the outside of the houses for removal by these, the scavengers of the place. But besides perils abroad from foes to health and life, Dr. Mackay has the old tale to tell in this report of foes in our own household. On the very threshold of the seaman's entry into the service, and in the seaport towns of his own country, he has been left exposed to such a mass of diseases as renders these localities more destructive

lth than the most pestilential rivers of Africa. It is sidered that from Portsmouth and Plymouth more hilitic disease has been sown broadcast over the globe n from any other cities on the face of the earth. Partial sures have at length been devised to mitigate this evil, it is hoped the day is not far distant when effectual s shall be taken to remove to the utmost this foul dal from the nation. The surgeon of the Euryalus has on to believe that most of the forty-eight cases of hilis in his return for the first quarter of the year were ght in the same house at Portsmouth; therefore, he , "the sanitary precautions necessary for preventing a common source of immense loss of labour to the ice are simple enough." "I have now," he says, "a under treatment who has had successively the primary, ndary, and tertiary forms of the disease; a strong, young man when he joined the ship, he has now be- e useless to the service. It is one example among y." The disease was almost unknown in Malta until), owing to a system of surveillance established by om, but whether derived from the knights or from the ich it is not easy to say. In 1860, the Maltese women, overing that there was no law upon the subject, refused ibmit to the rules of custom. The results of this sus- ion of surveillance were unhappily so marked that it found necessary to pass an ordinance in 1861 reviving The beneficial consequences of this law, writes the uty Inspector-General, "have far exceeded my best ctations." Facts like these are unmistakable. The and antidote are both before us.

ANITARY WORKS.—Dr Buchanan is at present engaged aking an inspection of various towns in the kingdom, a commission from the Privy Council, with a view certain what have been the effects produced upon the lic health by works of drainage, water-supply, and sanitary measures. He has already visited several hern towns, and is at present engaged in conducting a lar inquiry at Carlisle, where much has been done in ay of sanitary reform during the past twenty years.

SPECTION OF EXAMINATIONS.—The Branch Medical ncil for Scotland some time ago organised a system of ation of examinations, in compliance with a resolu- passed by the General Medical Council in its last on. On August 15th the Irish Branch Council made intments for the same purpose, as follows: Dr. Stokes Dr. Aquilla Smith, to visit the examinations at the College of Surgeons; Dr. Hargrave and Dr. Apjohn, it the examinations at the King and Queen's College ysicians; Dr. Corrigan and Dr. Hargrave, to visit the inations at Trinity College; Dr. Leet and Dr. Stokes, sit the examinations at the Queen's University; Dr. and Dr. Apjohn, to visit the examinations at the hecaries' Hall. Dr. Corrigan having declined to act, eet was requested to act with Dr. Hargrave in inspect- ne examinations in Trinity College.

GOOD EXAMPLE.—The Exeter Town Council have ed their body into committees, with the view of ng a house-to-house visitation for the purpose of cting the drainage, and promoting the venlation andit sing of the dwellings in the various streets and lanes e city.

APPOINTMENTS FOR THE WEEK.

SDAY, SEPT. 27.—Operations at Middlesex Hospital, 1 p.m.; St. 's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Lern Hospital, 2 p.m.; University College Hospital, 2 p.m.; Lon- Hospital, 2 p.m.

DAY, SEPT. 28.—Operations at the Central London Ophthalmic ital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical e, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hos- 2 p.m.

, SEPT. 29.—Operations at the Westminster Ophthalmic Hospital, m.

AY, SEPT. 30.—Operations at St. Thomas's Hospital, 1 p.m.; St. olomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; l Free Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Y, OCT. 2.—Operations at St. Mark's Hospital for Fistula and Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2

Y, OCT. 3.—Operations at Guy's Hospital, 1½ p.m.; Westminster tal, 2 p.m

BOOKS RECEIVED FOR REVIEW.

Winter in the South of Europe. By J. Henry Bennet, M.D. Third Edition. London: Churchill and Sons.

Contributions to Dermatology. No III., on Psoriasis and Lepra. By T. McCall Anderson, M.D., &c. London: John Churchill and Sons, New Burlington street.

A Practical Essay on the Use of the Nitrate of Silver in the Treatment of Inflammation, Wounds, and Ulcers. By John Higginbottom, F.R.S. Third Edition. London: John Churchill and Sons.

San Remo as a Winter Residence. By an Invalid. London: John Churchill and Sons.

Cholera: its Pathology, Diagnosis, and Treatment. By Wm. Story. London: E. and F. N. Spon, 16 Bucklersbury.

A Description of the Diseased Conditions of the Knee-Joint. By Peter C. Price. Edited, with a Preface and Memoir of the Author, by Henry Smith, F.R.C.S. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the OFFICE BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-cross post-office.

INQUIRER.—We think that our correspondent will obtain what is required at Messrs. Chandler, Berners street, Oxford street.

R. S.—The book has been received, and will be noticed in due course of time.

OMEGA.—It does not appear to us that the conduct of Dr. C. in the case alluded to, was in any respect deserving of blame.

A STUDENT.—The registration at the Branch Registrar's office does not supersede the necessity of registering at the different licensing bodies, although it may eventually have that effect.

MEDICAL DEGREES WITHOUT RESIDENCE.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—Can you inform me at what British or Foreign Universities, with exception of London University, the degree of M.D. can be obtained without residence? I am, &c.,

September 18, 1865. A GUY'S STUDENT.

[At no British University; and the degrees granted without residence at Foreign Universities are of no value, as they are not recognised by the Medical Council.—ED. MED. CIRCULAR.]

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

SIR,—The following subscription has been further received on behalf of the above fund:—

	£	s.	d.
Erasmus Wilson, Esq., Henrietta street	2	2	0
Amount previously announced	125	9	9
Received at the 'Lancet' Office	9	9	0

Yours, &c.,

ROBERT FOWLER, M.D.,

145 Bishopsgate st. Without, Sept. 20, 1865. Treas. and Hon. Sec.

Salop and Montgomery Counties
LUNATIC ASYLUM

MATRON WANTED.

The Visitors of the above Asylum will also receive applications for the appointment of a Matron.

The Salary will be 60*l.* per annum with Board and furnished Lodgings in the Institution.

A Copy of the Rules of the Establishment can be had upon application to the Medical Superintendent at the Asylum, Bicton, Sherwsbury,

Applications stating Age and Testimonials to be forwarded to Mr. De Courcy Peele, Clerk to the Visitors, Shrewsbury, on or before Tuesday the 10th day of October next.

DE. COURCY PEELE, Clerk to the Visitors.

Salop and Montgomery Counties
LUNATIC ASYLUM.

MEDICAL SUPERINTENDENT WANTED.

The Visitors of the above Asylum, with a view to making an appointment to this Office, will receive Applications with Testimonials from such Medical Practitioners not exceeding forty years of age and duly registered to practice in Medicine and Surgery as may be willing to take the appointment.

The Person elected will be required to discharge the duties set forth in the statutes thereto relating, together with such as may be required by any rules or orders of the Visitors, having the aid of a duly qualified medical Assistant.

He must reside in the Asylum, where unfurnished apartments with Coal and Gas, will be provided by the Visitors, and must devote the whole of his time to the duties of the office, not engaging in any other professional or other business or employment. Salary 400*l.* per annum.

Applications with testimonials to be made to Mr. De Courcy Peele, Clerk to the Visitors Shrewsbury on or before Tuesday the 10th October next.

DE. COURCY PEELE, Clerk to the Visitors.

GENERAL MEDICAL COUNCIL.
32 SOHO SQUARE, LONDON, W.
September, 1865.

Registration at the Commencement

OF PROFESSIONAL STUDY.

NOTICE is hereby given, that Regulations for the Registration of Medical Students have been sent to all the recognised Schools of Medicine in England. Students commencing their studies are directed to apply to the Registrar for England, according to the Form with which they will be supplied on application to the several Qualifying Bodies, or at the Schools of Medicine and Hospitals.

Bethlem Hospital.—With a view of

extending the experience requisite for the efficient Medical Treatment and Management of the Insane, this Hospital is open for the admission of two Resident Medical Students who have recently obtained their Diplomas to practise Medicine and Surgery.

They will be permitted to reside in the Hospital for a term, generally not exceeding six months, and will be provided with such apartments, rations, and attendance as the Committee shall consider reasonable.

They will be under the direction of the Resident Physician, and will be elected by the Committee from candidates whose testimonials appear to be most satisfactory.

Applications for the appointments, with testimonials, to be forwarded to Bridewell Hospital, Blackfriars, E.C., addressed to A. M. Jeaffreson, Esq., on or before Monday, the 9th of October next.

The election will take place on the 16th of October, and the elected candidates will be expected to commence residence on the 1st of November.

A. M. JEAFFRESON, Clerk.

September 2, 1865.

The London Hospital Medical

COLLEGE.—The next WINTER SESSION will commence on Monday, October 2nd, 1865, when the Introductory Lecture will be delivered by Mr. RIVINGTON, at 3 p.m.

General fee to Lectures and Hospital Practice, 84 guineas, payable in two instalments of 42 guineas each, at the commencement of the first two Winter Sessions of attendance.

Perpetual fee to the Lectures alone, 50*l*.

Students can make special entries to Lectures or Hospital Practice.

MEDICAL OFFICERS.

Consulting Surgeon—Mr. Luke.
Physicians—Dr. Fraser, Dr. Davies, Dr. Parker.
Surgeons—Mr. Adams, Mr. Curling, Mr. Hutchinson.
Assistant Physicians—Dr. Andrew Clark, Dr. Ramskill, Dr. Down, Dr. Hughlings Jackson.
Assistant-Surgeons—Mr. Maunder, Mr. Couper, Mr. Little, Mr. Rivington.
Obstetric Physician—Dr. Head.
Assistant Obstetric Physician—Dr. Palfrey.
Dental Surgeon—Mr. Barrett.

LECTURES AT THE LONDON HOSPITAL MEDICAL AND SURGICAL COLLEGE.

Medicine—Dr. Herbert Davies, Dr. Andrew Clark, and Dr. Ramskill.
Surgery—Mr. Hutchinson.
Descriptive and Surgical Anatomy—Mr. Adams and Mr. Little.
Physiology, General and Morbid Anatomy, and Practical Histology—Mr. Couper and Dr. Hughlings Jackson.
Practical Anatomy—Mr. Little and Mr. Rivington.
Chemistry and Practical Chemistry—Dr. Letheby.
Anatomy and Pathology of the Teeth and Dental Surgery—Mr. Barrett.
Midwifery and Diseases of Women and Children—Dr. Ramsbotham.
Forensic Medicine—Dr. Ramsbotham and Mr. Rodgers.
Materia Medica and General Therapeutics—Dr. Down.
Ophthalmic Surgery—Mr. Hutchinson.
Botany—Dr. Dresser.
Comparative Anatomy—Mr. Rivington.
Special Operative Surgery—Mr. Maunder.

The London Hospital contains 415 beds, and receives an average of more than 4,000 in-patients annually.

The Appointments of Dresser, House-Surgeon, Resident Medical Officer, Assistant-Medical Officer, Resident Obstetric Assistant, &c. &c., are open to the Students without further fee, and include residence and partial board.

Two Scholarships, the Duckworth Nelson Prize, and two Gold Medals will be awarded by competition during the ensuing Session.

Further particulars can be had on application to Mr. Hutchinson, Hon. Loc. Sec., 4 Finsbury circus, E.C., or at the College.

Mile-end, August 15th, 1865.

Royal Free Hospital.—Winter Ses-

SION, 1865-66.—The Pathological Practice of Surgery will continue to be demonstrated at the Bedside and in operations, on Wednesdays and Saturdays, at 2 P.M. by FREDERICK JAMES GANT, F.R.C.S., Surgeon and Pathological Anatomist to the Hospital.

Royal Free Hospital.—Winter Ses-

SION, 1865-66.—Practical Instruction in Surgery to First Year Students, and Dresserships to Students, after two years' Professional Education, both in accordance with the recent Regulations of the Royal College of Surgeons of England, may be obtained at this Hospital.

For particulars apply to

THOMAS STRANGEWAYS, Registrar.

Sydenham College Medical School,

Summer Lane, Birmingham, (opposite the General Hospital.)—The SESSION 1865-6 will COMMENCE on TUESDAY, October 3rd, at Three P.M., with an INTRODUCTORY ADDRESS by Mr. FURNEAUX JORDAN.—A Prospectus, containing full particulars will be sent, and further information obtained on application, either personally or by letter, to the Principal, Dr. Bell Fletcher, Waterloo street; the Treasurer, Dr. Russell, Newhall street, who is authorised to enter Students; or to the Secretaries, Mr. Bassett, Hockley Hill, and Mr. Howkins, Bennett's Hill, Birmingham.

St. Mary's Hospital Medical School.

The WINTER SESSION 1865-66 will commence on Monday, Oct. 2nd, at 8 o'clock P.M., with an Introductory Address by Dr. HANDFIELD JONES, F.R.S.

At this Hospital the Medical Appointments, including five House Surgeoncies, the annual value of which exceeds as many Scholarships of 50*l* each, and a resident Registrarship at 100*l* a year, are open to the pupils without additional fee. To enter, obtain prospectus, and for other information, apply to any of the Medical Officers and Lecturers, or to

ERNEST HART, Dean of the School.

Westminster Hospital School of

MEDICINE. The Introductory Address of the Session 1865-66, will be delivered in the Lecture Theatre, by Mr. BARNARD HOLT, F.R.C.S., on Monday, the 2nd of October, at 8 P.M. After the Address a Conversazione will be held in the Board-room of the Hospital. The Westminster Hospital was instituted A.D. 1719, and Incorporated by Act of Parliament, A.D. 1836. It contains 200 beds, and affords relief to about 28,000 out-patients annually.

HOSPITAL PRACTICE.

Physicians—Dr. Basham, Dr. Fincham, Dr. Radcliffe.
Assistant-Physicians—Dr. Anstie, Dr. Gibb, Dr. Willis.
Physician Accoucheur—Dr. Frederic Bird.
Surgeons—Mr. Barnard Holt, Mr. Brooke, Mr. Holthouse
Assistant-Surgeons—Mr. Hillman, Mr. Power, Mr. Heath
Surgeon-Dentist—Mr. Walker.

LECTURES.—WINTER SESSION.

Descriptive and Surgical Anatomy—Mr. Christopher Heath.
Practical Anatomy—Mr. W. F. Teevan.
Physiology and Physiological Anatomy—Mr. Power.
Chemistry—Mr. A. Dupre, Ph.D.
Medicine—Dr. Basham.
Surgery—Mr. Holthouse,
Dental Surgery—Mr. Walker.

SUMMER SESSION.

Botany—Mr. Syme, F.L.S.
Materia Medica and Therapeutics—Dr. Anstie.
Forensic Medicine—Dr. Gibb and Dr. Willis.
Midwifery—Dr. Frederic Bird.
Practical Chemistry—Mr. A. Dupre, Ph.D.
Comparative Anatomy and Zoology—Mr. Power.
Natural Philosophy—Mr. Brooke, M.A., F.R.S.

Clinical Lectures will be delivered weekly during the Winter and Summer Sessions by the Physicians and Surgeons.

PRIZE APPOINTMENTS AND PRIZES.

The offices of House-Physician and House-Surgeon are open to competition amongst gentlemen who have been educated at the Hospital, and who are qualified to practise under the Medical Registration Act. The House-Physician and House-Surgeon are not only appointed without the payment of any fee, but they are provided with board and lodging in the Hospital free of expense.

The Assistant House-Surgeon is appointed without fee from among the senior students by examination, and is provided with commons at the Hospital table.

Clinical Clerks and Dressers are selected from the most qualified students without additional fee.

The entire course of study (including Hospital Practice and Lectures) required by the Colleges of Physicians and Surgeons and the Society of Apothecaries may be attended on payment of 7 guineas, in three instalments. Perpetual, 80 guineas. Further information may be obtained on application to Mr. Power, 3 Grosvenor terrace, Pimlico, or to any of the Lecturers at the Hospital.

Second edition, corrected and revised, post free 7d., in cloth 10d.,

The Teeth: a Practical Treatise;

with the best Means of Restoring them when Defective or Lost. By A. ESKELL, Surgeon-Dentist, of Grosvenor Street, W. "We cannot do better than recommend for general perusal Mr. Eskell's treatise, which is as useful as it is unpretending."—'Telegraph,' June, 20th, 1865.

Sold by Simpkin and Marshall, Stationers'-hall-court.

NEW EDITION.—POST FREE.

Gabriel's Pamphlet on the Teeth,

(ILLUSTRATED AND DESCRIPTIVE.) Explaining the only effectual mode of supplying Artificial Teeth without pain, to answer in every particular the purpose of natural masticators. These Teeth are supplied on the principle of capillary attraction and suction, thus dispensing entirely with springs, and are supplied at moderate charges.

MESSRS. GABRIEL, THE OLD-ESTABLISHED DENTISTS.

LONDON:—27 Harley street, Cavendish square, W

CITY ESTABLISHMENT:—64 (late 36) Ludgate hill (four doors from the Railway bridge)

134 Duke street, Liverpool. 65 New street, Birmingham.

Complete Set of Medical Account

BOOKS for 1865.

SPECIMENS forwarded on application.

London: John Smith and Co., Medical Stationers, 52 Long acre.

The Visiting List for 1865

NOW READY.

The Medical Circular.

PARISIAN MEDICAL NEWS.

Electric Properties of Mineral Waters.

During the past month the Academy of Science has re-ived numerous communications on subjects connected th Medicine. We will more especially advert to those warded by MM. Scoutetten, Boudin, and Amédée Paris. The very mention of M. Scoutetten's name implies an usion to electricity and electric action of mineral waters, plication of electric agency to the treatment of disease, electro-type, &c. Neither years nor contradiction can il to damp the ardour of this earnest investigator. In n has M. Schnepp, the assistant-inspector of Eaux nnes, presented to the Institute a memoir, in which he nonstrates, by direct experiment, that the waters of ne, conveyed away from the springs and preserved for eriod varying from a few months to five years, produce the skin and the fluids of the system electric phenomena cisely similar to those produced by the same waters ing from the spring; M. Scoutetten still persists in an osite opinion:—

Mineral waters," says he, in a paper read to the demy by M. Decaisne, "differ considerably from pump iver water; they are active *living* waters, and possess liar dynamic virtues; river water, on the contrary, is *statical* condition—its ingredients are at rest, and have luded all their chemical operations, hence they are in-ed with no electric power whatever.

When mineral waters have escaped from the spring, gradually lose their energy, because the chemical binations between the mineralising ingredients gra-ly cease, and they, therefore, preserve a portion only eir medicinal value. . .

This interesting and delicate inquiry has long occupied mind, and has induced me to undertake numerous re-ches and journeys; I have recently again travelled over ergne, and visited Royat, Saint Vectaire, La Bourboule, Mont-Dore, where I remained three weeks, and where lituted a series of experiments in the presence of the cal practitioners attached to the thermal establish-s. At my request, they formed themselves into a mittee for the purpose of testing the correctness of the brought forward in my work, 'On the Electric Action neral Waters,' and I now communicate to the Academy esults of their inquiry.

The committee was presided over by Dr. Vernière, the ector of the springs, and consisted of MM. Boudant, lot Mascarel, Payot, Brochin, chief editor of the ette des Hopitaux,' of Paris, who kindly undertook uties of Secretary, and M. Herpin, of Metz, the author veral valuable works on mineral waters, also lent his ble assistance."

e experiments lasted three days, and their results are died in a carefully prepared report drawn up by M. in, confirming the statement adduced twelve months y M. Scoutetten—namely, that "the electric mani-tions (in which reside the chief curative power of al springs), become weaker in proportion to the length me which has elapsed since the escape of the water the wells." It is, of course, impossible to refuse to credence to phenomena attested to by observers so worthy, but we cannot help inquiring how it happens the results attained by M. Schnepp, who is, un-tedly, a competent authority in such matters, have so widely different? This discrepancy of opinion is accounted for in the paper read by M. Decaisne.

a report of the transactions of learned societies, is bstract of another memoir sent in by M. Scoutet-based on eighteen cases, which show that the electro-method resorted to with perfect success by M. Nélaton in a case of nasal polypus, is also applicable to the destruction of a host of soft tumours containing liquids capable of being resolved into their constituent elements.

Asphyxia from Drowning; a New and Simple Method of Artificial Respiration.—A perusal of an article, in which you reproduce the official instructions published by the British Admiralty for the purpose of promulgating a knowledge of the kind of assistance most likely to prove serviceable to the drowned, induces me to communicate a mode of restoring respiration which is more simple, and, in my opinion, as efficient as the plans proposed by Marshall Hall and Dr. Sylvester.

The following is the system I have adopted:—

The operator standing opposite to the patient, whom we may suppose to be either in a recumbent or a sitting attitude, inserts the fore and middle fingers of each hand beneath the short ribs, forcing up the skin as far as possible in order to obtain a greater purchase. It is in the part corresponding to the union of the epigastric region with the hypochondrium in the lowest part of the chest that the power should be applied. The thumb lying on the outer surface of the short ribs includes them in a strong grasp. The thorax should then be viewed as a bellows, of which the ribs represent the alæ, and an alternating opening and closing motion, which, on account of the curvature of the ribs, is also converted into a rising and falling action of the chest, causes expansion and contraction of the respiratory apparatus. Extreme obesity alone might cause some embarrassment to the operator, but the procedure is in general extremely simple, and I have found it perfectly successful in a large number of cases.

In support of my assertion, I might adduce an instance of drowning in which I obtained, twenty-four years ago, unhoped-for results from this plan. Two years since, I again derived great benefit from the procedure in a case of asphyxia, consequent on the action of chloroform in a very stout woman, whose breast I had just removed. The cancerous tumour had been extirpated, but the anæsthesia persisting in an alarming manner, in spite of the various measures usually recommended to restore animation, I applied my system of artificial respiration, and the patient was immediately revived.

De Chilly, M.D. (*Vaucouleurs*).

The method advocated by our learned correspondent is extremely ingenious, and is certainly more rational than Marshall Hall's plan, which consists in a rolling motion imparted to the entire body. It is obvious that, turning the patient on the side and then on the abdomen, can in no wise increase the diameter of the chest, and that no elevation of the ribs can thus be effected. In the second place, in the prone attitude, liquids may obstruct the nose or fauces, and, in the rolling motion of the body, the contents of the stomach may readily flow into the œsophagus, and thence into the air-passages. In addition, the series of operations required are extremely fatiguing to the operator.

Dr. Sylvester's method is far preferable, and the movements imparted by this system efficiently enlarge the chest by causing elevation of the ribs, thus promoting the formation of a vacuum which the external air is at once called in to fill. In his comparison of both systems (*Annales de Médécine Navale*), M. Leroy de Méricourt observes, that Dr. Sylvester's plan was tried on dead subjects, and thus, by means of an indicating apparatus, it was ascertained that ten times more air was admitted into the chest than by Marshall Hall's method. Hence, we may infer that this physiologt's procedure, if not altogether set aside, at least should not occupy the first place assigned to it in the instructions of the Admiralty, and that practitioners will henceforth have to choose between Dr. Sylvester's system and that recommended by Dr. de Chilly.—'Journal of Practical Medicine and Surgery.'

Surgery in Kabylia.

M. A. Paris presented to the Academy a highly interesting memoir, entitled *The Application of the Trephine by the Native Surgeons in the Province of Constantina.*

As M. Guyon remarked, in his analysis of this paper, the

Kabyles perform a large number of serious operations, and their system of bandaging in fractures is perfect. They have, from time immemorial, been acquainted with the starch bandage, and they apply it not only to man but to animals. They tighten the bandage, however, too much, and gangrene of the limb is the not unusual consequence. Hence, when death is not the result of the efforts of nature to separate the mortified parts, portions of bone frequently protrude beyond the cicatrix, and French surgeons have often been called on to perform excision. The Kabyles operate for cataract, not on the human subject only, but on cattle, and more especially on sheep.

Trephining of the bones of the skull is viewed by the native surgeons of the Aouress district as an unimportant operation, or, at least, as a procedure unattended with peril to life. The author, in illustration of this opinion, relates a circumstance which occurred in 1859, and which would afford fresh proof, were any needed, of the great love of the natives of this part of Africa for money. A native of the tribe of the Beni-Ferrah was in a general affray beaten by another, and received blows on every part of his body except his head. He was of course entitled, as we should term it, to damages; but in order to increase the amount of his claim, he feigned great suffering in the head, and got himself trepanned. After his recovery, his adversary appealed from the award made by the judge, and contended that no blows whatever had been inflicted on that part of his person. An inquiry was set on foot, the fraud was discovered, and the beaten man, as well as the operator who had assisted him in carrying out the imposition, were both severely punished.

The application of the trephine, which in this instance was in all probability superficial, consists in the perforation of a square aperture through the bones of the skull. Four incisions are previously performed with an old razor or a bill-hook, and a corresponding flap removed, so as to expose the bones. The orifice is afterwards protected with a concave copper disc, pierced with numerous holes, to facilitate the escape of the suppuration, and secured to the head with appropriate strings.

The author was extremely desirous to preserve the instruments, of which he was allowed to take a sketch; this, however, was not permitted, "these appliances being invested with a sacred character, and being, moreover, the exclusive property of a family of surgeons, in which they are transmitted as an heirloom, together with instructions for their use."

It is to be regretted that, in his report on the paper sent in by Dr. A. Paris, M. Guyon should have omitted to describe the circumstances deemed by the Arabs to require the performance of the operation, although it appears, from his remarks, that the procedure is resorted to for many various injuries of the head, and often for very trifling wounds, in accordance with theoretical views, which it would have been interesting to be acquainted with.

THORACENTESIS.

Thoracentesis, a subject exhaustively discussed a twelvemonth ago at the Medical Society of Hospitals, is again on its trial at the Academy of Medicine. We should, however, remark that the subject of inquiry is not so much the active utility of the operation, as the best mode to be adopted for its performance. The present debate originated in a communication made by M. Piorry in April last, in which he advocated a new method, consisting in tapping the chest under water, so as to obviate the possibility of the penetration of air into the pleura.

M. Jules Guérin's peculiar researches in some measure obliged him to take advantage of this opportunity again to invite attention to the benefits of subcutaneous operations, and he did not fail to do so. In his remarks, however, he did not award to Reybard's method the full meed of praise to which it is legitimately entitled. We have witnessed, in upwards of a score of cases, the performance of the operation by Messrs. Trousseau and Aran with Reybard's canula, and in no instance did a particle of air penetrate into the chest, the formidable accident most dreaded by M. Guérin. M. Piorry proposes the use of an india-rubber siphon, immersed at its extremity in a basin of water, assuredly an ingenious suggestion, but less simple than the procedure recommended by the Lyons surgeon. —'Journal of Practical Medicine and Surgery.'

EPIDEMIOLOGICAL SOCIETY.

CHOLERA.

MEMORIAL TO THE PRIVY COUNCIL.

To the Editor of the Medical Circular.

SIR,—I beg to submit to you the accompanying memorial respecting epidemic cholera, which was laid before the Lord President of the Council by a deputation of the Council of the Epidemiological Society this morning.

The deputation consisted of Dr. Milroy (President), Dr. Babington, F.R.S., Dr. Daller Lewis, Dr. Camps, F.S.S., F.L.S., and myself. I am, Sir,

Your obedient servant,

J. N. RADCLIFFE.

70 Guilford street, Russell square, W.C.,
Sept. 25, 1865.

The Epidemiological Society, ever since its formation immediately upon the cessation of the Epidemic of Cholera in 1849, has had its attention in a special degree directed to the investigation of the disease as it has appeared both in this country and abroad. Many of the original members had been engaged in carrying out the inquiries instituted by the General Board of Health during that visitation, and were again employed on like duties in the Epidemic of 1853-54. Other members have had extensive experience of the pestilence in the East Indies and other tropical countries; and, in almost every session, communications illustrative of its characters have been read and discussed at the meetings of the Society.

From the earliest intelligence of the present epidemic whan it appeared last June in Egypt, its history has been sedulously watched by a Committee, for the purpose of comparing its course with that of the former European epidemics which, after ravaging various countries on the Continent, at length reached our own shores; and with a view of forming such practical conclusions as might guide the mind of the profession, and of the public generally, in regard of the precautionary measures best calculated to protect the country against an invasion, and—if that should fail—to mitigate to the utmost its destructive effects among the people.

With respect to any endeavour to exclude Epidemic Cholera by the system of quarantine such as was formerly practised in this country, and as it is still adopted and being carried out at the present time in all the Mediterranean seaports, the experience of the visitations in 1847-8, 1848, and 1853 appears to show conclusively that no reliance whatever can safely be placed upon it to keep off or avert the pestilence. Moreover, while the adoption of quarantine serves to give delusive hopes to the public mind, it generally leads to the unwise postponement of those internal measures of local improvement which afford the surest defence against the dangers of the assault. Sanitary precautions *within* a place are far more important than military cordons *without*.

While discountenancing the practice of an enforced detention and segregation, for a specified number of days, of all arrivals from an infected country—irrespective of the condition of the vessels themselves and of the persons on board, whether the former be thoroughly clean and airy or foul, close, and crowded, and whether the passengers and crew be sick or quite healthy—the Council of the Epidemiological Society are, at the same time, strongly of opinion that the interests of the public health require that efficient sanitary supervision should be exercised in all the chief sea and river-port towns, and that the most beneficial results not only to these places themselves but to the country generally may be expected, on the threatened advent of an epidemic, from the timely adoption of such a precaution

It is to be observed that, in the successive visitations of the cholera in this country, the disease always manifested itself first on or near the sea-coast, and in some large busy port.

In 1831, the earliest cases occurred in Sunderland during September, and Newcastle was attacked about three weeks later.

In 1848, the disease seems to have appeared about the end of September in several places on the east coast—viz.: Hull, Sunderland, Edinburgh, and the metropolis—at nearly the same time.

The visitation of 1853 may be said to have commenced with the outbreak at Newcastle in the month of September, which proved so destructive to life, and so hurtful to the commercial interests of the town.

Besides the marked tendency in Epidemic Cholera to appear first on, or near to the coast, it is also to be observed that many of our seaport towns have suffered with unusual severity in more than one of the visitations—witness, Newcastle, Sunderland, and Hull—Glasgow, Liverpool, and Bristol—Plymouth, Portsmouth, and Southampton—Sheerness and London. The damp low sites of the worst parts of these towns, always in the vicinity of their harbours and docks (which are in themselves often prolific of malarious effluvia), together with the filthy and crowded dwellings to which seamen generally resort, and their reckless intemperate habits, cannot fail to aggravate other sanitary evils, and greatly to increase the predisposition of a maritime population to epidemic influences. The unfavourable state of the health, too, among the crews of many merchant ships upon their arrival, in consequence of the neglect of hygienic precautions during the voyage, renders them peculiarly susceptible of a poisonous atmosphere in the port; and there is good reason to believe that on several occasions where the earliest cases of an epidemic disease have occurred among persons recently arrived, this has been due rather to the cause just mentioned than to those persons having imported the disease from abroad. In the case of river-ports becoming infected, the disease, from its tendency to follow the line of water communication, has often been observed to make its way thence upward into the interior of the country.

In view of these considerations, the Council of the Society beg respectfully to state that in their opinion it is highly desirable, for the welfare of the kingdom generally, that a sanitary inspection be made of the principal sea-port towns to ascertain their actual condition, more especially of their harbours, docks, shipping, dwellings for seamen, etc., and with the view of discovering what provisions or arrangements exist for the reception and treatment of cases of sickness in ships upon their arrival from abroad, in the event of the cholera making its appearance in the port.

With regard to the health-condition of the general population, the Council take leave, with great respect, to express their entire concurrence in the fitness of the timely precautionary instructions which have been already promulgated by the Privy Council;—and, while they are well aware of the insufficiency in many respects of the existing laws for the prompt and effectual correction of numerous sanitary evils which seriously endanger the health of the humbler classes at all times, and especially in an epidemic season, they leave with confidence to the wisdom of the Government to determine the time when it may be necessary, by the issuing of a special order, to confer upon local authorities larger and more summary powers for the prevention of disease and the protection of the public health.

Gavin Milroy, M.D., F.R.C.P., *President.*
J. N. Radcliffe, *Secretary.*
September, 1865.

The Drainage of Portsmouth.—The ceremony of laying the foundation-stone of these important works took place at Eastney, near Portsmouth, on Tuesday, in the presence of the mayor, the principal members of the corporate body, and a few ladies and gentlemen.

ADULTERATION OF FOOD.

Annexed year by year to the Inland Revenue comes a communication from the Principal of the Laboratory which tells some little of the story of the adulteration of articles of food. It is a chapter of the history of invention and adroitness in the acquisition of wealth by fraud. Perhaps no article subject to revenue duties is more "sophisticated" than pepper. It may be mixed with its own weight of almost worthless ingredients without being rendered unsaleable on the score of want of pungency. The following case, which has occurred in the past financial year, shows the cautious manner in which adulterated pepper is passed into consumption through the agency of the retailers. A supervisor in a remote part of Scotland purchased from a retailer a sample of pepper which appeared to him to be adulterated. After expressing his doubts to the trader (a woman) as to the genuineness of the article, she replied that her opinion was that the pepper was, "not what it ought to be." She also gave the name of the dealer in Glasgow who supplied the article, and produced the invoice, in which this so-called pepper was described, no doubt with a view to escape the consequences of detection, as "capsicum," which is a legitimate article of commerce. At the same time she mentioned the name of another retailer in the neighbourhood who was supplied by the same dealer, and on visiting his premises the supervisor made another purchase. Of these samples the first was found to consist of 25 per cent. of gypsum, the rest being mustard husks and a little cereal starch, and, though a good imitation of pepper, it did not contain a trace of that article. The second sample consisted of 16 per cent. of gypsum, 44 per cent. of mustard husks, a little cereal starch, and the rest pepper. The supervisor in Glasgow was directed to visit the premises of the dealer who supplied the above retailers, and, on doing so, purchased a sample of black pepper, and a sample of an article much resembling pepper, which the dealer called "capsicums." The black pepper was found to be genuine, but the "capsicums," consisted of 6 per cent. of sand, 5 of gypsum, a little starch, the rest being mustard husks. It contained no capsicum. The dealer had no licence to deal in pepper, and stated that he received his stock from a wholesale druggist in Liverpool, but on the inspection of the premises of the latter by the officers in Liverpool no adulterated pepper, nor any substance prepared to imitate pepper, could be found. The dealer in Glasgow was prosecuted and convicted for selling pepper without a licence, and for having in his possession an article prepared to imitate, and intended to be used as, pepper. Coffee is another article much adulterated. There are good reasons for believing that it is now being extensively sold mixed with large proportions of burnt sugar or caramel, a substance of comparatively little value, but one which enables the dealers to command a higher price for coffee containing it than they could obtain for the coffee alone, some of them selling the mixture at even 2s. per lb. Measures are being taken for the suppression of this fraud. The most usual mode of adulterating beer, and one which, says the Principal of the Inland Revenue Laboratory, there are good grounds for believing is very generally practised by the publicans in London, is to add water to the beverage, the injury to the fulness or "body" of the article arising from this dilution being repaired by the introduction of sugar, treacle, or other saccharine matter—a description of fraud the commission of which cannot, in the present state of chymical knowledge, be satisfactorily proved by analysis. Within the past year thirty-one samples of beer and of materials used by brewers were examined and of these twenty-three were found to be illicit. In thirteen instances grains of paradise had been used, and in one that drug in conjunction with coriander seeds; in four coriander seeds alone, and in one those seeds with a large proportion of white mustard seeds; two samples contained sweet flag (calamus aromaticus), and another sulphate of iron. No detection of the illicit use of cocculus indicus, tobacco or other poisonous substances was made. The stringent measures adopted by the Customs to prevent the importation of simulated wines are still continued, and 182 samples have within the year been examined, of which 102 were found to be composed chiefly of factitious wines, while

nearly the whole of the remaining eighty were of very low value, and, although genuine wine predominated more or less in their composition, they still contained considerable proportions of spurious wine. There can be no doubt but that these made-up liquids would have passed into consumption either *per se* as sherry, or mixed with genuine wine. A few instances have been discovered of the sale of drinks under the names of "Indianna brandee," "medicated whiskee," "pure Islay mountain," "Indian tincture," and "red currant cough elixir," the exciting principle of all of which was found to be hyponitrous ether prepared from methylated spirit. The above compounds were all highly stimulating, and it would appear that they are consumed by some of the poor, because they produce intoxication at the cost of only a few pence, while there are good reasons for believing that hyponitrous ether itself, and in some parts of Ireland even sulphuric ether, are used by the needy classes for the same object. It is difficult to see how this evil, so pernicious to the moral and physical welfare of those who indulge in it, can be checked, as the substances under consideration possess more the character of medicine, than of ordinary spirits, and may thus be legally kept and sold by any chymist. In such cases all that can be done is to cry, "Buyer, beware." But in view of so many adulterations it is satisfactory to learn that in the educational branch of the laboratory fifty-nine students have now passed through a course of education in chymistry, forming a valuable reserve from which officers may be selected for the Inland Revenue service, and 170 examiners have received a month's instruction in the modes of detecting adulteration.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

JULY 5TH, 1865.

DR. BARNES, PRESIDENT.

DR. BATHURST WOODMAN showed a

DERMOID CAST,

removed after death. It was attached to the right ovary, apparently in the situation of the pons ovarium. The ovary itself was converted into an enormous polycystic tumour, larger than the gravid uterus, filled with colloid matter, in which a few cells, many nuclei, granular matter, and exudation corpuscles in great abundance were found. There were no evidences of malignancy. Ovariotomy would have been performed by Mr. Couper, but, apparently from the bursting of one or two of the cysts, peritonitus set in, and killed her before the operation could be done. Her age was forty-seven, a married woman, living separate from her husband. Two attempts had been made at tapping some weeks before death, but the colloid matter would not run through the trocar. The dermoid cyst had been turned inside out, displaying two rudimentary teeth and hairs growing from the inside. The contents were hair and sebaceous material.

MR. WAITS recited a case of Hydroencephalocele of great size in which tapping was practised, the child living about our months.

DR. AVELING exhibited a doubled-curved Hysterotome which he had invented some time since, but which he had now discarded. (*a*) Because incisions could only be made by it in a lateral direction. (*b*) Because the two blades did not cut to an equal depth, the yielding structures being deeply incised and the denser ones remaining merely scarified. He also showed the single straight Hysterotome which he now uses. By pressing a handle the blade is projected so as to enable the operator to make an incision increasing in depth from the internal os to the external. Dr. Aveling also exhibited a Spring Tent which he uses after the operation to keep the uterine canal open.

THE PRESIDENT thought Dr. Aveling's hysterotome an improvement upon Prof. Simpson's, as the hinge of the blade was at the end of the instrument instead of in the middle. He would, however, ask Dr. Aveling whether there would not be some difficulty in passing the uterine portion of the instrument through a strictured os?

DR. AVELING stated that he never used the slightest force in introducing the hysterotome, but, when necessary, always first passed a small tangle tent, which in a few hours temporarily dilated the canal.

MR. ELLIS gave the particulars of a Case of Monstrosity occurring in two children (twins), in both of whom the nose was represented by a short trunk. In one the eyes were totally absent, but in the other they were present.

Mr. TRUMAN read a report of a

FATAL CASE OF TUBAL EXTRA-UTERINE FŒTATION,

to which was added the microscopical examination by Dr. Braxton Hicks. Death took place from sudden rupture of the tube at the end of the third month of pregnancy.

Mr. ROPER remarked that in the two cases of tubal pregnancy which had occurred in his practice, complete rupture of the cyst took place at the seventh or eighth week of pregnancy, and death rapidly followed from hæmorrhage into the peritoneal cavity. Coincident with the first symptoms in each case there were symptoms of menstruation. He believed that when the ovum was in the free part of the tube (not that part which passes through the uterine wall), rupture, partial or entire, might be expected at the seventh or eighth week of pregnancy, as at this period the ovum became so large that the tube would not allow of further distension without giving way; it was therefore at this period that we might look for the first symptoms of the accident. Diagnosis of the nature of the case would be importantly confirmed by noting the time at which the first symptoms happen (whether at a catamenial period), and the actual existence of a menstrual discharge. The uterus being unoccupied, the discharge might be regarded as truly menstrual, coming from the lining membrane of the uterus; and the increased functional activity of the reproductive organs at this particular period, the additional afflux of blood, and the turgescence of the vessels concerned in nourishing the ovum, were coincident circumstances likely to determine or hasten rupture.

THE PRESIDENT called attention to the fact that previously to the rupture of the cyst—that is, previously to the shock and collapse which mark the epoch of rupture—it was usual to observe a discharge of blood per vaginam. The hæmorrhage he believed was commonly produced in this way: The ovum growing at about two or three months, the period when chorion is rapidly forming placenta, the rate of growth of the villi greatly exceeds that of the sac. The Fallopian tube is unfitted to harbour the ovum; it cannot keep pace with the shooting-out of villi. These become detached, and hæmorrhage results. Then, under combined distension from growing ovum and hæmorrhage, rupture takes place. It was by a perfectly analogous process, in his (Dr. Barnes's) opinion, that hæmorrhage took place in placenta prævia. Here is an *error loci*, as in tubal pregnancy: the ovum grows in the wrong place. The cervical zone is not well adapted to grow with the growth of the ovum. Hence a time arrives, about the fifth or sixth month generally, when the shooting villi get detached from the uterine wall, and hæmorrhage results. This explanation the President observed, differed entirely from the theory generally received, which attributed the hæmorrhage to the lower segment of the uterus growing away in some manner from the ovum. The cases of tubal gestation and placenta prævia were strictly analogous in this respect. Both were examples of ectopic gestation: the ovum growing in a structure not fitted to grow in proportion with it.

DR. PLAYFAIR asked whether Dr. Barnes thought that either with the assistance of the symptoms he had pointed out or by any other means, he considered it possible to arrive at the diagnosis of a tubular fœtation before rupture had occurred. There could be no doubt that the question of diagnosis was one of extreme importance, because if the existence of a Fallopian pregnancy could be ascertained with a tolerable degree of certainty, it might perhaps be possible to adopt some method of treatment which would save the patient from the almost certainly fatal results following rupture. Thus, for example, it might be worthy

of consideration whether the operation of gastrotomy and the ligature and removal of the Fallopian tube and its contents might not be successfully resorted to. The risk from such an operation would be infinitely less than that which follows the rupture of the cyst. At present the difficulties of diagnosis are undoubtedly almost insuperable ; but Dr. Barnes' interesting observations seemed to indicate a means by which they might in time be lessened or overcome.

Dr. Braxton Hicks thought the collection of the histories and of the post-mortem examinations of such cases very valuable, inasmuch as it would help to guide us as to the possibility of operative interference, even if the diagnosis could be clearly made out. From what he had seen he thought in the majority of these cases there would co-exist circumstances, such as adhesions, &c., which would entirely prevent our getting below the sac, so as to tie it. Even many of the cases of tubal fœtation were caused by curving of the tube by old contractions or other causes, rendering any chance of benefit hopeless.

Dr. Playfair said that he believed, as a rule, extensive adhesions would not be found in cases of tubular fœtation before rupture had taken place. After the fœtus had escaped into the cavity of the abdomen, if the patient survived the shock of the rupture, an adventitious cyst was formed round it, which was usually extensively adherent to the surrounding parts ; and it would doubtless be very difficult to remove this *en masse* by gastrotomy ; although Mr. Spencer Wells, in a previous discussion on the subject, had suggested the possibility of this being done. But in a tubular fœtation before rupture he (Dr. Playfair) apprehended no such difficulty would be met with.

Dr. Graily Hewitt observed that the diagnosis of cases of the kind now under consideration was, and he believed always would be very difficult ; and he feared that but little reliance could be placed on the circumstance adverted to by the President—viz., the occurrence of hæmorrhage as a precursor of rupture, inasmuch as it was well known that in cases of extra-uterine pregnancy hæmorrhage from the uterus was not unfrequent, and that at periods some time antecedent to the rupture. With reference to the time at which rupture occurred in cases of Fallopian pregnancy, there was a very important fact to be borne in mind —viz., that, as Kussmaul had pointed out, many cases of supposed Fallopian pregnancy were really cases of bicorned uterus ; and the difference in the result between such a case and one of Fallopian pregnancy with a normal uterus was necessarily very great. In the one case, rupture at a comparatively early period usually occurred ; whereas in the other the pregnancy might proceed normally.

Dr. Ritchie made some remarka on the interesting question of the period at which rupture of the sac usually occurs in tubal pregnancy. He referred to two cases which had been observed by a French accoucheur, where there was some reason to believe that the fœtus, after nine months of intra-tubal life, had been extracted by the natural maternal passages. He surmised that perhaps those cases were to be explained in the manner just referred to by Dr. Graily Hewitt : that they were perhaps instances of double uterus where the entrance to the second horn or loculus had been mistaken for the uterine orifice of the Fallopian tubes.

The President observed that the question now started —whether gastrotomy might not be performed *before* rupture of the sac—must greatly depend upon means of diagnosis. He did not think that the preliminary hæmorrhage to which he had called attention, even aided by other indications, could ever raise more than a strong presumption : the evidence could hardly be great enough to justify the operation. Again, rupture commonly took place not later than three months. He had performed post-mortem examinations in two such cases. In both there was great difficulty in discovering and isolating the parts concerned. In the living subject the task would often be impossible.

ANTEFLEXION OF THE GRAVID UTERUS.

Dr. Graily Hewitt related the particulars of a case now under his care, in which anteflexion of the uterus, which existed before pregnancy and which had been nearly cured, was found to be present at the fourth month of pregnancy, and to such an extent as to interfere with the rising of the uterus out of the pelvic cavity into the abdomen. He was called to see her at that time, and found the os high up in the vagina, and the body of the uterus tilted forwards and pressing deeply on the bladder ; the soft parts were greatly swollen, micturition exceedingly frequent, and acute pain was present. The patient was ordered to be in bed, and in three days the uterus was liberated from the pelvis, and the symptoms became relieved. Dr. Graily Hewitt believed that anteflexion of the gravid uterus was very rare, and he had not met with any description of it. In this case the patient had been previously treated by him for anteflexion, and this gave him at once a clue to the nature of the affection.

OBITUARY.

DR. GRABHAM OF ROCHFORD.

Another link in the chain that connects the present race of Medical practitioners with the past has been severed. The subject of this little sketch, who was well known in the southern division of the county of Essex, and more especially in the hundred of Rochford, where he practised, died on the 18th instant, after a long and honourable career. Born in the year 1794, near Bridgwater, Somerset, he was apprenticed, together with the late Mr. Wakley, to a Medical practitioner at Taunton. This gentleman having left the country soon afterwards, young Grabham completed his term with Mr. Leroux, a surgeon at Clifton, and at the same time became a pupil of Mr. Shute, one of the surgeons of the Bristol Infirmary. Soon afterwards he went to London, and entered the Borough hospitals, which were then united. Here he had the advantage of attending the lectures of such men as Sir Astley Cooper, the elder Cline, and Babington ; and so conspicuous were his diligence and zeal that the former great surgeon took him by the hand, and on his passing the Hall in 1816 and the College in 1817, he introduced him to Dr. Swaine of Rochford as a most eligible partner. Here he settled in 1817, and carved out one of the largest practices in the county.

Possessed of a wonderfully retentive memory, and a well-grounded knowledge of almost every scientific and literary subject, added to a kindliness of disposition and winning manner, it was no wonder that he became a favourite with all classes. He always contrived to keep pace with the times, notwithstanding his laborious practice ; and for the greater part of his life it was his wont to rise at daybreak, and quietly make himself master of any new book that had come out.

He was a sound and successful practitioner, and had often performed most of the capital operations of surgery. From his old friend Sir Astley he obtained many a " wrinkle ;" for he often corresponded with him, and more than once came down to visit his *protégé*. In 1852, finding his health failing, he retired from practice, taking with him a very tangible proof of the esteem of his friends. He afterwards took the M.D of St. Andrews, and the M.R.C.P. of London ; having also, in the year 1844, had the honorary F.R.C.S. given to him. Before closing this short notice, a remarkable instance of the force of good example and bringing up must be stated—namely that four of his sons became prizemen and house-surgeons of St. Thomas's Hospital, while another was a high wrangler at Cambridge. Of the late Dr. Grabham's private qualities it need only be added that he was a kind and affectionate husband, father, and friend.—' Lancet.'

Sanitary Doings in Bath.—At a numerously attended meeting of the Town Council of Bath, which was specially called to consider the propriety of appointing a Medical Officer of Health for the city, it was resolved that such an officer be appointed, there being only two dissentients. An amendment was proposed that no such appointment be made, which was rejected by twenty votes to two ! The subject of salary, etc., was deferred for future consideration.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. Barnes continues his "Lectures on Puerperal Fever," his present subject being what he terms Thrombotic Puerperal Fever. He sets out by stating that there is a condition of the blood resulting partly from puerpery and partly from pregnancy, of which the chief feature is excess of fibrin, and the blood in this condition shows a remarkable tendency to coagulate in the vessels. The occurrence of what is called "phlegmasia dolens" is due to this condition, and the febrile states associated with it are what Dr. Barnes proposes to call Thrombotic Puerperal Fever. Arterial thrombosis, as is now well known, is one of the sequels of acute rheumatism, and is caused by the precipitation of fibrin upon the left cardiac valves; but in the majority of puerperal cases the thrombosis is venous. This is a fortunate circumstance, because arterial thrombosis is mostly fatal, while the venous form generally ends in recovery. The greater frequency of venous thrombosis, as compared with arterial is explained by the structure of the veins, the valves of which retard the blood-stream and thus offer the most favourable condition for the reaction which determines the precipitation of fibrin in the living vessels. In illustration of these views a case is recorded of phlegmasia dolens arising in a lady about a fortnight after delivery, but terminating in recovery at the end of about six weeks. In the treatment, local measures should be adopted for the relief of the swelling and pain, and leeches are commonly of great service in the first instance, followed by blisters; and the limb should be flexed and wrapped up in cotton-wool surrounded with oil-silk. After the acute stage has passed, frictions with oil or camphor-liniment are useful, but the friction should be very gentle. Generous diet is necessary, and wine should be allowed. Recovery is always tedious and it is doubtful whether veins which have undergone the distention and tortuosity consequent upon phlegmasia dolens ever perfectly regain their normal condition. ——Dr. A. H. Hassall contributes a paper "On Intermittent, or Winter Hæmaturia," two cases of which he has had lately under his care. The treatment consisted of the administration of astringents and tonics—viz., tannic and gallic acids, iron, and quinine. The microscopical examination of the bloody urine, showed the presence of albumen and of the colouring principle of the blood, but not of the blood corpuscles themselves.——Mr. Walter Hardin relates "A Case of Cæsarean Section," the patient having a distorted pelvis, from rickets. The operation was successfully performed, and the patient seemed to be doing well for two or three days, but unfavourable symptoms were afterwards developed, and she died. Mr. Hardin thinks that the patient would have had a better chance if she had had more care and better nourishment than fell to her lot in the after-treatment.——Dr. G. H. Phillipson relates "A Case of Fibrinous Concretions in the Pulmonary Artery." The case occurred in a female, who was near the end of her pregnancy, and had been suffering from a slight attack of bronchitis, from which however she had apparently quite recovered. She was in the act of opening her street-door, when she fell down and died in a few minutes. On a post-mortem examination, the cavity of the right ventricle was found nearly filled by a fibrinous concretion, which extended through the right and left divisions of the pulmonary artery, as far as they could be traced in the lungs. Dr. Phillipson remarks that although in women after delivery the pulmonary artery has sometimes been found plugged with a fibrinous coagulum, there are few cases of such a condition in advanced pregnancy.

The 'Dublin Quarterly Journal of Medical Science,' No. LXXIX. August, 1865.

The first article in this number consists of "Some Notes in Practical Surgery," by Dr. George H. Porter, surgeon to the Meath Hospital. The cases are divided into three classes, namely, four successful cases of stone in the urinary bladder removed by the operation of lithotomy; aneurism of the popliteal artery, cured by digital pressure in twenty-six hours and forty-five minutes; and a case of castration, in which the vessels of the cord were secured by acupressure. In the last case, the result of acupressure was quite successful in restraining the hæmorrhage, but Dr. Porter does not venture to recommend surgeons on all occasions to adopt this mode of closing vessels. He thinks the great objection that might be urged against this operation is its tediousness as compared with the ligature.—Dr. T. M Madden contributes the second article, which is "On the Climate of Malaga, and its Influence on Chronic Pulmonary Diseases, especially Consumption." Dr. Madden recommends invalids to take the route by Paris and Marseilles, and thence by steamer to Malaga, or to go direct by sea from Liverpool to Malaga. The hygienic condition of this town is stated by Dr. Madden to be very defective, and there is consequently a prevalence of zymotic disease; but he considers that in chronic pulmonary maladies, especially phthisis, Malaga is superior to any health resort in Europe, and inferior only to Western Australia and Upper Egypt.—Dr. Henry Kennedy offers "Some Remarks on Hydrocephalus, its Diagnosis, Prognosis, and Treatment," and after alluding to the difficulty often experienced in ascertaining the existence of the disease, he lays down certain rules for treatment, which, in his opinion, should consist in the application of leeches, and subsequently of blisters, and the administration of alterative doses of mercury. But he also gives wine, and thus his treatment consists both of the antiphlogistic and stimulant plans combined.—Dr. John Beddoe contributes an article "On Hospital Dietaries," in which he compares the dietaries of various hospitals, and also of prisons and lunatic asylums in the United Kingdom. In reference to the allowance of beer in hospitals he thinks it ought not to form a part of the regular diet, as it opposes the progress of temperance among the poor; and he adverts to the fact that in the Scottish prisons, where no alcohol is allowed, the standard of health is remarkably high. Dr. Beddoe then gives the results of some experiments made by him to test, by weighing patients and examining their urine, the sufficiency of the dietary of the Bristol Royal Infirmary. He thinks, upon the whole, that the dietary is sufficient, but that an increase in quantity would probably accelerate the cure of the patients.——Mr. Henry Wilson contributes "Some Ophthalmic Notes."——Dr. Robert McDonnell describes "A Case of Fracture of the Spine, in which the Operation of Trephining was Performed," and he illustrates his paper by a diagram of the fracture.—Mr. J. Wharton relates "Two Cases of Penetrating Wound of the Chest."——Dr. Frederick Kirkpatrick contributes "Some Observations and Cases setting forth the advantage to be derived from the Decided Use of Caustics in Certain Surgical Diseases, more particularly those affecting the Bones and Joints;" a plan which he thinks may be substituted for the difficult operation of excision, as in the carpus, and even in some of the larger joints.—Dr. Percival Wright contributes a short article "On Smith, Beck and Beck's Modification of Liebreich's Ophthalmoscope," and a plate is given representing the form of instrument recommended.

THE CHOLERA AT CONSTANTINOPLE.

The following letter appears in the 'Medical Times and Gazette':—

To all appearance we have arrived at the end of the cholera epidemic, for during the last week or so there have been only sporadic cases—viz., from thirty to forty per diem. We have thus at length got over two miserable months, and I may well say that at no previous time within men's memory have we ever had an epidemic of such

exceeding violence. The number of deaths amounts to about 40,000, most victims belonging, as usual, to the lower classes. In the commencement of August the daily mortality was about 1,500, and this ratio continued for eight or ten days. There are at present no trustworthy official statements about the number of deaths, for the daily bulletins which were published in the political journals were more intended to soothe the troubled mind of the people than to give reliable information, and, therefore, do not deserve any consideration whatever; but even if people in official quarters wished to tell the whole truth, this would be impossible, since a large number—I may almost say about one-half—of the cases have never been reported.

The violence of the present epidemic cannot be explained at all by local causes, since previous visitations of the disease have on the contrary, been very mild; thus, for instance, that of 1854 was scarcely worth mentioning when compared with the present calamity. This time the whole aspect of the case was different; a panic seized the whole population; everybody who could took to flight, some went to the country, others abroad, and, as is usual under such circumstances, the cholera followed and overtook those who had in vain endeavoured to escape from it. The city seemed to be depopulated; no business was done, all public institutions were closed, and even in the Government offices scarcely any work was performed. Funeral processions and transports of the sick were to be seen everywhere, and served to discourage even the boldest. I am thankful to say that all this is a thing of the past, and I will now endeavour to give you a short history of the epidemic according to the few reliable sources which have come to my knowledge.

There is not the slightest doubt that the epidemic was imported from Alexandria. The man-of-war Makbiri-Surur, a steamer which arrived here from Alexandria, put on shore twenty-one persons suffering from cholera on June 28 and 30. These were brought to the arsenal. Up to that time not a single case of cholera had occurred in Constantinople, and the general sanitary condition of the town had been excellent. On July 3 the first case of cholera was reported to have occurred amongst the marine soldiers, and since that time the number of cases in the arsenal, and in the men-of-war stationed before the same, increased from day to day. On July 10, numerous cases were recorded as having occurred bordering on the arsenal, and which is called Kissimparha. This quarter now became the starting-point from where the gradual infection of the whole town took place. These facts have been placed beyond doubt by the investigations of the chief Physician to the Marine Hospital, Dr. Mühlig, who has taken the greatest care to ascertain the course and progress of the disease. From Kassimparha, in the Golden Horn, the cholera made a great leap to Jenikoy, in the Bosphorus; it then appeared in Haskay and Jenishehir, both of which quarters border on Kissimparha. It was then brought by fugitives to Kurkunshuk, on the Asiatic side of the Bosphorus; and the whole of Stamboul, Therapia, and Scutari were fearfully visited. In fact, no quarter was spared, even the Princes' Islands and the Asiatic coast opposite to them were invaded. In almost all these cases the infection could be traced directly to fugitives who had come from some of the focuses previously mentioned. As a rule, there were only very few cases in every such quarter for the first few days, after which, in a single night, countless victims fell as by one stroke of the Avenging Angel; then everybody took to flight, the dead were left unburied, and the sick were deserted by their relatives. For some days subsequently a few more cases occurred, and gradually such local epidemics seemed to burn themselves out. The same course which the scourge thus pursued in whole quarters of the city was also observed in single streets and houses. At first the disease is imported, there is a case or two, suddenly there is immense mortality, and then it gradually diminishes. A single case in one house was quite the exception; there was generally several, and in some instances the whole population of a house has literally been swept away.

The character of the epidemic was very severe throughout, since a large number of patients died within the first twelve or twenty-four hours. Premonitory diarrhœa only preceded the real attack by a few hours, and if the patients did not succumb in the algid stage typhoid generally supervened and carried them off.

From the very commencement of the epidemic the Turkish Government took, entirely of its own accord, very praiseworthy measures to stem its progress and to mitigate the misery of the lower classes of the population. The Grand Vizier, Faud Pascha, called a general council of the members of the Quarantine Committee and the Professors of the Medical School, in which he presided, and which resolved that an extraordinary commission of public hygiene and salubrity should immediately be formed. This commission went to work at once; overcrowded dwellings were emptied, and part of the inmates ordered into tents and wooden barracks; the inhabitants were instructed by public placards how to protect themselves as far as possible from an attack; provisional cholera hospitals were erected, and the speedy removal of poor persons who were attacked in the streets was looked to. All this, of course, without any regard to religion or nationality. For carrying out these measures physicians were specially nominated for every quarter of the city; a number of assistants and a very liberal salary (6,000 piastres per month) were given them. Medicines were distributed gratuitously amongst poor patients, and food was given to the most needy of the inhabitants. The Turkish Government did, in fact, more in this emergency than any government ever did under similar circumstances, and that at a time when the public treasury is much straitened. A shocking contrast to the efforts of Faud Pascha and the Commission, which was presided over by the indefatigable Dr. Sawas, was the part played by the Primate of the Orthodox Church; for the Greek Patriarch "skedaddled" at the first outbreak of the epidemic to the Prince's Islands, surrounded himself with a strict cordon, and remained deaf to the general cry for help and comfort which arose from his suffering faithful flock.

In this epidemic the Medical staff of the metropolis has suffered considerably, for no less than twenty-seven physicians and Medical assistants died in the midst of their work.

The quarantine regulations as they are at present carried out, not only in Turkey, but also in the rest of Europe, have proved utterly powerless to check the progress of the epidemic; and yet strict measures of this kind ought to be able to protect us from it; for it is an established fact that where there are no cholera patients nor anything which has come in contact with them, there will be no cholera. Thus, for instance, Greece, where the strictest measures against its importation have been taken, still continues free from the disease, in spite of the considerable immigration into that country of fugitives from Turkey. In the South of Italy the authorities refuse admission to any persons coming from places infected by cholera. In Messina, the steamer coming from the East is greeted with cannon-shot if it approaches too close to the shore. Such proceedings appear to be entirely justifiable. It would, indeed, seem to be high time that the European governments should come to a concert as to decisive measures to be taken against the export and import of the epidemic. All the last visitations of the disease have proceeded from Mecca, from whence they were carried onwards by the returning pilgrims. Cholera places should therefore be surrounded with a strict cordon, and passports for abroad should be refused as long as cases still occur in such localities. The existing quarantine laws certainly require a sweeping alteration. To mention only one point, I may say that the rule which is now generally followed—viz., to subject ships coming from cholera places to a five days' observation—is arrant nonsense. I believe that on account of the advanced season of the year England will at present be spared the visit of this disagreeable stranger; but it would be culpable neglect if you did not do all in your power to prevent its rise amongst you next year.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 4, 1865.

THE OPENING OF THE MEDICAL SCHOOLS.

The period has again arrived when the Medical schools throw open their portals for the reception of students, and the occasion is an interesting one both for those who have long ago completed their curriculum, and for those who are only just commencing it. To the former the reminiscences of the past will form agreeable subjects of meditation, to the latter the hopes of the future will dissipate anxiety and stimulate to exertion. It is so generally felt that the student should make a good start on this his first practical acquaintance with regular Medical teaching, that advice is always offered to the youthful aspirants by their seniors in the race, and the Medical Journals are very properly expected to offer their words of warning or encouragement at this appropriate season.

For many years the introductory addresses published in the Journals have continually lamented the want of State interference in Medical education, and their advice has been confined to exhortations to students to work out their own course, and to trust to individual diligence for eventual success in their career. The diversity in the methods of teaching, the inequality in the qualifications of students, and the various and often conflicting regulations of the examining boards, were deplored time after time as opposing unnecessary, but formidable obstacles to the acquisition of a uniform standard of knowledge or of professional position. The complaints thus expressed were by no means groundless, for under the system, or rather want of system to which we allude, the greatest anomalies were allowed to prevail, and both schools and examining bodies were found to take advantage of the then existing disorder in order to promote their own views and interests, and even to replenish their own coffers at the sacrifice of the dignity of the Profession which it was their duty to uphold. It will probably excite the wonder of posterity when history relates that, while Medicine and the collateral sciences were making rapid strides, candidates were admitted to diplomas in Medicine and Surgery on the most slender acquirements; and that at a period when general education was made more and more easy of attainment, candidates were actually permitted to enter the Profession without giving evidence of possessing the most rudimentary classical or mathematical knowledge.

Such a time has happily passed away, and however deficient the Medical Council may have been in many respects, it deserves at any rate the thanks of the Profession for inaugurating a new era in Medical education, and for opening out for the future a prospect of better and brighter days than we formerly could reasonably anticipate. It is now no longer necessary to exhort the student to acquire the rudiments of general education before he commences his Medical lectures and hospital practice, for the Medical Council now very properly enjoins upon him the necessity of passing an examination in Arts before registration can be effected, and in case any persons should still be ignorant of this regulation, we may state that it is now most stringently carried out in the case of all students entering the Profession. Those who fail to pass the examination in Arts, established by the different licensing or educational bodies, must postpone their entrance into the Profession until this ordeal has been surmounted; and the delay will be found beneficial rather than otherwise, by allowing some additional time for the improvement of the mind, and rendering it more fit for the reception of the facts and doctrines which make up the sum of a Medical curriculum.

The value of this regulation must at once be apparent, for it insures at least a certain amount of uniformity in the qualifications of students. In former days, the educated and the uneducated were associated promiscuously together, and the consequence was, either that the latter were compelled to scrape up the rudiments of general knowledge at the end of their term of pupilage, or by a bold leap they resorted to some of the less scrupulous examining bodies, and evaded the general education test altogether.

That these regulations have already diminished the number of Medical students throughout the United Kingdom is an established fact, and they will no doubt tend for many years to come to dissuade some aspirants who would otherwise have joined the professional ranks, but this result can hardly be regarded as unfortunate when we reflect upon the complaints which have so often been made of the overcrowding of our body, and when we witness the lamentable effects of that overcrowding in the want of union existing among us, and the undue competition which induces so many a man to endeavour to undersell or supplant his neighbour. When the number of the members of the Medical Profession is reduced, the services of each will become more valuable and will be more duly appreciated by the public, and there will consequently be the less necessity for resorting to those unworthy means which have been too often adopted for gaining public favour. By the influence, also, of a superior system of education, the members of the Profession will become more united to one another, and will be able to present a bold front against the encroachments of quackery, and against the perpetration of injustice on the part of the public.

The student having effected his registration and selected his school, must at once enter upon the beaten track, and commence with the study of anatomy and chemistry. He must diligently attend the lectures on those subjects, take notes of the prominent topics introduced by the professor, and when he reaches home, must copy out his notes and amplify them, if necessary, by reference to good text-books. He must also be a constant attendant in the dissecting-room, and as opportunity offers, he must make himself practically and thoroughly acquainted with the structure of the human body by means of his own scalpel and the help of a good manual, and when he is not dissecting himself, he should superintend or watch the dissections of others. The same facilities which are pro-

sented for his practical pursuit of anatomy, will be offered to him afterwards, in the case of chemistry, in the laboratory, where he will be able to realize with his own hands the lessons he has heard in the chemical lecture-room. By personal manipulation of weights, retorts, crucibles, and test-tubes, he will acquire accuracy of thought, and skill in practical operations, and the experience thus gained will be of inestimable service in after-life when he reasons upon the phenomena of disease or devises methods for its alleviation or cure.

It is so important for the student to acquire during his first season an accurate knowledge of anatomy and of the principal laws and doctrines of chemistry that all other subjects should be made subordinate, even the attendance upon the sick and the assistance at surgical operations. These duties cannot be efficiently performed until the student has made himself acquainted with healthy anatomical structures, with physiological laws, and with chemical changes and decompositions, and therefore if during the first session, choice must be made between the operating-theatre and the dissecting-room, the preference should be given to the latter. As opportunity offers, however, the practice of Medicine and Surgery should be attended in the intervals between the lectures and the dissections, but the full attention of the student to the details of practice in the hospital should in general be postponed until the second winter session.

MEDICAL REMUNERATION.—IRVINE *v.* WILSON.

The subject of Medical remuneration is one which necessarily interests very deeply the members of our Profession, and therefore a recent case which has occurred at Liverpool is deserving of comment. It appears that this was a trial for the recovery of Medical fees, set down for hearing at the Assizes, but referred to arbitration; and although the proceedings were consequently private, a report of them has appeared in a contemporary journal. The general features of the transaction may be gathered from the subjoined abstract, taken from the letter of a special correspondent of the 'British Medical Journal,' and which appears to us to put the matter in a very fair and impartial light. Our own impression is, that under all the circumstances, the charges made by the plaintiff were a *leetle* too high, and that the defendants were not altogether without justification in resisting the payment. But some of the evidence given as to the fees demanded by surgeons was so extraordinary and the amounts described were so extremely different, that we cannot wonder at the present unsatisfactory state of the relations existing between practitioner and patient. One of the witnesses (Dr. R. Robertson) is reported to have said that Mr. Spence, of Edinburgh, charges two guineas for passing a catheter, but that he usually receives five, and that Mr. Fergusson, of London, might charge ten or twenty guineas for performing the same service. This may be true, but if so, the facts come upon ourselves with the air of novelty. On the other hand two Liverpool practitioners, Dr. Whittle and Mr. Wiglesworth, both declared that two shillings and sixpence! was the usual fee for passing the catheter, and that three shillings and sixpence would be "ample remuneration." This rate of charges also comes upon us by surprise, and we can only suppose, in explanation, that the scale of fees in Liverpool is excessively low, and that in Edinburgh and London it is extravagantly high. The following is the abstract to which we have alluded:—

A young practitioner of acknowledged talent and respectability, who has lately commenced a general practice near Liverpool, was called on to attend a gentleman whose case appears to have been somewhat complicated. Being a highly nervous and anxious subject, he made large demands upon the time and patience, as well as the surgical skill, of his Medical attendant, who was obliged to pay many daily visits, at all hours, and frequently for the purpose of using the catheter or bougie. The attendance extended over a period of eight months. The patient ultimately died; and a bill, amounting to 250*l.*, was sent in by the surgeon alluded to, and which the representatives of the deceased gentlemen considered was an overcharge, and refused to pay. Hence arose the notice of action, and subsequent reference to a barrister as arbitrator; who, assisted by two Medical practitioners as assessors, reduced the plaintiff's claim of 250*l.* to 190*l.*, and settled the case by an award of the last named sum. There is a very general opinion amongst the Profession here that the original demand was difficult to reconcile with the ordinary rates of remuneration obtained or expected by practitioners in this or in any other part of the country. The visits, however numerous, in the same day, were charged five shillings each; which, considering that the patient's residence was close to the surgeon's house, and that as many as ten visits were paid in one day, might be considered a full, but hardly an unfair charge. But, beyond the fee of five shillings for the visit, an additional charge of ten shillings was frequently made for passing a bougie or catheter, even although many of the visits were required solely for the purpose of performing that operation. These and other items appear to have been regarded by the referees to be fairly open to question; and there is reason to believe that their view of the matter is one which would have been pretty generally endorsed by the profession at large. As a general rule, none are so inadequately remunerated for their services as Medical men; but there must, of course, be a limit beyond which no prudent man will venture, lest he subject himself to a suspicion of extortion, with the humiliating alternative of having to accept, as in this case, much less than the value he places on his own services. A redeeming feature in this unpleasant business, and one which does much credit to the good sense of the party chiefly concerned, is the withdrawal of the case from publicity by consenting to the decision of a private referee, thus avoiding a public scandal injurious to the interests of the profession, and anything but conducive to his own peace of mind.

REVIEW OF BOOKS.

Winter in the South of Europe; or Mentone, The Riviera, Corsica, Sicily, and Biarritz, as Winter Climates. By J. Henry Bennet, M.D. Third Edition. Pp. 442. London: Churchill and Sons. 1865.

San Remo as a Winter Residence. By an Invalid. 1862—1865. Pp. 128. London: Churchill and Sons. 1865.

The Climate of San Remo as adapted to Invalids. By Henry Daubeny, M.D., M.R.C.S. Pp. 39. London: Longman and Co. 1865.

Those who have had the good fortune to travel along what is called the Cornice Road, leading from Nice to Genoa, will not readily forget the manifold beauties of that magnificent pass, sometimes ascending the heights of the Mari-

time Alps, sometimes skirting the sea-shore, and affording, along nearly its whole extent, the sublime prospects of the mountain scenery on the one hand and of the blue expanse of the Mediterranean on the other. In the favoured region thus traversed, Nature is invested with all her charms, and her face is seldom disfigured by those storms, winds, and rains, which not only depress the spirits but impair the health of mankind in the more northerly climates of Europe. The summer, indeed, although characterised by a cloudless sky, is too hot for human comfort, and is injurious even to the pulmonary invalid; but, on the other hand, the winters are rendered mild by the very circumstances that make the summers oppressive; the north winds are shut out by the mountain ridges which skirt the shore, and the towns are exposed only, or chiefly, to the warm breezes of the south. During the winter months, when our own nebulous atmosphere is loaded with heavy leaden-coloured clouds, and when we all, well or ill, are glad to take refuge by the side of our coal fires, the resident in the Italian Riviera is basking beneath the sun, shining at Christmas with undiminished brightness, though with mitigated heat, and rendering the resort to artificial warmth almost entirely superfluous. Among the bounties of the Maritime Alps, coals are deficient, but their want is scarcely felt, as the cooking is performed by means of charcoal, and the wood of the district is amply sufficient to provide fuel on the few occasions when the rain or the cold demands the use of fires in the sitting-rooms.

The vegetation of this beautiful region is in accordance with the characters of the soil and the climate. From the long absence of rain, and the arid nature of the earth, the verdure of meadows is indeed wanting, and the varying colours of the foliage of deciduous-leaved trees are somewhat missed; but, on the other hand, the profusion of evergreens more than atones for this deficiency, for the vegetation is thus continuously present during the winter as well as the summer months, and owing to the mildness of the climate the spring flowers make their appearance long before the winter has passed away, or, indeed, before it can be said to have well begun, while many of the forms of vegetation familiar to our own eyes appear among the rocks and the groves of the Riviera during the comparatively cool months of the winter and the spring. The splendour of an almost tropical flora distinguishes the summer, when the myrtles scent the air with their fragrance, the fig-trees ripen their welcome fruit, and the prickly pears hang out their succulent spine-covered leaves and berries from the crevices of the limestone rock. Grapes are cultivated in abundance, or rather were so, before the oïdium attacked the vines; lemons and oranges with their golden fruits, staple articles of commerce in these regions, constitute entire groves; and forests of olive trees, valuable for their oil, with their spreading branches and umbrageous leaves, afford cool retreats and grateful shades from the heat or the brightness of the sun.

Dr. Henry Bennet, having in former years been struck with the beauties of this part of the Italian coast, has lately, as is well known to the Profession, adopted it as his dwelling during the winter months, in consequence of an attack of illness which rendered his continuous residence in England unadvisable. He has, therefore, on his own account, studied the peculiarities of the climate in reference to the restoration of health, and he has in several editions of the present work made known his experience to the Profession and the public. The work, however, as first published in 1861, was a mere essay on the winter climate and vegetation of the country around Mentone, but it has now been expanded into a larger volume comprising a description of the meteorology and winter climate of the northern shores of the Mediterranean in general, and, in addition, it contains an account of various excursions in search of health quarters, for winter and summer, in Italy, Corsica, Sicily, the Italian lakes, and Biarritz.

On the old principle, "*on revient toujours à ses premiers amours*," Dr. Bennet, after all his wanderings in search of health resorts, gives the preference to Mentone, where he has taken up his own winter quarters, and where, in fact, he habitually resides, dividing his time between this Franco-Italian town and London. It is probably well known that Mentone is one of the two or three towns which, with a small strip of country, constitute the principality of Monaco, until lately governed by an independent and sovereign prince, then converted into a small republic, and finally annexed (as it appears, against the wishes of the inhabitants) to the French empire, to which it now belongs. The peculiarities of the climate are thus summed up by Dr. Bennet. "The characteristics of the climate of Mentone, and of the Riviera in general, as evidenced during the six winters I have spent there, are: the absence of frost; the prevalence of northerly winds; the complete absence of fogs; the paucity of rainy days; the clearness of the sky; the general heat and brilliancy of the sun; a rather cool or chilly night temperature; and a bracing coolness of the atmosphere throughout the winter, out of the sun's rays. Even when the sun is obscured by clouds and rain-falls, as the wind is then generally from the south-west or the south-east, it is not cold at any period of the winter. On the rare occasions, however, when it rains, with the wind from a northern quarter, there may be as miserable and chilly a state of things as in a drizzling November day in England. As rain only falls on a small number of days, and then often not during the whole day, and as the other days are uniformly bright, clear and sunshiny—for five days out of six throughout the winter—exercise in the open air can be prudently taken from nine until three, four, or five p.m., according to the season, with both pleasure and benefit." Pp. 80-81.

Although written by a physician, and with the prominent object of describing different localities in their relation to human health, Dr. Bennet's book is replete with varied information upon a great multitude of topics, and his pages will be read with interest by all general readers. His own tastes, pursuits, and studies, are evidently such as to enable him to appreciate keenly the beauties of Nature, the triumphs of art, and the lessons of history; and we therefore find him equally at home in describing the scenery of the Italian coast, or the ruins of Syracuse, or the career of the first Napoleon. With such a guide we may be amused and instructed by the description of the physical geography and botany of Corsica, with its reminiscences of the Consulate and the Empire; of Sicily, with its fertile fields, its world-famed volcano, its ancient and modern cities, its ever-changing political history; or of Biarritz, with its new fledged popularity and its crowds of bathers and promenaders. All these scenes are brought before us in a familiar and easy style and without any pretentious display of learning, and, indeed, it is evident, from certain unimportant inaccuracies, that most of the remarks have been written *currente calamo*, and without a recourse to books; but, nevertheless, as we have stated, the descriptions and remarks are vivid and truthful and convey the impression that they emanate from a highly cultivated and observant mind.

The second book named at the head of the present article, entitled "San Remo as a Winter Residence," is written by an invalid who is not a member of our Profession, nor even a scientific man, but who desires to make known to the world the advantages to be derived, in certain cases of illness, from a residence in the town in question. San Remo, like Mentone, is on the Riviera, or Italian undercliff, and the two towns are situated at only a few miles' distance from each other; but San Remo is still Italian, the boundaries of the French empire not extending at present beyond Roccabruna. The invalid whose name is Mr. Aspinall, states that he has not found any other climate from which he has derived so much benefit as that of San Remo, although he has passed one winter at Madeira, another in Egypt, and shorter periods in Rome, Naples, and Sorrento. He tried Nice, but found the climate very treacherous, the bright, hot sunshine being counteracted by bitterly cold winds sweeping through the gorges from the snowy mountains; and he disapproves of Mentone, partly for the same reason, and partly because it is sometimes too warm, and invalids find it too close and relaxing. San Remo, according to him, combines, in a modified degree, the invigorating qualities of Nice with the warmth of Mentone but without its closeness, and is therefore adapted for diseases of the chest especially if the dige-

tive organs are impaired. Although this little work aims at no scientific character, it is amusing and instructive, and will be welcome especially to those who are thinking of visiting the Riviera either for health or relaxation.

Of the brochure entitled "The Climate of San Remo as adapted to Invalids," by Dr. Henry Daubeny, we might speak favourably, had it not been shown, upon what appears to be sufficient evidence, that it is little else than a plagiarism from another pamphlet on the same subject, and which we noticed a few weeks since.

"CYCLOPS'" TWENTY-FIRST LETTER ON PHYSIOLOGY.

To Vigilans.

Sir,—What do we know of the colon, called *par excellence* the large intestine? If we regarded it from the point of view of the general practice of Medicine, or the ideas prevalent on its treatment by the public themselves, we should say that it was an organ simply provided by Nature to receive that portion of the ingesta which, being of a solid consistence, could not be absorbed into the system, and therefore placed out of the way in this receptacle; Nature dictating the removal of it. Now, this law has been considered by the Faculty very imperatively, and that the contents of every man, woman, and child's colon should be emptied at least once in every twenty-four hours. The very idea of the contents of the colon being useful in the body seems never for a moment to have been thought of. Indeed, so far from this has the imagination strayed, that the fæces have even been considered such poisonous elements in the system that it is believed to be the bounden duty of every man who is considered at all eligible to practise his profession that he should at all times attend to this viscus first. He therefore has always been considered the wisest and best practitioner who acted on the plan of "clearing the ports," "attending to the primæ viæ," "purging the liver and bowels well," as the very first step in all cases in which he was called in, and then seeing where disease lay lurking in the body. Having done this essential and necessary act, and seeing that no poisonous fæces or substantial elements existed in any part of the alimentary canal, the coast was said to be clear; for, to use one of their similies, if this was not done, "we should be putting a clean carpet on a dirty room." Nothing could resist such an appeal to the apparent truth so patent to everybody. In this everybody seems to agree, and in fact the majority of the public hardly imagine that any good is done by medicine unless it acts upon the bowels. Therefore medicine has more or less been directed to this great end. At certain times in every year there is always some alarm about cholera; the daily journals, the Medical Journals, the Privy Council and Ministers, the Boards of Health and Sewage, all agree that when the fear prevails of this dreaded disease that it is incumbent on all to set their houses and premises in order, to get good air, ventilation, and drainage, and, in fact, disseminate the fear they feel themselves amongst all classes; that unless some outward and visible thing is done this plague will be amongst them; just as nurses alarm naughty children with the cry of "Old Bogy's coming," and other fictions as a means to an end. What, then, are all so much afraid of? What is this terrible thing that seems to make men's hearts sink within them? Is it relaxed bowels? Not at all! Is it diarrhœa? Oh, no! It is one step further than these: it is an aggravated relaxed bowels added to aggravated diarrhœa from some inexplicable cause. But why be so frightened about this? One would have supposed that the English community, at least were accustomed to this, because from time immemorial, not only the Faculty, but they themselves, have been for ever making an artificial cholera in everybody by the free use of aperient and laxative medicines. Surely after all these years when we have been so accustomed to these purges on every occasion, and well know that if we did not do this ourselves, directly we sent for a doctor that he would; surely we ought not to be so frightened at a spontaneous act, even when a little aggravated, when we are always doing it ourselves in some degree. We ought at all events to be so used to it that we might rather say, "Oh! for a good diarrhœa! Oh! for a good cholera! to clear us out well, and save the taking of filthy and nauseous drugs; clearing the house of all dreadful and offensive matter; making all its rooms clean and sweet in order that we may lay down this new carpet, and fresh paper the walls, paint, whitewash, and generally amend the great house of life, so that, as our own drastics are used on the one hand artificially upon the received authority and dogmas of the Faculty as a body, we ought to feel indebted to Nature, who, through some of her inscrutable laws, sets up the same modus medendi, and sweeps everything clean out of us. But if the Faculty have done this for many centuries, and considered it right by every book and dogma, then I begin to consider that Nature herself has been very wrong; in fact, that she has been nothing but a bungler, and made a most unwise arrangement of the colon. When she made the first receptacle for fæces, the cæcum, so near the anus, why not have made a short cut thereto at once, and as fast as feculent matter was deposited to have got rid of it? She could have made it under the influence of our will the same as she has done the bladder. If the fæces are poisonous substances, which in truth to say they are, why did she adopt the plan she has, and make a gut, a sink, and a cesspool to go all round the abdomen at the risk of poisoning the very body she has taken so much pains to make so beautiful? It is very evident, then, that either man is right and Nature wrong, or Nature is right and man exceedingly unwise in not finding out what her intentions were, and after all these years of physicking and purging, how culpable as well as ignorant. Having said this much, and agreeing entirely with Nature, I have something to say of her wisdom and her great bounty in all she has done. Anatomists and physiologists have really done their duty in many respects. They have given a most fair and just account of what they have discovered, but the fault lies deeper than we are aware of. The anatomists have shown the shape, position, and character of this intestine; that it commences at the cæcum, and whenever anything gets there, certain valves close it, so that there is no retracing of its steps; it is for ever shut out of that part of the body from whence it came. Directly it gets there, if the colon could speak, and why not? Did not Rousseau, Gay, Æsop, and other writers make birds, animals, and reptiles speak? Why should I not give a tongue and voice to the colon and the fæces? Well, then, the cæcum says, "You have been in a desperate hurry to get here;" "Yes, I have," says the fæces, "but I am very different to what I was when I first went into the mouth; I am somehow mixed up with everything I came into contact with; the usage I got in the stomach was something fearful: my character was literally destroyed, and I was mashed up and sent about my business as quickly as possible; then I was seized by another stomach and all the sourness taken out of me, while all my oil and grease were saponified and then mixed with all the rest. I was detained a little there, but soon expelled; then I got squeezed and pressed through a long tunnel with no end of turnings, and with all the juice taken out of me, I was hurried on here, and so, I suppose, I must be served the same way now." "Not at all," says the cæcum; "you have been hitherto in one confused state of bustle: policemen everywhere to order you to move on; but you will find policemen here to arrest you at every step—indeed, you can't move of yourself. Do you see that hill before you?" "Yes," says the fæces, "how am I to get up that?" "You will have to wait until you are pushed up by another, and the next by another, and so on, so that there is now an impediment offered in every way to your progress." "But," says the fæces, "I am become a poisonous mass, once so sweet, and savoury, and appetising; I am, by dint of the processes I have gone through, become so perfectly disgusting that my very aroma is positively unbearable, and my exhalations are more poisonous than my whole bulk; so much so that I should have thought you would have been glad to get rid of me as quickly as possible, instead of detaining me." "There is a great difference of opinion on this subject amongst the Faculty," replies the cæcum; "the majority have always

thought as you do, and that the great end of medication seems to have been directed to your expulsion."

Now, it is a curious fact that in every generation this subject crops up, and demands a thought to be bestowed upon it. Dr. Bailey, of "Ulceration of the Stomach" notoriety, was averse to giving aperients in fevers. Dr. Paris, in his pharmacologia, says:—"Did it never occur to the pathologist that Nature may upon some occasions wisely retard that operation which she is so anxious to provoke?" In fact, many physicians, relying on their *experience* as they get older, have abstained, to a great extent, from giving cathartics. There have also been sound-thinking general practitioners who have also come to the same conclusions. But ask them, as I have many, their reasons, and you will probably get the same answer as I have—namely, "My experience pointed it out to me; I have no philosophy." Here is the old story, *experientia docet*. In fact, they have all only been empirically correct; so that this treatment having been adopted more or less almost everywhere by all classes of practitioners in every generation, shows that it is nothing new, but yet having a great deal in it. If at any time certain of the Faculty have been bold enough to record their opinions in some Medical Journal by way of ventilating the subject, it has probably been coupled with the treatment of some case wherein they wished to enlighten their professional brethren.

Thus, then, it may be said to have simply ended there, for ten to one if any of their readers would meet with a similar case to try the new idea upon. Precisely as we see now-a-days, cases recorded in either private or hospital practice, or read before some physical society, of some vagaries of the secretions producing certain curious symptoms or diseases with the author's treatment and its results. Well, what is learnt by them? There is never any philosophy given, and no point of physiology developed, and when they have been duly read or listened to, what does anyone know about it, and who is the wiser? They have carried no conviction, and no new fact has been impressed upon the mind. This shows the importance of some philosophy being attached to all these proceedings for any good or any truth to be substantiated or engrafted on the mind. If we take the observations of such men as Dr. Bailey, or Dr. Paris on the subject, we find them only empirics in the matter; they have left only their own opinions, the same as other men have done, with no philosophy at all for what they did. No doubt all these men believed they acted *sua sponte* on all such occasions, and each that it was his own peculiar idea, because it was the exception to a very general rule. "As from the shaft no trace is found; no scar the sky retains; no furrow from the keel;" so likewise does all this cropping up of Medical treatment by experience without philosophy or physiology die away and leave no trace behind, no impression and no beacon for others to steer by.

For my own part, I look in vain as every hospital session comes round, for some one to step out of the dull tame routine and groove in which the practice of medicine travels and seems destined to travel, without thought beyond the current belief of the day, or any genius for the future.

I see, by the way, that Dr. Radcliffe has ventilated the subject of aperients at the British Association, pretty similarly to many who have gone before him. As his ideas, therefore, are the latest, and may no doubt be considered by many, a fair exposition of present views, it will be worth while to see if they hold water and bear the test of criticism, in order that he may get all he deserves for bringing them forward. I will endeavour to do this in my next letter.

I am, &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 21st inst.:—Thos. Edw. Gaggs Bywaters, Knottingley, Yorkshire; Richard Samuel Purnell Griffiths, Cheltenham; James William Horsfield, Sunderland; John Edward Tilton, Stonehouse, Gloucester; Robert Wood, Uttoxeter, Staffordshire.

THE CATTLE DISEASE.

A disease bearing the appearance of being identical with the cattle plague, has been ravaging a large flock of sheep in Norfolk belonging to Mr. R. F. H. Harvey, M.P. Upon this estate the disease was first introduced by some cattle, and the sheep had been pastured with some of these very cattle. We have, therefore, at least as strong evidence as can be expected, not only that the disease of the cattle has broken out among the sheep, but that it is equally liable to be communicated from one class of animals to another. On his estate at Croon Point, near Norwich, Mr. Harvey has also lost ninety beasts, valued at 5*l.* each, and some forty calves, valued at 2*l.* 10s. each.

The Committee of Foreign Importers of Cattle have fully investigated the history of the Revel cargo, which was alleged to have introduced the disease into this country, and have furnished documentary evidence which places the matter in a very satisfactory light. The cargo were not diseased, and the origin of the disease must, therefore, be sought for elsewhere.

The Privy Council have issued new and extended orders in relation to the disease, to meet the exigencies of the case. The word "animal" shall mean any cow, heifer, bull, bullock, ox, calf, sheep, lamb, goat, or swine; and the word "inspector" shall include any inspector appointed under the orders, with power to examine and inspect, wherever and whenever he may deem it necessary, any animal within his district.

Dr. Fürstemburg, Professor in the Royal Academy of Eldena, insists through the 'Times,' that the disease "is Russian, and only Russian." "We well know," he says, "that it is an impossibility that it should develop spontaneously among the herds of Western and Central Europe, and the plan we followed most effectually in putting a stop to this malady is based on a knowledge of the fact which seems to have been disputed in England. All that we have heard in times past has been confirmed by observations during the present outbreak. The disease was brought from Russia. It broke out where contagious disorders have always been rife, owing to daily or weekly purchases, viz., in the London dairies. It was kept up by markets, and taken to Holland on the 7th July by Dutch cattle which had stood the London market. From Holland it passed to Belgium, and from the cattle market at Malines it was communicated to stock in France, where, thanks to prudent measures, it has failed to gain a hold." As regards our negligence in relation to the disease, the doctor says:—"The Dutch skin the cattle, and sometimes throw the carcases into the canal, not to be troubled in burying them. The English are not less reckless. There are knackers close to the high road to the Metropolitan Cattle Market, to which dead animals are brought in an open cart emitting discharges in all directions. I have dissected one within a few yards of such a road, and what has astonished me more than all was, the animals had died at the Royal Veterinary College and been removed to the horse slaughterer without being opened, on small carts which could not adequately contain them."

"S. G. O." the well-known correspondent of the 'Times' remarks upon the slaughter mania of semi-diseased cattle which so widely prevails:—"It strikes me as madness to destroy every beast affected with the epizoic. I do not believe you lessen the infection on the spot. I cannot but hope that a downpour of rain, a gale or two of strong wind, must come before long, and I firmly believe that this would do more good than anything we can ourselves do. The public markets will be the great agents for the spread of the disease. Closely packed for hours without food in a railway truck, exposed to the sun's rays, then driven into a steaming crowd of tired beasts, standing on excrement poured forth in excess from distress and heat, I can conceive no better way of inviting the disease to break out in any beast that may from any cause have absorbed the virus."

GENERAL CORRESPONDENCE.

To the Editor of the Medical Circular.

Sir,—Having given a brief historical sketch of cholera as appeared in this country in the years 1831 and 1832, I n induced to lay before your readers a "*résumé*" of a mmunication in respect to my then more matured inions and views of the disease, as it appeared in the years 48 and 1849, a reprint of which, I doubt not, will tend y a careful perusal) to allay unnecessary fears and appre-nsions now existing in the minds of the community.

I am, &c., Thomas R. Torbock, M.D.

Darlington, September 28th, 1865.

'I take leave, respectfully, to trespass on the columns your valuable journal, in consequence of certain state-nts having been rendered by a distinguised physician tive to the sanatory state of Monkwearmouth, and its inity, in connection with the present epidemic (cholera), ich has now been prevailing for several weeks past—re especially in the district in which this gentleman, others mentioned in the columns of the 'Sunderland rald' of last week, and who, moreover, are said to have *special* charge of the said district. In justice to myself, l also to the community, I therefore deem it needful to e the whole facts, not having hitherto reported *a le case of Cholera*, either to Government officials or ers. I would not, for one moment, call in question the acity of the statement thus rendered :—viz., there having n only *thirty-two cases, and seven deaths.* This may, and elieve does, apply to the number of cases had under tment; but the mortality, according to the registration leaths from cholera, much exceeds the number stated. ave, therefore, endeavoured to collect true information this point, which will be seen by the accompanying istics. The returns will thus show how far I have been essful in the treatment of this disease. For the conso-on of such as feel dread even at the very name of this htful scourge of human nature, I am emboldened to e from past, but more especially from present treatment, t there is no disease so much under control during its *t* and *second* stages; thus preventing the 'rapid type.' great misfortune has been, and indeed is still, by the munity being led to imagine *epidemic diarrhœa* (bowel plaint) at the present time, and cholera are not one and same disease.

This was a misfortune here in 1831, when Drs. David y, Daun, and Gibson, the Government officials reported; who in the reports caused this distinction, the conse-ice of which induced the community to neglect the *rhœa*—very many cases of which ran into the 'rapid ' My opinions were more especially confirmed in the 1832, at Hartlepool, when my colleagues as well as lf, found the whole of the inhabitants, more or less, ubjects of *diarrhœa*, many of whom, previous to our al, had assumed the rapid type and had terminated y. It would be impolitic to enter at this present into ircumstances and treatment during the few days we Medical charge of that place. I am, therefore, proud y that my views are now confirmed by one high in rity at the present day, that 'Diarrhœa and cholera, logically, are one and the same disease,'—the former ituting the *infant stage*, the latter the grand finale—*reaking up of life*—'the struggle between the pro-exhaustion, caused by the disease, and the powers of ystem.' Let the community, therefore, be disarmed is fallacy; when I doubt not they will be led to seek al assistance *early;* and thus by proper remedial s, saved from its more direful results—the 'rapid and death. My views are more particularly con-in the outbreak of the disease at the Infant Asylum, oting; it is said some of them were attacked with *œa*—several of the cases *assumed* the appearance of ic Cholera'—and death followed. Now, had the *otion* applied to *all the cases*, in all probability, many n might have been saved from the more fatal stage of the disease. There is no doubt it was nothing less than *cholera*, from the earliest stage to the closing scenes of life.

"In conclusion, I beg to remark that a question now arises :—How is it, viewing the present returns, and the number of recoveries in relation to the deaths, and more especially, if we place in juxtaposition the returns from the city of Glasgow, where the mortality has been very great—the total numbers reported from the 11th of November being—cases, 2,954; deaths, 1,206; recoveries, 694. Truly a frightful state of things. This, in some measure, may be readily accounted for, from that want of confidence in the medical attendants, whom the afflicted imagine are deputed to get rid of them by poison, and, in consequence, refuse their assistance; and who will not, owing to the like impressions, go into hospitals provided for them. This distinctly shows how necessary it is that the medical practitioner should have the confidence of the sufferer, otherwise it is sure to militate against him. To return to former observations, and more particularly to corroborate my opinion as to treatment in the way of *prevention*, Mr. Grainger (one of the brightest ornaments of our profession, and who is one of the commissioners appointed by Government), in a lecture recently delivered at St. Thomas's Hospital, says—'I most earnestly hope, then, that the attention of pathologists will be directed to the great question of *prevention*, rather than of *cure*, and particularly to the enlightenment of the public mind upon the subject.' The old adage 'Prevention is better than cure,' is no doubt the great desideratum in all matters, professional or otherwise; but the expression has great latitude when we consider its application to disease. The mariner upon the troubled ocean cannot control the winds and the waves, nor prevent the approach of the impending storm; but if skilful in his avocations, and judging from circumstances around him, he will judiciously guard the ship from its influence, and though she may even suffer in the conflict, the trusty barque and crew are in all probability saved. Alike, the puny arm of man cannot control the aërial visitant—'the pestilence which walketh in darkness'—no doubt at this moment pervading the continent of Europe; neither can he subdue the great and vast important changes in Nature's operations, alike unseen, but felt by his frail tenement; but the wisdom that directs may so far enable him to adopt means which are best calculated to arrest the direful ravages of its onward course—which proving beneficial may thus save him from the destruction of the pestilential storm. Thus far, if my humble endeavours have been crowned with success, they are deserving of the term '*prevention,*' and the grand desideratum is accomplished.

"I am, &c.,

"Thomas. R. Torbock, M.D.

"14 Lambton street, Sunderland,

"January 15, 1849."

THE SANITARY STATE OF ST. GEORGE'S, SOUTHWARK.

On Friday evening there was a full attendance of the vestry of St. George's, Southwark, on its re-assembling after the holydays, in anticipation of some answer being given to the statements which have appeared relative to the wofully neglected sanitary condition of the district under the vestry's jurisdiction. The Rev. Dr. Hugh Allen, the rector, presided. The early part of the sitting was taken up with parish details; but these passed almost without notice, for the vestrymen were occupied in scanning an illustrated newspaper, in which appeared several cuts of wretched dwelling-places in the parish, and one, depicting a nude child in a miserable court of the parish appeared to receive their deep attention. The subject matter was brought before the assemblage by the Medical Officer of Health, Dr. H. Bateson, who read the following report :—

During the last five weeks ending the 16th of September 125 deaths have been recorded, giving an average of twenty-five per week; only one out of these was referred to fever. This epidemic is now apparently dying out, to be succeeded,

however, I have no doubt, by some other, for generally one is present preying upon society. Such, experience tells us, has been the case in the past, and such will be the case in years that are to come. There is one fact it seems to me we are apt to overlook, and which is that moral causes are as powerful in the production of disease as physical causes. Present circumstances will compel me again to bring before your attention the subject of fever. I fear that I shall weary you in doing this, as I have frequently brought it before you in my previous reports; no very serious attention has been paid to them, otherwise much of the present excitement might have been stayed at its commencement, or, indeed, might never have commenced. I have always been anxious to place before you an exact account of the health of the parish. I have as far as possible avoided exaggeration, neither making it out to be cleanlier, nor healthier, nor more salubrious than any other district is; nor have I represented it as the foulest, filthiest, and most neglected; in fact, I have not represented it in the form of a hideous caricature, which alone could excite in your minds the wonder how any one should dare to live within the precincts of St. George the Martyr, unless, indeed, he desired to emulate the self-sacrifice of him whose name it bears. When fever, and I may say any other disease has been rife among us, it has been invariably represented by certain numbers as if it were confined to this district alone, and hence was readily drawn the inference of our wretched condition. Such a proceeding is simply monstrous, and indicates a settled and determined purpose to degrade the parish and those into whose care the parishioners have placed it. How perverted must be that reasoning which ends in the conclusion that the fittest and most approved way of advancing the sanitary interests of the parish is to impugn the motives, deny the efforts, and rouse the indignation of society, by every means, against a body of men who are willingly and voluntarily sacrificing their time and talents for its welfare. "Power dwells with cheerfulness, and hope puts us in a working mood, while despair is no muse, and untunes the active powers." Such a line of conduct tends simply to crush all hope and engender mere despair. I will now place side by side the mortality which has happened in London from fever, for every quarter, from and including the year 1861 until now, with that of this district during the same period. I must tell you that London is divided by the Registrar-General into 36 districts. In the successive quarters of the year 1861 the deaths in London from fever were as follow—354, 347, 429, and 624, making a total of 1,754; in the district of St. George-the-Martyr, 10, 16, 2, 5, making a total of 33. In 1862, following the same order—991, 1,015, 833, and 796, making 3,635; in St. George-the-Martyr, 31, 48, 19, and 9—107. In London, 1863, 735, 624, 652, and 881—2,892; in St. George-the-Martyr, 12, 19, 25, 33—89. In London, 1864, 862, 783, 980, and 1,064—3,689; in St. George-the-Martyr, 36, 37, 36, 26—135. In London, 1865, 936, and 700—1,636; in St. George-the-Martyr, 29 and 11—40. Fever has been raging over all the land, in town and country, since the year 1861, and to a degree which has never before come within our knowledge. In some of the provincial towns it has been so severe that the Privy Council has sent commissioners to inquire into its cause and extent. Numbers of Medical men have been stricken to death in these places while in the performance of their arduous duties. Nothing of this kind has happened here; yet notice is vehemently called to this locality as if fever had existed to an extent and degree of mortality unequalled elsewhere. This is purely fallacious, and all that is unequalled is the conduct of the alarmists. We should be led to infer that, after all that has been done in the way of sanitary improvement by this vestry, we are in a worse plight than before it began its labour, and that we are less prepared to face epidemics than formerly. It requires the mere gift of making a noise to point out faults, while it requires wisdom to remedy them. The former we have had to satiety, now let us have the latter. Take St. George's, New Town, as an example of one of the worst parts of our district, and what do we find there? There are two evils which at once claim our attention—viz., overcrowding and want, and want, too, keeping the system in a diseased state—a corrupt state, precisely fitted for the reception of, and for the fostering to maturity any infection that may be abroad. Then there are the houses, totally unsuitable for the subletting, even in floors, whereas every room is let off, and to families. These evils, said in so few words, circle out so widely and entail so vast amount of wretchedness and misery that I cannot follow nor reveal them; besides, the people themselves have fallen into a degenerate state, and from causes hitherto which neither they or others have the power to hinder. They have not only no heed, but an utter contempt for cleanliness and what we should esteem comfort. The sins of the fathers have fallen upon the children; from diseased bodies and debased minds follow generation after generation. To destroy all these sources of harm and disease, what a work to be done, what a change to be wrought, what a time to be required. Houses must be built for the purpose of subletting and with every proper appliance, it matters not how plainly. Our streets are full of such as never can be improved. Then there is need of cheap and wholesome food; nothing will supply the want of this. A family well fed, with the dirtiest surroundings, will pass far more safely through an epidemic than will the most cleanly family with empty stomachs and pinched faces. I consider suitable habitations of the greatest importance, and not less so a sufficient supply of proper food. Sometime ago I showed you how closely mortality and density of population were connected. The Registrar-General has just published a supplement to the 25th Annual Report in which this is further illustrated. Fifteen examples are given. I will select a few. No. 1 district has 18 persons to the square mile and a mortality of 14 annual deaths to 1,000 living. No. 129 district has 201 persons to the square mile and a mortality of 20 annual deaths to the 1,000 living. No. 26 district has 1,909 persons to the square mile and a mortality of 24 annual deaths to 1,000 living. No 14 district 3,142 persons to the square mile, and a mortality of 26 annual deaths to 1,000 living; and No. 11 district 3,830 persons to the square mile, and a mortality of 28 to 33 annual deaths to 1,000 living. Now this district has the astounding proportional population of 125,980 persons to the square mile, and only the annual mortality of 29 to the 1,000 living, and while each person should not enjoy less for the barest support of health than 48 square yards in this district he has but 24½, and the population is still increasing, while the means of housing are decreasing. We cannot extend our borders, for we are hemmed in on every side, and we have no open space but that on which Bethlehem Hospital stands. Now, would it not have shown a greater earnestness and sincerity of purpose for the benefit of the poor, if some judicious measures had been proposed whereby this thronging here of humanity might be lessened rather than have spent effort and time in abusing the vestry for not having done that which yet is utterly impossible to be done? It is very easy to represent a district as a catalogue of horrors, and to say that ever since the resignation of Mr. Bendle it has been swept continuously through and through with epidemics—statements which I deliberately affirm are not true, and alone disgraceful to those who uttered them, and not to those against whom they are uttered; and I deliberately bear witness to the falseness of the accusation that the vestry is opposed or indifferent to sanitary progress. I have now had six years' experience, and I declare to the contrary. I have been most willingly helped in all my efforts, and every means of encouragement have been afforded me. Two facts seem constantly forgotten in the discussion of this subject. One is the limited powers possessed by the vestry, and the other the exceeding carefulness—even unto fear—exhibited by the magistrates in their decisions, and which almost invariably tend in favour of the defendants. Before concluding, I wish to draw your attention to what the Registrar-General says about the mortality in London during the two decenniads, 1841-1850 and 1850-1860. "The mortality increases," he writes, "in Islington from 19 to 21, where the population has nearly doubled its density; from 26 to 28 in St. Giles's, where the population is dense and stationary. In Stepney,

also, the mortality increased from 26 to about 27; in Poplar from 22 to 24; in St. James's Westminster, from about 22 to 23; in the majority of London districts the mortality decreased. The decrease was considerable in nearly all the districts on the south side of the Thames, except in Wandsworth and Lewisham, where the population became much more dense in the second than it was in the first decenniad." You will perceive, again, that where there is increase of population there is increase of mortality. This district is more densely populated than any other on the southern side. I must remind you also that the Registrar-General stated in the weekly Returns of Births, Deaths, and Causes of Death in London during the year 1862, "the south districts have achieved for themselves a marked improvement." Sanitary science does not come forth at once fully equipped and in perfection; it is a growth,—a growth like that of our political and other systems which maintained a permanency. The system under which we did live before the establishment of vestries had grown for centuries, and we are ripe unto rottenness. The cholera stayed the continuous culture of this harvest; and now we are engaged in another but as yet have barely begun to sow; our far off descendants will have to reap the harvest.

Mr. Elliott moved the adoption of the report. Under ordinary circumstances, he said, he should move that the report should be received and referred to the committee, as was usual with the Medical officer's report; but he should now propose to deal with it at once, for the vestry during some time past had been exposed to a stream of calumny in the press. The report of the Medical officer was the best answer to, what he maintained, had been a gross perversion of the truth in the reports and statements which had gone forth to the public, some of which had emanated from members of the vestry, who had designated those opposed to them as the "rest and be thankful class." The parish, he maintained, was very healthy, considering its dense population, and he added to his motion for the adoption and printing of the report for circulation a second clause, giving a vote of thanks to the Medical officer.

There was a warm discussion as to who should second the motion. At length,

Mr. Archer seconded the motion, and he declared that the press was hoaxed in giving currency to the reports which had lately appeared.

Mr. Bash, who spoke amid considerable interruption, said that there was no question as to the sanitary condition of the parish being most wretched, and he urged that the vestry should look the matter fairly in the face, so as to be prepared to remedy the defects which existed. There was no properly appointed sanitary inspector in this distressed parish, where there were so many ill-ventilated and ill-regulated houses; but the duty of inspecting those places was left to one or the other of officers who had distinct and separate duties to perform. There was no one to see that the scavengering and dusting contracts were properly carried out, and no one could stand up in the vestry and say that the poor districts were in any way properly supplied with water.

Mr. Beadle supported the resolution, and after addressing some warm observations of a personal nature to vestrymen who had described the sanitary condition of St. George's in print, he went on to ask how it was possible for the vestry to help the poor people in these ill-ventilated and overcrowded dwellings. He had made inquiries himself, and he found a widow with six children living in one of these wretched dwellings. The income of the family amounted to 12s. a week, out of which 1s. 9d. was paid for the room they lived in. The parish could do nothing, for the parish had not the power of pulling down these wretched houses, and the places, which were much improved of late, owed their bad state to the inhabitants themselves, and if the landlords were to be compelled to "beautify" these dwellings—he used the word for want of a better—and to follow up repairs, they might as well throw up their property. With respect to the naked child shown in the picture in the 'Builder' as running about Maypole-alley, he might mention that he had made inquiries, and he had found that one day a man with a moustache, and looking very much like a foreigner, came down the alley, and while he was there the child, who was undressed to be washed, ran out into the court for an airing (a laugh); and so it came to pass that it was shown in a paper that in the 19th century children ran about Southwark in a state of nudity.

Mr. Bransby, in illustration of the want of sanitary inspection, described a place to which he himself had called attention—a spot where there was a waggon-load of vegetable and stable refuse, and which remained for more than a fortnight after.

Mr. Rendle said the Medical officer's report was the answer of the majority of the vestry, and as such he was willing it should go forth. In the course of his speech, which was greatly interrupted by personal remarks, he went on to show that there had been, by the statistics of the physician to the Fever Hospital, 400 cases of fever in the parish, when, if there had been proper sanitary arrangements, there would not have been 100. He pointed out, amid a running commentary of jokes and laughter, that fever occurred over and over again in the same houses; that people were taken from a house to the Fever Hospital, and that uncontaminated persons were permitted to inhabit that house without any means having been taken to purify it; and this, he maintained, was little short of manslaughter on the part of those who should look after the sanitary condition of this crowded portion of a large city. The cholera, he warned them, was said to be coming—a disease for which there was no positive remedy except prevention, and he earnestly urged them to be warned in time. He was in favour of the report being printed, but he disagreed from the motion for giving a vote of thanks to the Medical officer.

After a very long discussion the motion was carried. It was understood that the question of the sanitary condition of the parish would come before the assembly on a future meeting in a report from a committee.

MEDICAL NEWS.

Medico-Psychological Association.—At the last meeting of this Association, Mr. John A. Blake, M.P. for Waterford, was by those present unanimously elected as an honorary member "in grateful acknowledgment of his efforts to improve the position of their branch of science." This distinction, rarely accorded to anyone outside the medical profession, could not have been more deservedly bestowed. On all questions affecting the medical and moral treatment of the insane, the regulations of asylums, and the care of a largely increasing class of sufferers, Mr. Blake has manifested an accurate acquaintance with the principles of psychological science, and enlarged views as to the obligations which insanity imposes on those entrusted with their care. In Parliament by his personal influence, out of Parliament by his able writings, he has awakened public attention to the condition of our asylums, with a view to their better, and more efficient regulation. Mr. Blake has for some months past been personally inspecting the Lunatic Settlement of Gheel, in Belgium, and has also visited the State asylum in Turin, and similar institutions at Genoa and other continental towns, with the view of contrasting their several systems of treatment and management, as preliminary to the introduction of legislative measures in the coming session of Parliament.—'Lancet.'

Medical Journalism in America.—It is a matter of notoriety to those who have ever had personal interest in this matter, how unsatisfactory and unremunerative is editorial and publishing labour expended on medical journals Why this should be so is difficult to explain; it is true that a very small proportion of the medical population of the country feel the necessity of a medical journal; that, too, seems strange to most of us who have access to journals. Before the outbreak of the rebellion there were a large number of medical journals in America—every considerable city had its medical organ—and many cities sustaining medi-

cal schools had several journals. We had more journals than were pecuniarily sustained by their subscribers, and we fear more than were worthy of support. The number rapidly declined with the war, so that from about fifty we only have about ten or twelve at the present time. This large suspension wrought its benefits as well as its evils. One of the benefits is that probably the surviving journals are on a firmer basis than ever was secured by medical journals in this country, and therefore in a condition to be more independent and useful. One of the evils is that important cities and sections for a time have been entirely unrepresented in medical journalism, but that will speedily correct itself with the return of peace and the reduction of the expenses of publishing; indeed, the probabilities are that we may soon have a revival of schools and journals, and especially that worst of professional evils, journals devoted to the *clique* interests of schools, as abundant as leaves in Vallambrosa.—'Cincinnati Lancet and Observer.'

BETHLEM HOSPITAL.—Among the charities of which the Charity Commissioners have recently obtained a special account is this great hospital, which stretches across so large a space in what were once St. George's-fields, but now a part of busy London. Bethlem comprises a foundation applicable to the general purposes of the hospital, and, in fact, devoted to the treatment of patients deemed curable, and a foundation for the maintenance of incurable lunatics. The department for criminal lunatics, maintained by the Government, is no longer required, a state asylum at Broadmoor having been provided. The estates and other endowments of Bethlem produce a gross income of 18,000*l.* or 20,000*l.* a year, a third of which comes from estates in Lincolnshire given in 1729 by E. Barkham for the maintenance of incurable lunatics. Mr. F. O. Martin, who has made the inquiry into the affairs of Bethlem, submits that as incurable lunatics are now provided for by county asylums, the Lincolnshire estates should be transferred to the general fund. He has to state that there have been times, and not very remote, when the management of Bethlem has not been altogether creditable to the aldermen, common councilmen, and nomination governors bearing rule over it. The tavern bills he pronounces "not justifiable." In the period from 1817 to 1836 the Lincolnshire rental yielded 105,673*l.*, and only 32,110*l.* found its way to the coffers of the hospital; but the expenses of the sea banks and of the estate in general have now very greatly diminished. The "arrangement" made on the discovery of the embezzlement practised by the former receiver, Mr. Hudson, has a very ugly look. Mr. Hudson was also prothonotary of the Court of Common Pleas, and when he absconded the Treasury seem to have made some demur to the payment of his pension under the Act of Parliament. But a receipt was produced, signed by the treasurer of the hospital, for 3,000*l.* agreed to be received in discharge of all demands, and the pension of 2,000*l.* a year was then ordered to be paid to Mr. Hudson. Mr. Martin is able, however, to report that no one can fail to be struck with the great improvements which have been made in the management of the hospital. It is now, he says, under the ordinary jurisdiction of the Commissioners in Lunacy, and regularly inspected by them. In 1841 only 23·60 per cent. of the patients attended chapel on Sunday, and there was a weekly average of 2·64 per cent. under restraint; in 1862, 55 per cent. attended chapel, and restraint had been for several years unknown. Of the 115 curable patients in the hospital in 1862 only eight were unemployed, and of the 61 incurables 24. The cost per head of the patients appears to have increased, but the increase may be well accounted for by the rise in the price of provisions and other articles, and the more liberal arrangements for the comfort of the patients. The cost of maintenance, furniture, and clothing was rather over 36*l.* per head in 1862. The propriety of the expenditure on buildings and repairs involves a question upon which there is difference of opinion; the Commissioners in Lunacy and some of the governors holding that it is expedient to dispose of the present building and to remove the hospital to the country, while others consider that it should be retained where it is. It is expressed in the instructions for admission to the hospital that preference will be given to patients of the educated classes, to secure accommodation for whom no patient will be received who is a proper object for admission into a county lunatic asylum.

THE WILL OF SIR WILLIAM HOOKER.—The will with a codicil of Sir W. Jackson Hooker, Knight of the Royal Hanoverian Guelphic Order, late director of Kew Gardens, was proved in the London Court on the 18th instant. The executors are his widow, Maria Hooker; his son, Joseph Dalton Hooker, M.D.; and Mr. Thos. Brightwen, of Great Yarmouth. The personal estate was sworn under 35,000*l.* The will is dated 17th December, 1859, and the codicil 12th of September, 1862. Sir William died at Kew Gardens on the 12th of August last. The bequests are entirely of a family nature. To his wife Sir William leaves his furniture, plate, wines, &c., a legacy of 300*l.*, and the interest of 5,000*l.*, which is to be set apart to meet the annuity. Sir William leaves to his son, Dr. Joseph Dalton Hooker, his books, prints, pictures, collection of plants, and botanical specimens. The residue of the estate is bequeathed in specified proportions between Sir William's son, his daughters (Mrs. Evans, the wife of Dr. Thomas Robert Evans; and Mrs. M'Gilvray, the wife of the Rev. Dr. M'Gilvray), with provision also for the children of his son and daughters. It appears by the codicil that Sir William has also made provision, by way of settlement, for his granddaughter, Mrs. Gardner, the daughter of his deceased son, William Dawson Hooker, subject, however, to a life provision made for the widow, Mrs. Isabella Whitehead Hooker.—'Pall Mall Gazette.'

THE CHOLERA IN THE MEDITERRANEAN.—A Correspondent of the 'Times,' writes as follows, from Valetta:—The cholera appears to be slowly wearing itself out. A decided improvement took place on the 1st of September, as shown in the bulletin made up on the morning of the following day, when the number of attacks fell from 45 to 18, and the deaths from 25 to 9. The great heat had very much abated on that day, when the island was refreshed by a strong and cooling breeze. On the two following days the number of cases rose again, but showed a falling off on the next day. Since then the epidemic has been on the whole decreasing. For the week ending the 10th inst. 129 attacks were reported, against 239 for the week preceeding. In the crowded city of Valetta there have been scarcely two cases a day on the average during the week, and none to-day. The weather is becoming cooler, although the thermometer is rarely below 80 deg. In consequence of cholera not having entirely left Cairo and other parts of Egypt foul bills of health continue to be issued at Alexandria. The sanitary state of Greece is good. The official journal of Sicily says that the sanitary state of that island is satisfactory. From Marseilles we learn that the spread of cholera in that city was causing much alarm, and many of the inhabitants had fled. There were several cases on board the last Peninsular and Oriental Company's steamer, and one of the firemen, an Englishman, died on the day before her arrival at Malta. Letters have been received to-day from Constantinople, *viâ* Alexandria, to the 24th and 31st ult. The first speak of a diminution of the cholera and the partial resumption of business at Galata. The letters of a later date mention, however, that a fresh outbreak of the disease had occurred, and that every day the returns reported a larger number of victims, so that fears are entertained that the epidemic had not yet done its worst.

THE CATTLE DISEASE IN DERBYSHIRE.—It seems to be doubted by many practical as well as eminent scientific men whether the alleged "Russian plague" has really reached the shores of England. An opinion is gaining ground that the cattle disease, which undoubtedly exists in some localities, is attributable to atmospheric or local causes. However this may be, and though doctors differ on the subject as wide as the poles are asunder, it is always wise—whether the disease be of the typhoid type or some mysterious visitation—to take all rational precaution to prevent its extension. With this view we are glad to see that Derbyshire and other counties are up and doing. Mere talk will not

accomplish anything. A vigilant inspection, and other precautionary measures are required, and every man, whether buyer or seller, should act as a sanitary inspector. Every man should consider himself bound to act as if he had a presentiment that the disease was floating in the direction of his own herd. The disposer of a diseased cow, or the purchaser of it, if they are conscious of the fact, ought to be punished with the utmost rigour of the law. At a meeting of the "Cattle Plague Insurance Committee," held at the County Hall a few days ago, Mr. Evans, M.P., and Mr. F. Wright subscribed 500*l.* each.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, OCT. 4.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Obstetrical Society of London, 7 p.m.—Council.—8 p.m.—Dr. Marion Sims, "On Inversion of the Uterus;" Exhibition of Bandeloque's Original Cephalo-Tube; Mr. Lowton, "Vascular Growth of Funis," and other papers.

THURSDAY, OCT. 5.—*Operations* at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, OCT. 6.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, OCT. 7.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing Cross Hospital, 2 p.m.

MONDAY, OCT. 9.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m,; Metropolitan Free Hospital, 2 p.m.

TUESDAY, OCT. 10.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Observations in Medicine in the Art of Case-Taking. By J. S. Warter, M.D. London: Longman and Co., Paternoster row.

Clinical Memoranda. By W. Hinds, M.D., No. 1: On Pericarditis and Pericardial Murmurs. Birmingham: A. B. Matthews, 71 New street.

On the Speedy Relief of Pain and other Nervous Affections by means of the Hypodermic Method. By C. Hunter. London: John Churchill and Sons.

History of an Unsuccessful Case of Amputation at the Hip-Joint. By J. S. Gamgee. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

It is requested that all communications intended for the Editor may be sent to the office of the Journal, No. 27 King William street, Strand,

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-Cross Post-office

THE OBSTETRICAL SOCIETY OF LONDON.—The notice and report have been received.

H. W.—If Mr. Clapp signed the certificate without seeing the patient, he was no doubt amenable to the observations referred to, but is it the fact that he never saw him, and signed the document only on the representation of a third party?

DR. T. R. TORBOCK.—The letter is inserted.

A VOICE FROM LIVERPOOL.—We have referred to this subject in another part of the Journal, and it will be perceived that we lean to the opinion expressed by our correspondent.

A STUDENT.—We have already stated that the registration at the Branch Registrar's does not supersede the necessity of registering at the different licensing bodies, at which the registration is carried on as heretofore.

GRIFFIN TESTIMONIAL FUND.

To the Editor of the Medical Circular.

SIR,—The following subscriptions have been further received on behalf of the above fund, which will be closed on Oct. 31st proximo:—

	£	s.	d.
Dr. Cuolahan, Bermondsey . . .	0	10	6
Dr. W. Sanders, Gravesend . . .	1	1	0
Amount previously announced . .	127	11	9
Received at 'Lancet' Office . . .	9	9	0

Yours obediently,
ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145 Bishopsgate st., Without,
Sept. 28, 1865.

MR. J. N. RADCLIFFE.—The memorial is inserted.

GENERAL MEDICAL COUNCIL.
32 SOHO SQUARE, LONDON, W.
September, 1865.

Registration at the Commencement
OF PROFESSIONAL STUDY.

NOTICE is hereby given, that Regulations for the Registration of Medical Students have been sent to all the recognised Schools of Medicine in England. Students commencing their studies are directed to apply to the Registrar for England, according to the Form with which they will be supplied on application to the several Qualifying Bodies, or at the Schools of Medicine and Hospitals.

General Council of Medical Edu-
CATION and REGISTRATION of the UNITED KINGDOM,
32 Soho square, London, W.

NOTICE.—The copy of the MEDICAL REGISTER to be printed and published in 1866 as directed by the 27th Section of the Act, will contain those names only which appear in the General Register as existing on the 1st day of January, 1866.

It is particularly requested that claims for the registration of first or additional Qualifications, and notices of alteration of Residence, may be sent to this office as soon as possible.

October, 1865.

Royal Orthopædic Hospital for
CLUB FEET, SPINAL AND OTHER DEFORMITIES, 315 Oxford street, W.

Mr. Tamplin will deliver a course of lectures on the Nature and Treatment of DEFORMITIES, at this hospital, commencing Monday, Oct. 23, at half past two o'clock until completed, legally qualified practitioners are invited to attend. Tickets may be obtained from the Secretary at the hospital.

Pupils are admitted to witness the practice of the hospital on the following terms, for six months 3*l.* 3*s.*; 12 months 5*l.* 5*s.*; perpetual 10*l.* 10*s.*

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Should no Allotment be made, the Deposits will be returned in full.

The Dairy Company (Limited).
NOTICE IS HEREBY GIVEN, that the Share List of this Company will close on Saturday, October 7th.

By Order.
H. S. HIRD,
Sec. pro tem.

Moorgate street Chambers,
30th Sept., 1865.

THE JOURNAL OF PRACTICAL MEDICINE & SURGERY

FOR SEPTEMBER IS NOW READY,

AND CONTAINS—

Refrigeration of the Air in Dwelling-Houses and Public Edifices; Thoracentesis; Preservation of Life in New-Born Infants before the Establishment of Respiration; Dangers of the Present System of Registration of Births in France; Death and Obsequies of M. Beau; Thoracentesis; A Synopsis of the Cases observed during the Year 1864-65; Remarks on Fibro-Plastic Tissue; Treatment of Rheumatic Fever; Treatment of Infantile Strophulus; Thoracentesis; Application of Caustics in Phlegmon; Pathology of Sympathetic Ophthalmia; Arterial Hæmorrhage arrested with Ergotine; Treatment of Cholera; Sedative Lotions in Cancer; Ovariotomy; Thoracentesis; The Wild Man of the Var; Pathology and Treatment of Stricture; 'The Grape-Cure,' by J. Ch. Herpin, M.D.; 'Improvement of the Human Form,' by —Dancel, M.D.; Promotions in the Legion of Honour; Cholera; Preservation of Ice; New Edition of the French Pharmacopœia; Effects of Cast-Iron Stoves.—Obituary; MM. Beau, Bouchez, Dieudonné, Karl Pagenstecher, &c.

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The Medical Circular.

INTRODUCTORY ADDRESS

DELIVERED BY

PROFESSOR PRIESTLEY, M.D.

AT

KING'S COLLEGE.

the Opening of the Medical Session, October 2nd, 1865.

Professor PRIESTLEY commenced his discourse with a eral history of medicine from the earliest period, and n proceeded to say: I have taken this cursory glimpse the history of Medicine mainly to point out that the nce of Medicine has been of slow and difficult develop- nt. Science comes not by intuition, it is the accumu- d experience, generalised into law, of whole generations thinking men who have devoted themselves to its study, an intimate acquaintance with it is absolutely indis- sable to him who would be a sound practitioner. One the most important Medical truths which has been ked from all the confusion of clashing hypotheses and less variety of opinion is, that in the human body resides wer which not only sustains and preserves it in health, enables it to oppose resistance to adverse influences, more than this, recovers it, if suitable conditions can procured, when stricken with injury or disease. This t truth was long ago pointed out by Hippocrates, and, gh often lost sight of for a time, now stands out as a ling star, clear and bright, to influence every proceed- of the scientific physician and surgeon. What the of attraction are to astronomy and those of affinity to nistry, such are those of what are termed vital force to icine. Without a due recognition and appreciation of e, the Medical practitioner would be constantly at fault, he one hand, over-estimating the power he possesses ontrol diseased action, or on the other going hopelessly ng in his efforts at cure. All the attempts at healing on part of the philosophical physician are based on an ac- ntance with that *vis vitæ*, that *vis medicatrix naturæ*, h pervades the living organism and preserves it in its rity. As he knows that Nature has ways and means liar to herself of throwing off the burdens imposed her by disease, that she is prepared for the storms as as for the calms of life, instead of prescribing remedies h may in theory be supposed to act specifically, homœpa- lly, or even allopathically, in uprooting illnesses, he en- ours to trace the source of the mischief, watches the indica- which points towards restoration and cure, and by all s at his disposal assists Nature to adjust the balance of h. Now mark how different this method of healing is from enerally supposed way to which diseases are combated ured. True, it may be said of the intelligent classes in ay that they are no longer deluded by the expectation iraculous interpositions for the cure of disease. ier do they rely on charms or amulets or astrological ols; but educated and ignorant people, in common, tain ideas of the art of healing which are entirely at ace with its actual state and progress, and which are o mechanical in their tendencies. The common im- on seems to be that all diseases are entities, which parasites attack the human body, or like poisons ot the fountains of life; and that the physician has, ght to have, or will have when the science is more ted, a specific remedy for each—a panacea for every al ill. We see indications of this bias at every turn, mon conversation, in our intercourse with patients; he press, so powerful for good or for evil, represents me idea, and in our daily and weekly newspapers we opied and re-copied details of cures by newly-dis- d specific remedies. Nay, further, certain heretical Medical writers, possessed by the same notion, while asserting that rational practitioners, whom they nickname "Allopaths," cannot cure diseases by antagonistic medicines, propose another method even more unsound—viz., to cure diseases specifically by medicines selected on the principle of "similia similibus curantur." Nothing can be more erroneous or more fallacious than this. The number of diseases traceable to morbid poisons is comparatively small, and the number of specifics we possess, or are likely to possess, is still smaller. And if we look closely into the *modus operandi* of a so-called specific—take quinine, for example, as a remedy for ague—it is very doubtful if it acts in any other way than as a poweful tonic, strengthening the vital force, and enabling it to oppose greater resistance to the invasion of disease. Indeed, in the large proportion of ailments which affect the human frame, there is no engrafting of a *materies morbi*, which can be attacked and destroyed like a parasite, or neutralised as we neutralise an acid by an alkali. The disease is rather the result of unnatural conditions of life, which have altered or impaired nutrition, and have ended in degeneration or destruction of the part affected. Thus the healthy performance of function is prevented, and inconvenience, pain, and death are the consequences. From this point of view the practice of Medicine becomes a much more difficult and complicated process than it is ordinarily supposed to be; for instead of being comprised in a number of recipes, or learning empirically what drug is best in this complaint or for that symptom, normal anatomy and physiology must be studied, the natural history of morbid changes must be mastered, the causes of disease understood, and the treatment in most cases must consist not so much in prescribing medicines as in ensuring those healthy conditions which will give Nature a chance of resuming her sway, and performing her own method of cure. I trust I may not be misunderstood. I would not lead the Medical student to trust so implicitly to the restorative powers of Nature that he despises the resources of art, or undervalues the services that medicines judiciouly administered may render in the treatment of disease. A wise physician has truly said: "There is no curing disease by art without first knowing how they are cured by Nature, but the parody is not true that the art of Medicine consists in amusing the patient while Nature cures the disease." Unfortunately, we have only to make acquaintance with this vital force, which possesses such wonderful attributes, speedily to learn that, unaided, it is many cases unable to oppose sufficient resistance to adverse influences, and is borne down and extinguished whenever the intensity of diseased action predominates, Nay, further, it is well established that this force, however salutary in its general operations, may, as the force which drives a locomotive headlong to destruction, when once it leaves its usual track, be so perverted as to lead to infinite mischief. On this point an eloquent friend has written: "Though Nature nits up wounds with her adhesive inflammation, by the very same method she glues the intestines into fatal entanglements, shackles the heart, and chokes up the windpipe. In this man she soothes the grief of a wound by pouring out serum; in that, she makes the same effusion effectually close the *rima glottidis*. She spirts blood from the hæmorrhoidal vessels of Paul, who blesses her for saving him from apoplexy; of which very disease poor Peter dies, because she pours the very same fluid into his lateral ventricles. And so on; for man's body is a microcosm, in which one sees the play of Zoroaster's antagonist principles. Nature is ever the same—blessings are mixed with curses; the poisonous berry and the nutritious root are found on the same plant; there are balmy dews and pestilent fogs, fertilising streams and destroying deluges, and the lair of the murderous lightning is in the cloud that floats across the blessed sunshine." Such, gentlemen, are the incongruities you have to understand and contend with. And in reference to the administration of medicines, and the other resources of art, be not led to discard them or disbelieve in their efficiency, when you learn that they cannot act specifically as you previously believed, or know that in numberless cases Nature will work her own cure unaided. In the operations of the surgeon and obstetrician, the bene-

fits are at once apparent in the removal of some cause of suffering, or in the deliverance from some imminent peril; and in the management of Medical cases by the physician, although the relation between cause and effect may not be so readily observable, yet the advantage is not the less real. Although he may have no specific for the poison of fever, he can assist its elimination by medicines which act on the excretory organs, he can palliate the distressing symptoms, and support the strength until the crisis is past; and in a case of pulmonary consumption, where no medicine can be expected to have the power of replacing the injured and lost lung tissue, he may yet hope to sustain the vital power, temper the amount of morbid action, and give Fature time to cicatrise and heal those yawning caverns he detects with such sad forebodings by the aid of his stethoscope. In treating diseases the physician is as a rule, if I may so speak, in the position of a constitutional Minister, only in exceptional cases in that of a master. He interprets Nature's wants; removes hindrances out of her way; sometimes, it may be, restrains and controls her. A sLord Bacon expresses it, "he is the servant and interpreter of Nature, and feels that he can only understand and act in proportion as he observes and contemplates the order of Nature. More he can neither know nor do." The function of the Medical practitioner is not, however, confined to the treatment of diseases and injuries *in præsentia*. A new department of science has sprung up, little known to the ancients, and which has been almost created in our times, called "preventive medicine." In this the Medical practitioner has an almost illimitable field for the use of his talents—unbounded scope for the exercise of benevolence and philanthrophy. On him now devolves the duty of tracing upwards to their very well-springs those death streams which, small and imperceptible at first, converge to swell the flood of preventible mortality, and to stem them it may be, before, by widening, deepening, and strengthening, they overwhelm whole communities of our fellow men. And it is not alone the Medical officer of Health who is privileged to ward off dangers which everywhere beset individuals and families. The physician, surgeon, the general practitioner however humble their sphere, have, as they move about among their patients. incessant opportunities of diffusing a better knowledge of the laws of health, and inculcating more intelligent views as to the way in which derangements in the animal economy are properly adjusted. In these boasted days of intelligence it is marvellous to contemplate the dearth and destitution of sanitary knowledge which prevails among rich and poor, and the carelessness or wilfulness which is evinced in matters of vital importance to health. It has always seemed to me that there is much in common between the duties of the clergyman and Medical man. They divide together obedience to the Divine command, "Preach the Gospel and heal the sick." One-half the duty of the Medical man consists in teaching and preaching how people may, in a physical sense, lead better lives; and if his heart be in his work, as he sees young and old stricken down by diseases which might have been prevented, "he burns with a passionate earnestness to bring back the bodily economy to its allegiance to the Supreme Guide," just as the conscientious clergyman of the Gospel yearns to bring back the erring soul to its Maker. And, rely upon it, the healing art is in more than one sense, as it has been designated, "the right arm of the Church;" for if it makes men stronger, long-lived, and healthier, it will make them also wiser and happier and better Christians. It will be within your province, putting aside your own selfish interests, to instruct the mother how she should feed and clothe and nurse her tender infant, so that that terrible mortality bill may be lessened which tells us that one child in every three dies before the completion of its fifth year; to counsel the young how they may best attain a vigorous and healthy adult life; to persuade the wealthy to enjoy their riches moderately, and thus avoid the ailments incidental to a too luxurious living; to teach the poor how with scanty means good ventilation and cleanliness, with sobriety, are the more necessary, and that the open sewers and dust heaps at his very door are hotbeds for pests and fevers; to shame the landlord who, for greed of gain, lets tenements to the ignorant poor so unwholesome that he would scarcely keep his own dogs in them; to stand between the utterly destitute, who have sickness added to poverty, and the overseers or guardians, who, it may be, are more careful about the increase of rates than the relief of distress; to warn employers who crowd their workmen and women in close rooms that they are wholesale demoralisers of their species, and that the employed, under such circumstances must break down in health, or go to the gin-shop to palliate the effects of foul air; to intercede with an over-parsimonious Government for an improvement in the diet and lodging of soldiers and sailors; in a word, to "carry hygiene into the army, the factory, and the nursery, down rivers, and across fields." And how, gentlemen, are you to qualify yourselves for these great duties, for these great responsibilities? Long ago Hippocrates wrote that there were four qualities indispensable to every good physician; and in using the appellation physician he used it very generically, as I do to-day, and included all Medical men. These qualities were Learning, Sagacity, Humanity, and Probity; and although this aphorism was put on record before the commencement of the Christian Era, it is just as true now in the middle of the 19th century. Professor Priestley then dwelt at some length upon these necessary points, and notably upon the great advantage which a Medical man derives from education. He then observed: The Medical man must ever be acting on probabilities, often seeing "as through a glass darkly;" and yet he must act promptly and decisively, as though dealing with certainties. Can it be wondered at that Medical opinions should sometimes be erroneous—that mistakes should ever and anon be committed even by the most skilful? It is, I suspect, only those physicians and surgeons who have no practice who never make mistakes; those of large experience often find themselves at fault. Medicine shares uncertainties with many other professions, however with politics, with ethics, with law, and navigation; and although our brethren of the bar may not because doctors differ, we may instance with equal force the glorious uncertainties of the law. "Medicine," as Dr John Brown says, "is a tentative art, to succeed in which demands a quickness of eye, thought, tact, and invention exercised by patient observation;" and the Medical man must have that fertility of resource which is not baffled whenever a case arises which seems not defined by the rules of art. There is no better training for the emergencies of future practice than that afforded by the out-and in-door departments of a general hospital, and the student, however industrious, who does not constantly test his Medical knowledge at the hospital, and, as gold in the refiner's fire try it at the bedside of the patient, is very apt, in after years of practice on his own responsibility, to find every case an exception to the ordinary definition of disease laid down in the class-room or in class-books, and to be constantly at a loss how to proceed. He is, as Montaigne says, "like him who paints the sea, rocks and heavens, who draws the model of a ship as he sits safe at his table; send him to sea, and he knows not how or where to steer." Some short time ago I heard of a physician, of well-deserved reputation, who was summoned to the bedside of a little child, evidently acutely suffering. He was well versed in that language of signs by which alone we can gain information for guidance in the ailment of infants; but after careful examination *secundum artem* he failed to discover what ailed the child, and had the rare courage to say so. He expressed his interest and perplexity, and promised a return. The loss of a train or some other accident brought him back more speedily than was expected, and he carefully sat watching the writhing of his little patient. In some time, he began carefully to feel inch by inch the whole surface of the child's body. The friends thought him mad, but watched with redoubled anxiety. Suddenly he exclaimed, "Here it is!" His fingers had encountered something, and the child evinced still greater anguish. The enemy was a broken pin, deeply imbedded near the spine, which was speedily extracted, and the mystery solved. The practice of medicine, both in reference to the prevention and cure of disease, consists much more in

exercise of common sense than is usually supposed ; and sagacity in medicine often becomes more conspicuous in the exercise of common sense, than any of the so-called special senses. Again, the Medical man must have humanity —a genuine sympathy for those who are sick and suffering. The exercise of pure science and art will often have but a very partial influence for good, unless you can pour balm upon the wounded spirit, and give that hope and encouragement which is so important a help to cure ; and if it be true, as I believe it is, that a remedy may be useful when prescribed by one physician and inert or powerless when prescribed by another, simply because the one exerts a more powerful moral influence over the mind of his patient, it is one of the greatest importance to study carefully the minds of men, to dip down into the depths of our common nature, and thus be able to strike with strong and yet gentle touch the cords of sympathy which make us all akin, and in our conversation with patients thoughtfully to consider before speaking, lest perchance our way of saying a thing may do more harm than our prescription can do good. True it is that, in deciding what is best for a patient, we must allow our judgment to be biassed by nothing which would militate against his chief good,; the pure white light of science must be tinctured by no coloured rays which may disturb mental vision ; but the physician may permit the admission of those warming rays of sympathy and kindliness which so often gladden the hearts of patients, and may cheer and console even those he cannot cure. The sick bed levels all distinctions, and you may evince as much chivalry, and reap as large a reward of satisfaction, in easing the pain and soothing the pillow of the poor, in conscientiously taking charge of the destitute, as in attending a richer patient, who thinks he has discharged all his obligation to you when he has paid his fee. I would fain impress on all hospital pupils how great is their responsibility, and at the same time their privilege, when they are entrusted with the care of the sick poor. Their steady and punctual work, their cheerful readiness to act in emergencies, are almost as essential to the well working of a hospital as efficient services from the Medical officers. And in justice to Medical students, I can testify that they are seldom found wanting. And what can I say of probity that you do not all know? Is not truthfulness always desirable? Is not honesty the best policy in all professions and occupations? I may be excused for dwelling a moment on this quality, because the Medical man is exposed to unusual temptations, and the very nature of his pursuits makes even self-deception easy. The defective knowledge of physiology, and of the scope and power of the Medical art, which prevails in the community—the whims and caprices of patients—the demand for specific methods of cure—render it extremely difficult for the Medical man, conscientious though he be, to steer a straightforward course. He perhaps very soon discovers that it is far simpler, less laborious, and more remunerative to pander to popular prejudices, and that in the end he gets little credit for the various attempts he makes to treat patients on rational principles. Most likely he is charged with being of the old school, and behind the advance of science. Under another form, the spirit of Naaman the Syrian most extensively prevails, "Did not I think he would give me some specific remedy for my ailment, instead of indicating so timely a way of cure?" It is but too true that any designing charlatan who will proclaim an infallible and newly-discovered cure finds numberless votaries ; and if he be shrewd enough to make no gross mistakes; Nature will help him to a certain number of recoveries, notwithstanding the worthlessness of his method. "The spontaneous curability of most diseases is to the Medical charlatan what the regular and calculable, but generally unlooked-for, recurrence of certain natural phenomena is to the juggler and mountebank." It is as though a civilised traveller thrown among savages, predicted a solar eclipse, and claimed the fulfilment of his prediction as testimony of his power over nature. And it is not alone the uneducated who are led astray by the pretensions of quacks It is not long ago that the British Parliament gave a subsidy of 5,000*l.* for a specific for stone, the main ingredients of which, as it turned out, consisted of eggshells and snails. It is not forty years ago since an ignorant and notorious quack, called St. John Long, who was twice tried for manslaughter, made an income of at least 13,000*l.* a year out of the credulity of dupes in this metropolis. One noblemen was so deluded by this charlatan, that he swore at one of his trials he had seen him draw several pounds of a liquid like mercury from a patient's brains ! But now, at our very doors, we have had a pest of quackery polluting the moral atmosphere with its presence, which all our appeals to magistrates and vestries could not remove, and which was at least extinguished, not because there was a scarcity of dupes, but because the promoter was fool as well as rogue, and laid himself open to an action for mal-practice. It has been well said, "if physic be a trade, it is a trade of all others the most cut out for a rogue." To some people, a new sensation in medicine is as necessary as a new hat or a new bonnet, and sooner than not be gratified in their desires, they will accept the most exaggerated theory as eagerly as they will don the most extravagant costume. We have had "brandy and salt" cures, "movement cures," "mesmeric cures," homœopathic and allopathic cures, cancer cures without number We know not what may come next. Truly, exclaims a Transatlantic *confrère*, the Medical man and particularly the struggling one, has need to pray that he may not be led into temptation ; but if he has none other than sordid motives, his prayer is an useless mockery. It is as though he should beseech to be saved from poison, which he is swallowing voluntarily and of his own accord. Better the little produced by honest and unpretending industry, with conscience preserved bright as a polished shield, than to rise out of a slough dishonoured, clutching it may be the coveted prize, but covered with the filth and degradation of its surroundings. Then, besides the acts of open dishonesty, there are so many covert ways which may be practised by him whose conscience is not over sensitive He may exaggerate a patient's condition either to magnify his own skill, or as a worldly wise man once said "to make the most of him." If not scrupulous, he may employ a diversity of means to undermine the skill of a brother practitioner, and then dispossess him of his charge. The Medical man has no right to sacrifice the patient's true interest to trifling punctilios, but he has equally no right to deprive another practitioner of his patient by wily arts and mean insinuations. The relation of doctors to their patients, and of doctors to each other, cannot but be complicated, seeing that there are often many contending interests, and whole volumes have been written on what are called Medical ethics. All the rules of Medical etiquette are, however, intended merely to be the application to particular circumstances of that great precept, "Do unto others as you would that they should do unto you." In conclusion, the lecturer dwelt upon the necessity for the students to pursue study diligently, and with a just estimate of its importance. He assured them that if they persevered in well-doing they would ultimately reap their reward.

UNIVERSITY COLLEGE.

Introductory Address by Mr. Marshall, F.R.S.

The lecturer commenced his address by explaining to the student the importance of being able to distinguish between what constitutes science and what art in the exercise of his profession. He would meet with a series of individual problems, or cases, each suggesting two primary questions —viz., what is the matter? and what is to be done? Other questions would arise, as to the result of an individual case, its duration, its causes, and the mode of preventing its recurrence. Two of these questions only can be solved by art, and the remainder by science. The causes, the nature, the progress, and the result of a disease belong to the science of pathology, whilst questions of treatment and prevention appertain to the province of art. It is true that the terms Medicine and Surgery as they are commonly used, imply a combination of science and art, which here mutually aid each other ; but it is important to discriminate between what is science and what constitutes art. Science observes facts, and induces from them principles

and laws, whilst art is engaged in forming and treasuring up precepts, and rules of conduct or action. Hence Medicine and Surgery consist really of the science of pathology, and of the arts of therapeutics and hygiene. Besides this, the physician and surgeon are called upon to exercise other functions—namely, that of scientific expositors on questions of public interest, such as those relating to legal Medicine and legislative Medicine ; that is to say, in the administration of justice and in the art of government. But the immediate purpose of the present lecture was to illustrate the special aspect of Medicine and Surgery considered as arts, and to treat science only as having relations to those arts. By some it may be considered that this view of Medicine and Surgery derogates from their high positions ; but, from a certain point of view, an art may be regarded as being higher than a science. Science initiates, but art fulfils ; science is knowledge, but art is work ; science teaches or unfolds the laws of nature to the mind of man, who is merely recipient and reflective in the process : but in the exercise of an art man becomes a centre of operation himself, according to that amount of free will or independent agency with which he is endowed by Providence. The student of science may gain esteem as the possessor of learning, but the practitioner of an art attains a higher dignity in the exercise of his direct functions upon the world without. The place of the Medical and Surgical art is quite peculiar : it is not constructive, like the acts of architecture or ship-building ; it is neither a fine art, like music or painting or sculpture, nor is it merely one of the useful arts ; neither is it a destructive art like that of war. It is preservative, and approximates at one point—viz., in its department of hygiene, to the arts of floriculture and agriculture, which take care of vegetable organisms ; but, as a direct curative art, exercised upon living beings, and especially upon man, it holds a peculiar and noble position amongst the arts.

In the second place, the lecturer alluded to the limitations of this art, pointing out especially that, being exercised on individual living units, its limit of action coincided with the life of those units. He also indicated forcibly that in each living creature there resided a germ force, a metamorphic force, or formative force, which is in reality the only conservative and preservative force known in the body. With this, and this alone, the Medical art can act. Its efforts cease with the extinction or disappearance of this force. It is, indeed, the only limitation in this direction of the curative art. Another, but less important, element is the selection of the means and appliances of the art, which must be truly limited, though, to the human mind, they are practically incalculable. It is easy to perceive that the conservative power, or the so-called *vis medicatrix naturæ*, is the agent at work in the healing of an ulcer, or the union of a broken bone, but it is equally true in regard to every possible kind of disease or injury, external or internal. The physician or surgeon never cures a disease—he only assists the natural processes of cure performed by the intrinsic conservative energy of the frame, and this is but the extension of the force imparted at the origination of the individual being.

In the third place, the lecturer dwelt upon the relations of science to the curative arts, pointing out the necessity for an intimate knowledge of the living organism on the one hand, and the external agents incessantly acting upon it on the other. In this section of his address he insisted on the fact that man was, corporeally speaking, not merely in the world, but of the world—that if the world belonged to him, he also belonged to the world—that his body was subject to the physical laws of gravitation and cohesion, like other masses—that the elements entering into the composition of his body were in no way different from those that surrounded him, and that heat, electricity, magnetism, and light, permeated and operated within his frame —that the old idea expressed by the phrase of "ashes and dust" was abundantly illustrated at every step in advance of physical knowledge—that if we accept the doctrine of correlation of forces, according to which all the dynamical phenomena of nature are but manifestations of one eternal force, ever varying, ever transforming itself, but never suffering loss, or receiving gain, then, in the microcosm of the human body, the correlation of forces was manifested in even a more marked degree—and that if we regard the external world as composed of molecules or atoms acted upon by force, vibrating, rotating, or undulating for certain ends or purposes, so in the human frame there must be responsive movements equally intricate, or otherwise we should fail to perceive the external phenomena.

Lastly, science must be relied upon for the introduction of new remedies. By this line of argument the lecturer sought to show that though the student of Medicine need not possess an exhaustive knowledge of the sciences, still he must understand the general principles and more important facts of all the sciences, physical and vital.

In the second part of his address he drew certain practical conclusions from the views already adduced. He pointed out that it was the exercise of the *arts* of Medicine and surgery that was required by the public, and alone would be rewarded by them ; that these arts were confessedly imperfect—for all arts must be progressive, and their condition at any time must also be dependent on the state of science ; that, as arts, they give room for the exercise of individual aptitudes or qualities, and hence some attain the rank of masters in such arts, and to them, as in all arts—music, sculpture, painting,—pupils must have recourse to learn the rules and precepts the result of experience and tradition ; and lastly, that, as arts, they must be learned practically and by personal application. Books were useful as guides, and as stores of previous learning and experience, but they could never teach an art like that of Medicine or Surgery, which must be studied in the wards of an hospital.

With reference to the limitation of the curative art, the preservative force of the body, he adverted to the sacredness of life ; to the responsibility involved in the trust of health and life to the Profession ; and to the duty of preserving life by every available means. Furthermore he indicated the paramount importance of relying on natural curative processes, upon the preservative powers of the body, rather than upon too great medication, remarking that the multiplication of remedies had been held to be an infallible proof of the decadence of the Medical art. He urged, likewise, the careful exercise of a more natural treatment and avoidance of some remedies which might be acting injuriously in unforeseen ways, observing at the same time that as the whole frame sympathised with a local injury, so the entire organism must be co-operative in the cure of that injury.

Mr. Marshall then pointed out that the Pharmacopœia must be regarded as an inheritance from older generations by whom greater reliance was placed upon compound drugs, and stated that he believed the future tendency would be, whilst adding to the simpler substances of the Pharmacopœia, to diminish the number of compound formulæ.

Lastly, it was suggested that the complex relations between the outer world and the living man, with all the varied manifestations of force, acting and reacting on one another, should tend to teach us to beware of too strong adhesion to particular systems of Medical treatment. He further showed that those dogmatic methods seemed to the philosophic mind to be restrictions upon external nature, and that, in fact, they were restrictions placed upon the dogmatist's own mind. To those who abused the existing systems of Medicine, as worshipping the "idols of the schools," this would suggest a caution—viz., to beware, on the other hand, as Bacon also phrases it, of the "intemperance of systems." He then predicted that the future of physical science would afford a wide field for the discovery of new remedies, illustrating his position by reference to the singular slowness with which important remedies have been added to the therapeutical list, and the present addition of so valuable an agent as chloroform in our own time.

In conclusion, refraining from a specific description of the requirements of the physician and surgeon, and also from counsel to the students in relation to their present and future careers, as unnecessrry for a body of men distinguished by good citizenship and practical Christianity, obeying the rules of rectitude and unselfishness,—he drew a picture of the laborious and important duties devolving

upon a practitioner of the healing art, in relation to the family, to society, and to the nation, and alluded to the courage, patience, perseverance, intelligence, and skill demanded at their hands. He concluded by observing, that in the vast multitudes of Medical practitioners engaged, not only in this country, but in others, there existed for the benefit of the world a host of active apostles engaged in a mission among men than which none could be grander, nobler, or more nearly approaching to the divine—grand, inasmuch as it rested its labours upon the widest basis of natural knowledge—noble, because it was devoted to the relief of suffering and disease; and almost divine, not merely because it was exercised by virtue of that controlling power, free-will in man, and was marked by the god-like characters of universal help and benevolence, but because it had in the olden time—in the cradle of Christianity—received the sanction of being followed by Him of whom it was expressly recorded that He visited this earth to do His Father's will.

ST. BARTHOLOMEW'S HOSPITAL.

Dr. Andrew spoke to the following effect:—To-day's duty has been performed in this theatre so often and so well, that its difficulties yearly increase. We can but offer our best good wishes for your success, and point out the means by which that success is to be obtained—viz., by work—honest, daily work. Your time as students is too short for you to be able to waste any of it with impunity; but if any of you have already wasted more or less of it, remember that a vigorous effort, a diligent use of the opportunities you enjoy here, may still in part retrieve the past. You are bound to work by many considerations; the serious responsibilities which the practice of our Profession must bring with it, the duty to maintain the ancient fame of our school,—a school in which men like those who have passed away from us this year, Mr. Lawrence and Dr. Kirks, have laboured. You have also to maintain the credit of a noble Profession: to take care that no disgrace fall upon it through the fault of those who profess it. Our Profession is a noble one, and yet there are reasons, some depending on our own fault, which interfere with its proper recognition by the public. Men expect too much from us, and, beginning by demanding impossibilities, end by denying the usefulness of the knowledge which we really do possess.

On our part the claims of our Profession are not always advanced firmly or judiciously; argument on Medical questions is sometimes personal in its tone, and, owing to a vicious system, Medical differences of opinion come out with unpleasant distinctness in courts of law. Practically, also, we do not assert sufficiently the claims of Medicine, as distinct from its ancillary sciences, to an equal rank with other branches of physical research. Now, if the term scientific is applied, whether rightly or wrongly, to such things as chemistry, botany, and ship-building, it cannot fairly be withheld from Medicine. We, no less than those who pursue any other branch of physical inquiry, are engaged in the investigation of law, in the application, for the benefit of mankind, of the knowledge we have gained. The object-matter of our inquiry is not less certain, not less subject to law, than any other; the faculties we must employ, reason, judgment, accurate perception, are the same, and yet the term scientific is denied to us. The fault is partly our own. We misstate the end of our art. Its perfection is to be judged of, not solely by its results, but by the capabilities of the material with which it deals. The endowments of living structures, cannot be altered or modified except within very narrow limits; it is probable that there are diseases which must be always as incurable as old age.

Again, there is often a tendency to make Medicine a mystery; we cannot do that and at the same time claim scientific standing. On the other hand, we are apt to undervalue the knowledge we do possess. Every science rests upon ultimate facts—*i.e.*, facts which have not been explained; but in Medicine we are not content to accept anything unless we can at the same time explain it. But physiological reactions are as certain as chemical ones, in disease not less than in health, and belong to the same order of facts.

Medicine, too, has suffered perhaps more than any other branch of knowledge from imperfect observation and hasty generalisation, while its successful study requires especial accuracy and caution; for we cannot verify and repeat experiments as in other sciences, we cannot trifle with our patients' lives or control the conditions under which we must work, and we may be also wilfully deceived by our patients themselves. The difficulties in our way are so great that we ought rather to wonder at the extent of our knowledge than complain of its incompleteness. But we must remember that knowledge cannot remain stationary; it must advance, or else it will go back and be lost. It is the product of the labour of no single place or generation, but of all. Each must contribute its fair share. Above all, those who enjoy advantages such as ours must be blameable if the progress of our art is retarded by their remissness.

ST. THOMAS'S.

The winter session of the Medical School, in connection with St. Thomas's Hospital, Newington, was inaugurated by an address delivered by Mr. W. M. Ord, M.B., Dean of the Medical and Surgical College. The lecturer took as his motto,—"How best to do the daily work," which, he observed, was the great problem of life. Men and things were estimated and acquired influence and power more and more according to their actual worth and benefit to society; less and less in virtue of any prescriptive claim. This was seen in the position now occupied by the liberal professions as contrasted with that they enjoyed in the beginning of last century. Comparing the doctor and the clergyman of to-day with their predecessors in the pages of Smollet or Fielding, we learned that, not merely men, but classes might, by earnestness in well-doing, raise themselves and acquire power. Their present position was for both these professions the heritage of noble men who had infused the true pastoral spirit into the one, and taught the other to depend not upon tradition and empiricism but upon careful processes of scientific observation and reasoning. If the Medical Profession was to take a higher position than it now occupied it would progress by the same means. If it receded the cause would be that men, thinking they acquired by membership the social position accorded to their body, neglected the sacred duty of work and so fell behind. As the circle of the months placed them again in the portals of the academic year it was fit they should make some survey of the past and its results, to see how far they had done their work well. In that hospital they had every inducement to be careful in self-regard, for they had before them a rare opportunity. The hospital had been removed from the site consecrated for several hundred years to the healing of the sick, and after long casting about for a proper abiding place the administrators of her large resources had enjoyed a full opportunity of carrying out some such self-investigation as he described. Of the results they could in part already judge. Those who had seen the plans of the new hospital would, he thought, agree with him that they declared themselves, even on slight examination, to be the offspring of wide care and thought. Those who knew anything of their history knew with what care all the good and bad points of the old building had been considered; with what industry comparison and inquiry had been instituted with reference to nearly all important hospitals at home and abroad; and with what readiness advice and suggestions had been received from all persons whose opinion appeared to be of value. Without attributing perfection to the proposed new building, one might safely say that it would be as nearly perfect as men conversant for many years with the capabilities of the old hospital, conversant with the requirements of to-day, and adding to experience a thorough survey of all contemporary work of like kind could make it. With regard to the fitting of the buildings, he observed that as in men habits and usages of good origin became prejudicial by lapse of time and change of circumstances, so they might expect to find many points in the administration of an old hospital requiring reformation.

The ways and needs of society changed even within a generation. Powers and offices beneficial at one period were useless, or worse than useless at another; routine tended everywhere to creep in, dragging all things down to one level of unsympathising, unexpansive coldness. If, as there was every reason to believe, their administrators were bent on treating these matters with the same breath and earnestness as they had displayed in regard to the building, they might well wish them good speed in a task of great difficulty and delicacy. The use, however, of a hospital which particularly concerned them at present, was not its direct object in ministering to the sick within its walls, but its secondary use in affording instruction to young men, in order that they might be qualified for the care of the sick outside its walls, and presenting also to men of experience a wide field of observation, whence they might draw fresh knowledge for the advancement of Medical science and the benefit of the sick in all places. The school, which, using the hospital for purposes of illustration and practical instruction, added also theoretic and scientific teaching of its own, had of course to follow the fortunes of the hospital. If the new hospital was good, and the administration orderly, success would follow at once, for there would be offered to the public that for which a demand already existed. Assuredly, however, the public would require that these conditions should be fulfilled according to the pretensions of the place, and success would be permanent only in proportion as the avowed objects were well considered and thoroughly carried out. If the hospital was likely to prove worthy of its generation he firmly believed that the school would not be found lagging. But, the school must needs make its own retrospect, and be resolute both in the search for faults and abuses and their remedy, sweeping aside all mist of prejudice and habit, and looking with clear eye to the necessities of the present. In the latter portion of his address the lecturer delivered some excellent counsels to Medical students on the method to be pursued in their studies, and the personal habits and qualities they ought to cultivate.

LONDON HOSPITAL.

Mr. WALTER RIVINGTON, M.S. and B.A. (University of London), assistant-surgeon to the hospital, delivered the opening address. He said their Medical schools assembled that day under the impulse of a great moral force. At that moment a similar impulse was crowding our streets and marts with the votaries of profit, and before night had far advanced would crowd our theatres and our ball-rooms with the votaries of pleasure, our public-houses with the votaries of gin, and the bitters to follow, our dens of infamy and our houses of shame with the votaries of vice. A similar impulse filled our churches and our prisons; produced indirectly our births, directly many of our deaths, our marriages, our murders, brought them their patients and their fees, answered all their legitimate and illegitimate advertisements, was active at every age, in every condition, in every occupation, and in every clime, had been in operation from the creation of man, and would act until he ceased from the earth. Underlying almost every form of activity, amid every diversity of mind, there was this common bond of union—attraction to some real or fancied good. Now the good which Medical students were attracted directly or indirectly to seek was, in one word, success—success in their studies, success at their examinations, success in their future careers. By success he did not mean mere money, mere position, mere prizes, mere credit, but real improvement here for real usefulness hereafter; and to this ability, labour, and character were passports. Not unfrequently, however, very superior abilities, industry, and integrity secured the major key which unlocked the gates of worldly wealth and favour. If money was to be their chief good, their being's end and aim, their sole test of success, there was slight occasion for trouble or toil. Let them find out what was their pecuniary interest, and then, regardless of opinion and the claims of their professional brethren, take the necessary steps to procure it. A little knowledge, retailed with judgment, and discretely draped in politeness and pretence, would answer all their purpose. Success would the sooner crown their efforts if they stole a few leaves from the time-honoured text-book of quackery. But, before they did this, they should ask themselves calmly what is the real value of money that was not legitimately earned? what the real value of reputation that was not thoroughly deserved? The lecturer then quoted Sir Benjamin Brodie as an example of perseverance achieving a high success without extraordinary powers, impressed on the students the necessity of work for all alike, the duty which devolved on them of discharging truthfully and manfully the debt which they were incurring, and urged them to acquire, if possible, a love for their calling resembling the devoted love for their arts of the painter and of the sculptor, for such a love fulfilled all law. After trusting that they had escaped the misspent drudgery of that long apprenticeship which hands over to striplings the responsibility of pulses before they comprehend the circulation of the blood, and the cure of unknown diseases with predestinated salts, or the negative boon of abstaining from poison, and after giving his opinion as to preliminary acquirement, and recommending matriculation at the University of London, the speaker showed the importance of learning theory and practice together, and keeping the end of all Medical knowledge in view—the treatment and prevention of disease. For this purpose they must work with equal zeal in the college and the hospital. They must steer by the official chart, not to be misled by enthusiastic professors emphasising a favourite science, not neglect central for circumferiential subjects, nor adopt too conclusively a *cui bono* policy. The importance of anatomy was pointed out. No cry was to be raised that they learnt nothing from them till they had asked themselves confidentially if they really had endeavoured to learn and to supply shortcoming by augmented attention. The lecturer next urged the students to attend the out-patients in their first and second years, and gave some advice about their conduct in the wards.

MIDDLESEX.

Dr. JOHN HALL DAVIS delivered the introductory address. He said that if there was one day in the year more important than another as an epoch in the life of a Medical man, and as one giving rise to associations of the deepest interest, it surely was that day on which the various schools of Medicine assembled in their several colleges to inaugurate a new session of Medical studies. It was on that day that the country sent up fresh candidates to fill up the vacancies yearly occasioned in the ranks of the Profession by death or by the infirmities of sickness or of old age, and to meet the increasing demands for Medical aid in our home and colonial possessions. Thus, by the fresh infusion of young life the Profession was renewed and sustained from year to year for the continuance of its high and noble purposes in contributing, under Providence, so importantly to the welfare and happiness of the human race. The Profession on which they were about to enter, that of Medicine, was truly a noble calling, and one which in its rude beginning no doubt sprung out of a natural desire implanted in man as an instinct to relieve the pain and suffering of his fellow creatures, and therefore almost as ancient as the creation of man, but as a distinct Profession founded by Hippocrates, the Father of Physic, more than 2,000 years ago. Since that remote period, however, through succeeding generations up to the present time, the power of Medical science and art, curative and preventive of disease, had, under the blessing of Divine Providence, been wonderfully extended by the intellect and persevering industry of man, and more remarkably so through the developments and valuable applications of science during the last 300 years. As an instance of an important accession to Medical knowledge within that period, he might mention the discovery, in 1628, by the illustrious Harvey, of the circulation of the blood, a discovery which might with perfect truth be said to have

effected a complete revolution in Medical science. Another remarkable discovery, which formed an important era in Medicine, since it had been the means of conferring a blessing on the human race, was that of vaccination by the immortal Jenner. The lecturer adverted to the discoveries of Hunter, Cuvier, Laennec, and other great lights who had adorned the Profession, and condemned the prize system which prevailed in some schools. He then proceeded to urge that the Government of this country should reflect on the value of Medical services to the welfare of the army and navy. If they would secure for these two powers the most efficient Medical skill, the Ministers and other authorities in these departments should hasten to redress grievances, which, by deterring the best men, as a rule, from entering them, could not but act most prejudicially to the interests of those services. The regulations complained of as affecting the Medical officers of the army were principally as follows :—1. The important gift of precedence according to the relative rank of the Medical officers and the advantages attaching to the rank with which it corresponds does not exist with regard to Medical officers presiding at mixed boards. It was ordered by the Royal Warrant of 1863 that relative rank shall not entitle the Medical officers to military command of any kind, nor to the presidency of courts-martial, courts of inquiry, committees, boards of survey; but when the presidents of such courts, committees, or boards shall be junior to the officer of the civil department, then such member of the civil department shall attend as a witness, but not as a member. The Medical officers feel that this non-recognition of the privileges which their rank should give them seriously prejudices their position in the army; and that it is detrimental to the interests of the service is manifest, said the lecturer, from the following consideration :—The results of excluding Medical officers from presiding at mixed boards is this—that the senior Medical officer, the man of experience, is distinctly excluded from sitting as a member at all those boards at which food, clothes, water supply, quarters, and ventilation, are subjects of investigation. The senior Medical officer is, in fact, excluded from sitting at the board unless there happen to be a combatant officer senior to him in rank, a circumstance of rare occurrence. The position of the Medical officer at mess is ambiguous and often a very painful one. It does not depend upon the relative rank, but upon the will of the commanding officers, and consequently differs in various regiments. Some commanding officers permit Medical men to hold their position at mess according to relative rank, other commanding officers refuse to do so. It is inconsistent with the warrant of 1858 that the names of the Medical officers should not appear in the Army List, while the report of the Royal Commissioners of 1857 says that Medical officers' names should appear according to their rank. By the Queen's regulations of 1859, Medical officers were removed from the regimental staff to the civil department, although they belong to the regimental staff by every definition of the terms. They wear regimental uniform, they have special regimental commissions, for which they pay; they subscribe to mess and band. One result of placing them in the civil department was that Medical officers for a time were deprived of funeral military honours. These, however, were restored by special order, but can even now be denied by commanding officers who may choose to follow strictly the Queen's regulations. With regard to the position of Medical officers in the navy, the lecturer quoted from a pamphlet published by Dr. F. G. Brown, Consulting Surgeon to St. Bartholomew's Hospital at Rochester. He (the lecturer) was permitted to state that at a meeting of the Royal College of Physicians, held on the 6th of June, it was resolved that the president and censors of the college should act as a committee to consider the best mode of using the influence of the college to induce the War office and the Admiralty to improve the position of the Medical officers of the army and navy; and, further, that, on the 26th of June, the letter prepared by the president and censors was submitted and approved by the college, and subsequently forwarded to the Minister of War and the First Lord of the Admiralty. The lecturer concluded with some advice to the student, mainly in reference to the study of comparative anatomy, pathology, botany, and kindred sciences.

WESTMINSTER HOSPITAL.

Introductory Lecture by Mr. Barnard Holt, Senior Surgeon to the Hospital.

The session was inaugurated with an introductory address by Mr. Holt, who inculcated the absolute necessity of a sound preliminary education to enable the student not only to appreciate that which he has to learn but to fit him for the position which every member of the Medical Profession may hope to attain. Mr. Holt said, "although I am desirous of avoiding the topics that have been so ably handled in former years by my predecessors, yet it is impossible not to follow in some degree in the same track. It is necessary to recommend the same great moral principles,—love of truth, active benevolence, untiring industry, and a desire for the acquisition of knowledge, which form the basis of professional excellence. In a highly educated assembly like the present, everyone has imbibed notions more or less distinct of his moral duties, probably some taste for literature, and perhaps some feeling for art. These acquirements, however, go but a little way towards the accomplishment of that moral and intellectual training, which is a necessary element of the Medical character, and which has won for our Profession its present social elevation. Even the fortunate possessor of the most comprehensive preliminary education will find that he has much to effectuate by his own industry. There is an education derived from self discipline and reflection, that no school can bestow. The more cultivated the mind of the practitioner, the more his intellect is sharpened by rationalistic exercises, the more his moral perceptions are developed by a vigilant conscientiousness, the more his nature is softened by an indulgence in the refined pleasures of taste, so much the more efficient will he be in the practice of his art, the greater will be his perspicuity in discriminating nice shades of disease, the richer will be his invention of resources, the more persevering his zeal for the welfare of his patient, and, above all, the more liberal and just will his bearing be towards his professional brethren, whom his enlightened understanding will have taught him to regard not as rivals, but as colleagues and allies, in the great crusade against pain, disease, or death."

Mr. Holt then alluded to the student's reasons for selecting the Medical Profession and impressed upon them the necessity of exerting themselves to the utmost and losing no opportunity of gaining practical knowledge by attendance in the wards. "You are about to enter our Profession, a profession which to practise it as it should be practised will sorely try your self-denial, yet a profession of the highest honour, a profession of the most sacred trust. Do you enter it for emolument, for fame, or with the desire of doing good, or I might add in order to combine a competency with the high feeling of the benefits which by a severe course of study, you may confer on your fellow creatures? I am afraid as a general rule these inquiries are never made; it is a very difficult thing in the lottery of life to bring the young mind to consider seriously all the bearings of the profession he selects. It may be that you enter our Profession because your father is already a worthy member of it, it may be that your parents desire to provide for you a competency which you may obtain by the exercise of our honourable Profession; but whether it be one or whether it be the other, let me beg of you that you will avail yourselves of every opportunity to become proficient. If time allowed me I would direct your attention to the nature of our separate faculties and the astonishing results of their combined actions; I would try to show you how they antagonize one another, and that the victory of good over bad qualities, or bad over good depends upon your own principles and determinations; that you have a controlling energy by which you can array your mental powers and prepare them for the contests in which success is glorious."

The Lecturer then remarked upon the indivisibility of

(Continued at page 262.)

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 11, 1865.

THE 'TIMES' ON THE ART AND SCIENCE OF MEDICINE.

At the very period of the year when the introductory addresses delivered at the different Medical schools, and reported in the daily journals, are making the public in some degree acquainted with the aim and scope of Medical science and practice, the principal morning paper of Oct. 3 takes the opportunity of sending forth a leading article, intended to depreciate our Profession in general estimation, but exhibiting only the malevolence, and, at the same time, the ignorance of the writer. The publication, however, of such an article is quite in keeping with the tactics of the 'Times,' which, while refusing insertion to communications from learned and distinguished members of our body, fills its columns with stories about curing cholera by the use of salts, and abolishing the cattle-disease by the administration to the animals of decillionths of a grain of "arsenicum."

The article begins by stating that there is probably no profession which, in its aggregate or corporate capacity, excites so little the interest of the public as the Medical, and that it has no strong hold on the extra-Medical classes like the Church or the Bar. Now, we venture to assert that the very reverse is the case, unless the "extra-Medical classes" are confined to the members of the Church and the Bar themselves, and to those comparatively few persons in the terrestrial globe who are personally concerned in the interests of either. The Church, at the best, constitutes only a limited society in Great Britain and her dependencies, and Law, as is well known, is a luxury or a curse, as the case may be, to the rich or well-to-do classes; but the domain of Medicine is circumscribed only by the limits of the globe itself, and its beneficent operations extend to all mankind. The poor, the sick, and the destitute, with whom Law never concerns itself, constitute a great and important portion of the recipients of Medical succour; and the Jew, the Mahomedan, the Hindoo, or even the savage, who either repudiate the doctrines of the Church, or have never come within its influence, are all, at some period or other, the objects of the physician's or the surgeon's care. If the writer of the article meant that Medicine does not offer to the aristocratic classes so many sinecures as the Church, or that it does not grasp so many lucrative appointments as the Bar, he was right enough; but this view of the case is rather creditable than otherwise to the members of the Medical Profession, who, with little to look forward to in the way of riches and honours, devote their lives and their health to the task of assuaging, as far as lies in their power, the sufferings of their fellow-creatures.

But the article goes on to allege that the Medical Profession regulates its affairs with very little reference to any opinion but its own, and "keeps on its course without being turned aside to the right or the left by deference to *popular clamour* or unprofessional opinion." Perhaps this expression ought rather to be regarded as a compliment than otherwise, and if the Church and the Bar are influenced in their course (as the writer seems to suggest by the antithesis he proposes) by "popular clamour" it is well that the Medical Profession turns a deaf ear to any such tumultuous expression of public opinion. But if the writer means that Medicine pursues some long-beaten but obsolete track, which other professions and pursuits have learned to avoid, and that it refuses to travel by some more expeditious road than that which was trodden by our forefathers, he is entirely mistaken, and displays his utter ignorance of the whole history of Medicine during the last five hundred years, and of its position and prospects at the present day. As well might he have asserted, taking his favourite illustrations from the Church and the Bar, that modern Divinity consisted of a collection of aphorisms from the writings of Confucius, or the mysteries of Egyptian mythology, or that our present legal code was the same as that of Lycurgus or of Numa Pompilius. Absurd as either proposition would be, it is equalled in absurdity by the language of the article to which we refer, where we are told that Medicine is not a practical science but (we quote the exact words) "*a secret and traditional mystery* deposited in the hands of a few persons, and neither to be touched, handled, nor discussed, except by its initiated and privileged professors. Hence," this sagacious expositor of Medical error goes on to state, "the establishment of a canon of orthodoxy quite as rigorous and exclusive as any that has ever been established by the strictest theological dogmatist. But," he warns us, "the days are coming when this position will become untenable."

If it were worth while to argue with a writer who is obviously so entirely unacquainted with the subject on which he professes to enlighten the public, we might inform him that "the canons of orthodoxy" to which he refers have no existence except in his own brain, and that the "secret and traditional mystery" of Medicine must be hidden somewhere in the same quarter, for as to ourselves, we confess that this is the first time we ever heard of it. But it is very likely, in the jumble of ideas thrown out in this curious article, that the writer is confounding quackery with legitimate Medicine, and that the condemnation due to the former is made, by a strange inversion of logic, to apply to the latter. It is quite true that certain species of quackery *do* consist of a series of canons of supposed orthodoxy, or of certain assumed secret and traditional mysteries. The composition of Holloway's pills, for instance, is a secret, and we are positively assured that they cure all diseases. Here, if you will, is a mystery, namely, the manufacture of the pills. "Holloway's pills cure all diseases;" here is dogmatism, expressed in terse and emphatic language. Morison's pills are equally mysterious, equally efficacious, and they are also traditional, because we believe that Morison (notwithstanding his pills) is dead, and the mystery, together with the profits, has descended to his posterity or his executors. So, again, the homœ-

pathic quackery consists essentially of certain supposed canons of orthodoxy, such as the famous *similia similibus curantur*, and the dogma that the efficacy of a medicine is in the inverse proportion to the dose in which it is given. The first of these propositions is unsupported by facts, and the second is inconsistent with the laws of Nature, and it must have been to some such absurd and groundless fancies to which the 'Times' unwittingly refers, when it ridicules the use of mere words, "and all sorts of vague metaphorical terms, which are little better than ingenious contrivances for the concealment of learned ignorance."

As we have before remarked, it would be a mere waste of time to argue with a writer so hopelessly ignorant of his subject, and we can only advise the 'Times,' which has a circulation quite sufficient to enable it to pay competent contributors, either to employ, when treating on Medical subjects, some persons who have at least "crammed" a few of the elements of Medicine, or to let the matter alone altogether. A writer who speaks of the "morbid pathology" of the human body (as in the article referred to), shows not only his unacquaintance with Medical terms, but his deficiency in the rudiments of common etymology, and it would be hopeless, in his present nebulous condition, to try to illuminate his understanding. In mere compassion to his benighted state, however, we advise him to consult a dictionary before he makes use of words of which he does not understand the meaning, and we may repeat that canons of orthodoxy and secret and traditional mysteries, if they ever existed in Medicine, have been banished since the dark ages, and that if they reappear in the present day it is only in the arrogant pretensions of quackery, which, indeed, assumes to do what no honest Medical man professes to accomplish, namely, to find an infallible clue to the nature of disease, and to announce a specific remedy for every human or epizootic malady.

Since the above was in type, it has transpired that Mr. Delane, the Editor of the 'Times,' was out of town when the article on which we have commented was written and published, and his place was probably supplied by some understrapper who has yet to learn his business. Independently of the feelings of indignation and contempt which the article will excite throughout the Medical Profession, it is disgraceful to the 'Times' that so illiterate and incompetent a writer as this would-be critic of the science of Medicine should be allowed to parade his folly before the public in the pages of a journal which, at all events, has a reputation of being conducted with ability.

MEDICAL REGISTRATION BY STUDENTS.

The Medical Council has issued a notice that all first years' Medical students in the present year are to register their names at the office of the Branch Registrar, and it is also announced that this registration supersedes the necessity of registration at the register offices of the different Medical Corporations. Such is the fact; and we have the best authority for stating that registration at the College of Surgeons and at Apothecaries' Hall, although still carried on by those bodies, is no longer necessary except in the case of second and third years' students.

GENERAL CORRESPONDENCE.

To the Editor of the Medical Circular.

Dear Mr. Editor,—What has become of Vigilans? The last information your readers had of him came from himself. To their great regret he announced his departure for the Rhine, or Switzerland, or both. Let us hope he has not tumbled down a crevasse in an alpine ascent, or become a denizen of the Rhine Gods, in their crystal caverns at the bottom of the Rhine. We cannot afford to lose so good-humoured, well-intentioned a satirist, and although we may rejoice at any attempt by your contemporary the 'Lancet,' to rival him, we would rather have back the original. Lately, in the 'Lancet,' appeared a very good essay in the right direction, but it fails at the very point where Vigilans would have made his indelible mark. It deals out excellent advice, and I hope you will not object to quote it entire, leaving it for Vigilans to renew the topic on his return. Your constant reader,

F. T.

P.S.—Let me take the opportunity of thanking Cyclops for his very suggestive letters on physiology, which I read with great pleasure.

AUTHORS BEWARE!

As September comes round, the Medical publishers are, to use their own words, "preparing their autumnal lists of announcements of new works," and we, therefore, venture to address a word of warning to intending authors on the titles of their *magna opera*. The fashion has unfortunately come in (and the sooner it goes out the better) of giving "taking titles" to Medical works, with, it is to be feared, the view of catching the eye of the non-medical public. Just now there seems to be an idea that the public has an objection to "cutting operations," and that it is a "good card" to bring out a book on the cure of every disease under the sun "without cutting." Thus we have had for some time a work on orthopædics "without cutting tendons;" we have more recently a work on the treatment of tonsils "without the operation of excision," and we are threatened with a work on squint and its cure "without operation."

Another phase of self-laudation has also "cropped out," in the way in which go-a-head authors of the present day are not content to announce simply a book on the diseases of a given organ and their treatment. Nothing under the "cure" of the given disorder is now sufficient, or, at least, the treatment is announced as the "successful treatment," though we have no great faith in the permanency of such cures, or the success of treatment which requires constant advertising and yet does not get into common use.

Let us, in the interest of our common profession, and to assist young authors in retaining their self-respect, earnestly beg them to beware of these errors, which, if persisted in, will not fail to recoil upon their own heads at a later day. No man ever yet pushed his way into the first rank of the profession or of practice by diligently puffing a little half-crown book on any subject,—be the title ever so taking, or the treatment proposed ever so successful and captivating. A few patients may be caught and a few fees pocketed, but the "successful" author's mark is irrevocably made with the profession, and no man, however self-confident, can afford to disregard the feeling of the profession at large.

The Seamen's Hospital.—The Seamen's Hospital Society has recently received from Mr. De Berg, the Russian Consul-General in London, the sum of 131*l.* 8s 8d., being the amount of contributions from the Governments of several provinces of the Grand Duchy of Finland, and collections from Finnish merchants and captains in aid of the fund for the reconstruction of the hospital, so long established afloat off Greenwich. The Grand Duchy of Finland has also, by consent of the Emperor of Russia, forwarded to the same society the sum of 20*l.* as an annual subscription to the hospital, with a courteous acknowledgment from Mr. De Berg, the Consul, of the care and attention received in the *Dreadnought* annually by a large number of Finnish sailors.

WESTMINSTER HOSPITAL.

(Continued from page 259.)

Medicine and surgery which he regarded as one science, and after giving a brief history of the progress of surgery alluded pointedly to the present state of the profession and the inclination of the public mind to specialities and special hospitals, which he severely criticised and said that although medicine and surgery were essentially one science, the great division into Physic and Surgery is not without its advantage; that although it in no manner absolves the Physician or Surgeon from becoming acquainted with all the details that appertain to a thorough knowledge of his profession, yet it enables him to accumulate a larger experience in the branch he selects than if he practised generally. The surgeon in general practice has but little opportunity for that deep reading and contemplation so necessary for him who is desirous of occupying the highest rank.

It is impossible among the multiplicity of his engagements both by day and by night that he can so familiarize himself with all the improvements in medicine and surgery as to be capable of forming the best opinion and in many instances the refined, so to speak, diagnosis, which in intricate and difficult cases is to turn the scale to health or death.

This Mr. Holt said was well known by the gentlemen to whom he referred and although they might be highly educated and have a large experience which was available for all ordinary occasions, yet they cheerfully availed themselves of the opportunities of consultation, whereby they not only benefited their patients, but themselves became familiar with the more extended experience of their fellow labourers.

The Lecturer then dilated upon the necessity of a thorough knowledge of Anatomy and Physiology as the basis of all sound professional principles, and inculcated the necessity of clinical study as superior to systematic lectures. The book of nature was the book for study and by it and it alone could the practitioner be successful. In conclusion Mr. Holt said, "I have thus faintly endeavoured gentlemen, to impress upon your minds the indubitable fact that in choosing the Medical profession you have entered upon a career in which all the good and great qualities of human nature are called forth. I have also shown you the way by which this desirable object can be reached. Industry and perseverance are necessary to success in every line of life, but most especially so in the attainment and practice of a noble art, which puts to the proof the rarest of the human virtues and has occupied the thoughts of some of the most gifted of our race. Our profession is indeed a noble calling, in every branch it affords occasions of self sacrifice, and demands the exercise of the highest powers. The physician by his varied learning, the surgeon by his disciplined skill and fortitude, and the general practitioner in his wide field of usefulness, if he fail in the achievement of fame, which is but the lot of few, he is sure by the conscientious discharge of his duties, not merely to win the hearty respect of his species, but to command that perfect self contentment which is the constant attendant of an approving conscience, and the very core and essence of happiness, here and hereafter."

After the lecture the Medical officers and lecturers received the students and their friends at a conversazione in the board-room of the Westminster Hospital, where numerous objects of interest were collected and refreshments were served.

ST. MARY'S, PADDINGTON.

The introductory address at St. Mary's Hospital was delivered by Dr. HANDFIELD JONES, F.R.S., one of the lecturers on Medicine. After the usual greeting to the older students and friends of the school, he commended to the students the choice of a profession which they had made, on the ground that it afforded them no mean opportunity of serving God and bettering their fellows. Though it afforded them none of the high prizes which were to be won in other callings, it brought them into pleasant and friendly relations with many who were most worthy of their esteem and regard, and that in itself was no small advantage. To do good work, and to be loved for doing it, was surely an enviable lot, and this was in the reach of all who practised their profession intelligently and faithfully. The true physician should seek his eminence, not so much in outward distinctions as in attaining increased power and mastery over disease. For the promotion of this great object combined effort on the part of the profession was strongly advocated. Quackery, he believed, could never be suppressed by any legislative interference, and he did not think it was worth seeking for. Even among our French neighbours quackery flourished in spite of prohibitions and fines. An instance was related, showing that even high attainments in physical science are no preventitive against the reception of patent absurdities by the mind, which, though fully aware of their falsehood, cherished them nevertheless. The extraordinary influence of certain mental states over the body was next adverted to, and some remarkable instances were cited, both of the prevention or repression of disease by cheerful excitement and of the apparently curative powers imparted to insignificant remedial means by strong feelings of hope and faith. It was notorious that constipation, which had required on former occasions the strongest drugs, had yielded in a much shorter space of time to bread pills, while the patient believed he was taking some very powerful remedy. It was of great importance to the student to be well aware of these facts and to see their bearing upon the treatment of disease as well as upon many instances of the apparent success of means which every rational person must believe to be totally without physical agency. In connection with this subject, the lecturer took occcasion to state plainly the real ground why the Medical Profession refused to have anything to do with homœopathy, or to meet its practitioners in consultation. It was not that the doctrine of *similia similibus* was the real obstacle; this, if it were, might be held, as many other queer notions had been held in men's minds, and prove no hindrance to their co-operating with their fellows on matters of mutual concernment. But when a Medical man believes that the weaker a medicine was made the sharper was its effects, or that billionths of common salt, salica, or sulphur, could exercise curative virtues, though we take in our daily food much larger quantities of the same substances every day, he puts himself really out of the power of a man of ordinary calibre of mind to consult with him. They might as well call two engineers to act together in building a bridge, one of whom believed that the thinner and weaker the supporting structures were made the greater would be their power of resistance during strain. It was no intolerance or prejudice, but common honesty, that compelled rational practitioners to decline meeting those who entertained these peculiar views. Were they to do so they must feel that, according to their own principles, they were acting as charlatans. The charge of bigotry or unwillingness to receive improvements in Medicine was most completely refuted by the ready way in which the profession had advocated sanitary improvements to their own unquestionable disadvantage. The next subject touched upon was the question how far diseases could be regarded as sufficiently constant, and regular processes to make it possible to determine what was called their natural history—that was, to ascertain what course they would pursue in the great majority of cases if left entirely to themselves, without any Medical treatment whatever. The lecturer remarked that it was difficult in many cases to distinguish between the original morbid action and the complications to which it gave rise; that the duration of diseases of the same kind depended in some considerable measure on their gravity—that was on the degree in which the system is affected by the morbid influence, and that they were modified also materially in their course by constitution and diathesis and the prevalent epidemic influences. Diseases by their outward show might be very much the same, might have the same names, and be counted in the register as identical, and yet in their tendencies and ...

al nature might be most different. This was completely cognised by the best authorities, and yet was far too little nsidered in discussions on the treatment of disease.

CHARING-CROSS HOSPITAL.

The Introductory Address was delivered by Dr. Chowne, .R.C.P., who commenced by remarking that in the choice a profession, and in considering and comparing the eculiar circumstances which may recommend the Church, e Law, or Physic, or, indeed, any other profession, though scarcely anything can be of greater importance an the mental preference of the student, which, for the ost part, carries a mental aptitude along with it, the dent mind might fulfil a determination to succeed, and the sence of a strong early predilection must not be regarded an insuperable stumbling-block. To the votaries of edical science there are many inducements, although in way of riches, titles, or fame, in the ordinary sense of latter word, they are but few. Of the Physician, indeed, noiseless and "even tenour of his way" is amongst his hest perfections; and both his path through life and his e are rather of a kind to make him happy than either althy or great.

The doctor proceeded to say that it might be useful to ress some suggestions of a precautionary nature to those are either now commencing their ascent of that Mont nc of the Medical student—the Medical curriculum—or hose who have already climbed to the first, or even to second, of those resting places, in Alpine parlance, ed "châlets," but which are in the academic language ed vacations, and are now braced up for another march. would venture to forewarn the students who are new to r forthcoming work, and to remind those who are not, courage and industry, and constant vigilance against aps will be necessary. The mention of mishaps almost e same breath with the mention of Mont Blanc might l to the mind that the avalanche which always threatens sometimes, though happily not often, work harm to wayfarer. The great danger to the student, however, om minor but more common accidents and incidents, small trips, and stumbles, and digressions, which he can d if he will, than from events beyond the reach of a onable forecast to foresee or of reasonable efforts to away from. There will be no giant or really great ulties otherwise than as they may be measured by re- e efforts to overcome them. Every student who has to the Medical curriculum should at once make himself ainted with his real position and what he has to do. osition is that there is hard work before him; that he lf must do it, and that his time is limited: that time ide wait for no man; that the earth will turn upon its and that the sun will go down at its appointed minute, ill not be a laggard to suit the convenience even of ost excusable of idlers; that when the night comes ay is irretrievably gone. Some will have used it; will have wasted, and must abide by the loss. Every ost leaves a blank on the mental tablet, which will tell and impeach the delinquent when the time arrives for g what has and what has not been committed to it. application to study should have as few breaks as ble, consistently with health. The profit will be the er the fewer the interruptions.

ne call anything that approaches to long hours of study y. Be it so; it is, nevertheless, the very kind of y by which the first men in the state become first men, ich the highest places of authority are won, and by distinction and eminence, and elevation to the sum- f the most honourable aspirations and ambitions are ed. Some recreation the student must have, but it l not, during his working time (the session), go a step d a needful rest for his mind, and it should be such as the same time conduce to his health. When the stu- an take notes well, he should do so; they help to com- memory what might otherwise be lost, and they give to after-reading. In reference to attending "Hospital ce," both in the wards and in the out-patients' depart- ment, Dr. Chowne stated that there is much which the student should see and carefully observe as well as hear; tha by long and constant observing, the eye acquires a knowledge and insight into certain visible peculiarities, called the "physiognomy of disease," which language cannot impart, but must be learned by the eye, and is inexpressibly valuable.

The first step in dealing with disease, "diagnosis," or recognition of the nature of the disease, seems at first sight like a mere colloquial affair of questions and answers. We human doctors, as we are called, in contradistinction to veterinary doctors, have great advantages; and who can guess what our veterinarian brother would sometimes give to get a word or two from his patient, or how sincerely he would rejoice "when first the creature found a tongue?"

The attention of the students was forcibly directed to noticing certain associations of certain forms of mental aberration with certain forms of bodily disease, of which the Doctor gave several examples—an extremely interesting subject, on which the late Sir Henry Halford read a very valuable essay before the Royal College of Physicians in 1831.

The value of Medical science in connection with Medical jurisprudence was expressly alluded to, and the danger anxiously pointed out of evil designs on life being perpetrated where illness already exists, and might tempt the ignorant to speculate on impunity.

In regard to the students keeping records of cases or of any other matters connected with his Medical studies, the value of new facts over that of new theories was especially commended; a fact abides, a theory is often but a fleeting, though a dazzling and a pleasing, sunbeam. Facts, however, whether old or new, require more care in the recording than they generally receive. It is not sufficient that the writer can understand what he has written, or that a cursory reader fancies he understands it,—it should not admit of being misunderstood, or even misinterpreted. Hundreds of records of facts are so weakly worded, so destitute of perspicuity, and of clear and exact definition, as not to be worth a jot—mere verbiage, and little better than a *quasi* learned dust of words, but without an atom of gold-dust, to say nothing of nuggets, however infinitesimally small. It is extremely disappointing when searching, volume after volume, for facts, that when found, one after another, they will not bear the most gentle handling—even for friendly examination, but go to pieces at once, like an old bone in a catacomb. It is desirable that the student should habituate himself to exactness where it is possible, although Medicine is not one of the exact sciences. The real worth of a recorded fact is its strength when opposed to a counter-fact; as the real worth of a witness is his strength when opposed to a counter-witness.

Subjects having sanitary aims will more than ever lie in the Medical student's path; and perhaps there is not a set of young men in the world, just starting to acquire a profession by which they are to earn their living, who would set to work more heartily to strike at what would seem to be the very root of their means of doing so. Down with disease is the standard philosophy of the Medical man—and a very much to be admired philosophy it is, notwithstanding the suicidal look of it; nor can we be surprised that it is popular out of the Medical Profession. It is not doubted that the whole body of Medical men in these dominions hail with gratification every new fact having a sanitary application, and every new method by which such new facts can be obtained.

We can all remember when the balloon was regarded, both metaphorically and in fact, as a mere bubble and a toy —a large bubble and a large toy certainly, but a toy it was considered; it is now an instrument of science—a substantial agent of confirmed utility. Heretofore, the explorations effected by human genius, as regards the sphere which we inhabit, have been restricted to the earth, and the sea, and to certain limited strata of the atmosphere. The earth is delved, and yields up testimonials the most astounding; the sea is fathomed, and the secrets of its depths become comparatively familiar, but the atmospheric ocean in which we

are immersed has been a region inaccessible to the personal experience of the philosopher, except so far as terra firma could conduct the steps of the celebrated Saussure, for example, and other naturalists. The fact is an interesting one, that he (Saussure) about a century ago (1768) made a journey from his native city (Geneva) to Lyons to see the aërostatic machine of Montgolfier. Fain would one know the thoughts which that machine inspired in his enthusiastic and contemplative mind. It may perhaps be assumed, however, that a reflection of those thoughts exists in the conceptions and the scientific aërial excursions of the present day. We see in the enterprising researches of Mr. Glaisher a new era. His zealous and adventurous explorations have already shed new light on some subjects highly interesting to meteorology, and can scarcely fail to raise a hope that they may lead to further knowledge that will be useful to the science of Medicine.

Another subject of deep interest will require the student's attention in connection with diseases of uncertain origin called hereditary, existing in the living himself and genealogically transmissible, although not always transmitted; a study requiring the utmost caution against false conclusions. The laws of the animal economy in relation to hereditary succession of constitutional peculiarities are not sufficiently known to trace the influences which continue or divert, as the case might be, the course of such peculiarities, however certain and even visible their existence. Caprice, as mere caprice, cannot be deemed to have any being in this beautifully organised and beautifully governed creation. Peculiarities of form or surplusage, or deficiency of parts, may appear and disappear for several generations and be thoughtlessly called caprice because it is not comprehensible. But what finger can point at any fiat throughout the whole economy of this marvellous creation that is not incomprehensible? The difficulty of the subject is necessarily increased by the multiplicity of diatheses and combinations of diatheses which are mingled in the veins of every individual; and the importance of it is constantly increasing as a consequence of discoveries, real or supposed, which are constantly in progress. The subject is too difficult and too elaborate for the student to undertake as a whole, and his attention is directed rather to such facts as he may observe while in his actual pupilage, and to the elementary stages of it, reserving the deeper studies and reflections for a future period.

This address was concluded by some remarks on the advantages conferred by Medical societies, and by adverting to the satisfactory progress of the "Junior Medical Society of London."

ALBERT VETERINARY COLLEGE.

On Monday a new Veterinary College in London, having the above title and springing out of one formed in Edinburgh a few years since, was formally opened at a branch establishment in the Queen's road, Bayswater. The head college will, when completed, be situated in Chelsea, but as no fur advance has yet been made towards the erection of the structure there than the purchase of the ground on which it is to stand from the Commissioners of Chelsea Hospital, the company, who are the promoters of the new college under the Limited Liability Act, deemed it wise at once, while public attention is forcibly drawn by the prevailing cattle plague to the importance of veterinary knowledge, to inaugurate their new institution in the branch establishment at Bayswater.

Professor Gamgee delivered the inaugural address. After adverting to what he conceived to have been hitherto the cause of failure in teaching veterinary science, he observed that one of the first points he turned his attention to in Scotland was the prevalence of intestinal disorders among horses, and having collected reliable statistics to prove that of the animals used by agriculturists nearly sixty died of colic out of every 100 that died of disease, he wrote and spoke on the so-called boiled meat system, feeding horses as we should omnivorous pigs, and pointed out the killing influence of draughts of turpentine, oil, and opium. He had drawn attention to the evils attendant on an importation of live stock without adopting proper precautions against the spread of disease, and had advocated the establishment of foreign stock markets and a rigid inspection of markets and fairs. After many years' efforts and steady investigation he thought it rather hard that the Profession to which he belonged should be denounced as ignorant and inadequate for the occasion. There was, in his opinion, great reason for regret that Professor Simonds, who perceived the cattle disease early in June, and the Government who issued an Order in Council on the 24th of July, did not adequately warn the farmers of the appearance of the disease. Acting under the advice of Professor Simonds, the Government said, full five weeks after the malady broke out in London, "that a contagious or infectious disorder, of which the nature is at present uncertain, has lately appeared and now prevails among cattle within the metropolis and the neighbourhood thereof." On the 29th of July he arrived in London, and on the 31st addressed a meeting at the Marylebone Institution on the subject of the strange disease. Thanks to the public press, it was at once known throughout the length and breadth of the land that the cattle plague was in the country, and farmers were put on their guard as to the purchases they might make. This alone saved many a man, he believed, from serious loss, and it was much to be regretted that the alarm was not given one month sooner. With regard to many associations formed for the insurance of cattle he stated that they were working most unsatisfactorily, and he thought that if the Government could be guided so as to benefit by the opportunity, a system could be formed which would add to the public revenue, materially protect the farmers, and enable them to lull the plague. An indemnity fund from the national purse was not required, but there might be a national cattle insurance system, in which every farmer would have confidence, and which in time would realize enough to defray the expense necessary for the supervision of a national disease—a preventive system, affording substantial security to the farmer and his landlord, and helping at the same time to melt down the National Debt. Many people were impressed with the idea that the malady could be cured, but the cattle plague was more deadly and infectious than any other known disease affecting men or animals. Keeping stock in it implied favouring the extension of the disease, and no fact had ever been better established than that you must treat herds affected with this disease as you would glanders in horses. Much as the opinion might jar upon the feelings of those who believed that God has granted a remedy for every disease, he asserted that severe cases of the Russian plague must ever be incurable. He referred to this subject for the purpose of showing that veterinary science was of the highest importance to any country; and, in conclusion, he begged to press on all the claims of the new institution which he held to be the only one of its kind calculated to train men for the real object they should have in view.

"CYCLOPS'" TWENTY-SECOND LETTER ON PHYSIOLOGY.

To VIGILANS.

SIR,—Dr. Radcliffe says, "Not a few persons still look upon purgatives as necessaries of life;" "they seem to think that the bowels would never act without the customary pill or potion." This maxim has almost become a creed with many, and having been encouraged by the Faculty, the one cannot be called more ignorant than the other. I do not wonder if "they stare incredulously" if they are told that constipation is the natural result of some error of diet." I should do the same, for I ask, what is this "error?" Bowels habitually constipated with advantage in some persons may require very opposite Medical treatment; for what would suit one would not suit another. It then resolves itself into the treatment of each case according to its idiosyncrasy, and each case must always have its physician of the same way of thinking as Dr Radcliffe, and the whole process gone through of dieting to suit

out what agrees and what does not, in order to get these obstinate bowels into some degree of regularity by diet and not physic. Now all this involves such a cumbrous machinery with all its delicate processes, with the doctor always at hand, at a certain expense which everybody cannot afford. Besides, the rectification of some of Nature's doings would seem to imply that life was scarcely worth having if all this trouble was necessary to produce what is called a certain amount of health in the individual. On the one hand, there would be many things which the individual would like which he would be forbidden to take, and many things ordered him which he would not either relish or like; so that, in one way or other, he would really be like our old friend, Sancho Panza. Again, I never knew a dietician a healthy person: first, because he seldom repairs according to his waste; and, secondly, debars himself from certain things which would, perhaps, in their ultimate reduction, produce valuable elements in his system, and just what the system required. Therefore it is not at all consonant to Nature's laws that dieting is the rational plan of treatment, because I will show hereafter that constipation depends more on the value of the fæces than the food, and that it does not much matter what food is taken as long as plenty of fæces is the result. On the other hand, taking Dr. Radcliffe's second proposition, that "constipation is in some cases rather to be encouraged than to be corrected," shows at least an effort of an observing mind to grasp a reason even if it fails to show a true cause. "Man," he says, "is an omnivorous animal; originally it was not so." Now this is quite gratuitous, for it seems to imply that man, in his original state, was a superior life-guardsman sort of fellow, handsome and well-formed in body and mind, ready made from the earth to give laws to the universe and names to everything, and his wife, as beautiful as anything that Belgravia ever turned out on a bridal morning, barring the "leather and prunello," both of whom were presumed to live on the best of fruits and vegetables. For my own part, my ideas of the first man set upon the earth (as only the Creator himself knows) must have been like any other savage we even now see in uncivilised countries, and that he, in his human and omnivorous nature, preferred the killing of animals to support his peculiar organisation rather than be content to live on vegetables. It seems to me derogatory to science, as well as to that mind which Providence himself gave man, in order that he should be above all other animals, and which, in all ages, man himself has so cultivated as to understand the great laws and the wonders of the creation; for, in this fact alone, herbs and seeds might mean meat and food in the general acceptation of the term, and to include flesh and therefore herbs along with the fresh-killed animals, was no doubt the fact of the matter, as everything that was made was made subject to man's necessities. It is well known that all savages are necessarily hunters, and require larger tracks in proportion to live upon than those who afterwards emerge from that state and become agriculturists and storers of grain. Man is the same animal now as he was at first, and no doubt got his "*meat*," as savages do now, wherever he could on the face of the earth, according to the physiological laws implanted in him by his Maker. Dr. Radcliffe introduces the question of eating "too much animal food and too little green meat," and the consequence on the bowels. He then illustrates the case of the cow and the lion—the one living upon grass and having a semi-fluid motion every hour; the other gorging on flesh wherever he can get it, and not having a motion more than once a month. We might say, what a pity he did not eat straw like the ox. which in some happy future time he is to do; but then, like my other proposition, what becomes of the wise laws of the Creator which never alter, and in whom there is no change or shadow of turning? Truth is truth from the beginning to the end. It is this fact which enables men to whom he has given minds and intellects to find them out, and unless they always were the same man could never know anything at all; there never would be any fixed points; everything would elude him; whereas he knows what he does from the sheer stability of all Nature's and natural laws. The cow illustration is not a very happy one, for how is it with her husband, the bull, who lives along with her on the same grass, and he has few motions a day, and those rather solid. How is it with the sheep, and deer, and the goat, who all have scybalous motions, the very opposite of the cow. Take horses out at grass, if they are in health, their motions are consistent and not too frequent. How is it that in many persons who eschew much meat and live principally on vegetables, and those who have become entirely what are called vegetarians, that they are not free from constipation? Take those who consume, on the contrary, more meat in proportion to vegetables, they are often very loose fellows in their bowels, while those who mix both are sometimes costive, sometimes loose.

I take myself a fair proportion of both meat and vegetables, and being in good and robust health, am what may be justly called a very regular man; but if in the spring I eat largely of currants, strawberries, raspberries, cherries, and all these early fruits, I become costive; the more I eat the more costive I become. This autumn I have eaten largely of peaches, nectarines, plums, greengages, pears, &c.; the same fact occurs, and instead of taking physic I am obliged to take some good hard Sussex puddings, made of nothing but flour and water, and when cold would be no bad substitute for the ball cartridge of a small howitzer in the absence of one of iron. Take the peculiar diet of counties and different nations, and it will be found that neither constipation nor looseness depends on the food. Nor as man "departs from that of the lion to that of the cow," does the physiological phenomena of the state of the stools depend. If we are to prefer the *secundum naturam* to the *secundum artem*, let us go a little deeper into the matter than we have hitherto done, and we may find out something that will explain all these facts better. In the artificial state man is in, many theories have been made by empiricism on the treatment of his disorders. Let the individual feed on anything he pleases, even as a carnivora or a vegetarian, or on the mixed diet, constipation may occur, and this is not to be cured by aperients, but it may be by tonics. Constipation is often a state to be encouraged, for it is a conservative action. This Dr. Radcliffe has observed, especially in "old age and debility." Now, I have known old Medical men and physicians of reputation that have hugged their dogmas to the last, complaining that their bowels did not act so regularly as formerly, and fly to their dinner pills and confection of senna, and then wonder they lose brain power and become forgetful, and lose their memory. Dr. Radcliffe says, in these stages of life, that "it may be assumed that the digestive powers are feeble." Now, many old people in this state, though they have lost most of their teeth, can and do take an enormous amount of food, animal as well as vegetable, and their digestion is most vigorous for they seem always ready for their meals, and get querulous if delay occurs, showing that this constipation with them does not depend on their food. Then, to make those whose idiosyncrasy is constipation have a daily motion, "after the manner of many," "must have the effect of starving the system by removing the food from the bowel before digestion and absorption have had time to do their work." Now here is some confusion. If chyle is meant and this is removed too quickly from the small intestines and carried into the colon, and the fæces, consequently, too quickly and inordinately purged out of the large intestine, then there is a double loss, and I can understand the case; but the food is only mentioned which has nothing whatever to do with the action of the fæces in the colon. The physiology of these are so entirely different that I see plainly where all the errors arise in all these questions. However, Dr. Radcliffe has broached the subject in the old and usual style, and pursued the same beaten track, looking only to the food and its digestion without a thought of the uses of the fæces in the physiology of the colon itself, and their influence on the general system. The uses of the fæces being apparently not understood at all, and the colon, which is one of the most intelligent, if I may use the term, of the whole

viscera, as well as the only true conservative organ we have in the body, has not been understood. These are questions of such mighty import, and capable of being explained far differently from what they have, that in following up this subject I hope to throw some new light upon it.

I am, &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

SOCIAL SCIENCE CONGRESS AT SHEFFIELD.

HEALTH DEPARTMENT.—PRESIDENT, DR. LANKESTER.

In this department, over which Dr. Lankester presided, Dr. J. C. Hall, the Senior Physician to the Sheffield Public Hospital, read a paper on the subject which has attracted much attention both in and out of the town in which his remarks were delivered—viz.:

"THE EFFECTS OF CERTAIN SHEFFIELD TRADES ON LIFE AND HEALTH."

The parish of Sheffield (said Dr. Hall) is of considerable extent. It is more than ten miles in length; its average breadth three miles, with an area of rather more than 22,000 acres. At the last Census the population was 185,157, being an increase in ten years of 49,874. The present population of Sheffield is more than 200,000. The number of houses at present, I am informed is 43,563, and of these 39,664 are inhabited and 3,900 uninhabited. The last return made to the town-clerk showed the rateable value of the property in the borough to be 498,641*l.* 7s. 4d. In the ten years ending 1860 the death-rate was 28 in 1,000; in 1863, 34 in 1,000; in 1864, 34 in 1,000; and for the first six months of the present year we find it at the rate of 32 in 1,000; and even admitting a slight error in this return of the Registrar-General, based as it is on our population, at the last Census, nevertheless, the death-rate of Sheffield must still strike with alarm every-one who gives the subject his consideration. Sheffield has very rapidly increased in size and importance; for in 1615 the population was only 2,207. In 1736 the township of Sheffield consisted of 2,152 houses, with a population of 9,695. Many of our local trades can be carried on with a very small amount of capital, and hence the very large number of what are called little masters. The wages of many of the artisans are also much higher than in other towns. Few towns have more pure and better water than Sheffield. The supply of all the necessaries of life is abundant, and generally reasonable in price. Most of the artisans have a house of their own, and those who live in the suburbs have frequently a garden. In times of good trade it is not usual to find two families under the same roof, and I do not think we have an inhabited cellar in the whole town. The average number of inmates to each house is rather more than five, and many of these dwellings either front the street or open into moderately-sized yards. The recent adoption of the Local Government Act by the Corporation of Sheffield will have a most beneficial effect, so far as the erection of houses for our artisans is concerned. There is probably less of the confined alley and narrow *cul-de-sac* in Sheffield than in many other manufacturing towns. A good deal has been done of late years to the sewers and surface drains of the town, but still much requires to be done to improve the sanitary condition of the inhabitants. The manufactures of Sheffield are—knives, scissors, razors, files, edgetools, joiners' tools, engineers' tools, scythes, sickles, shears, saws, circular saws, steel, railway springs and rails, buffers, anvils, vices, steam hammers, boilers, engines, stove grates, fenders, fire-irons, silver, silver-plated, Britannia metal goods, &c., to which must be added the more recently introduced manufacture of armour-plates, guns, and steel shot. The lead works of Sheffield were established in 1758, and now employ about forty men and twenty women. Although as old as any works in England, no better precautions are taken to preserve the health of the workmen than at any of the more modern establishments. Men are now working who have been employed at the Sheffield Lead Mills 6, 8, 12, 13, 14, and in two cases 30 years. The forging, grinding, cutting, and hardening of files form one of the most important branches of our local trades, and one in which the workmen suffer most severely—at any rate, in one part of the manufacture of a file. This is one of the trades which is "in union," and consequently one the numbers employed in which can readily be ascertained. At present there are engaged in the file trade:—Forgers and cutters, 3,500; file-grinders, 250; hardeners, 200; females, 300; boys, 1,000; dressers, strippers, and coke riddlers, 300; managers, 200—total, 5,750. If to this number we add the manufacturers, and those not connected with the union, it will be seen that more than 6,000 of the inhabitants of Sheffield and its vicinity are engaged in the manufacture of files. The Filesmiths' Union is one of the most powerful in Sheffield. From 1854 to 1865 it has paid to its members when out of work, 51,044*l.* 17s. 2½d. From 1860 to the end of 1864 (five years), this union paid for 312 deaths—297 men and women, and 15 boys, 1,156*l.* 16s. The wages of the better class of double-handed forgers will average about 40s. a week; single-handed forgers, 25s. to 30s. a week; cutters of a superior class of work, 30s.; boys, 6s. to 18s.; female cutters, 6s. to 18s.; scourers, &c., 9s. to 12s. a week. Now, what is the file-cutter's disease? Poisoning by lead. The file rests on a bed of lead during the process of cutting, and that fine lead dust may be seen to rise every time the chisel is struck by the hammer. The men have a foolish habit of wetting the finger and thumb with which the chisel is held by licking them. They frequently eat their meals without washing their hands, and often take dinner in the workshop where the files are cut—as though fine lead dust, handling the lead at each shifting, and licking the fingers were not sufficiently efficient poisoners. I saw in one of the file-cutters' shops, during the last few weeks, a man whose wife had just brought him his dinner eating it with unwashed hands, and dipping his fingers, blackened and covered with fine lead dust, into a paper which contained the salt for seasoning his beef. I went in (Sept. 25) to a file shop in which several men were at work cutting. These men all took their dinners in the shop—they never wash their hands until they get home at night—"sometimes not then." They do not change their clothes when they get home. One man made this statement:—"I have known a thousand file-cutters, but I only know one who takes the trouble to wash his hands before he gets his dinner; he works at Cammels. I never think of washing mine." With regard to the symptoms of lead-poisoning, I need not dwell on them at any length here. The file-cutters, after repeated attacks, have a peculiar dirty white and sallow appearance; the dropped wrist is common, and the blue line round the teeth, arising from the deposition of sulphuret of lead, very marked. A boy was admitted into the Sheffield Public Hospital a few weeks ago. He had all the symptoms of lead-poisoning, except the blue line; being a file-cutter, no doubt existed as to the nature of the disease. Iodide of potassium was given to him, and in a week the blue line appeared. If formed, it is difficult to say when it will disappear. I once had a file-cutter under my care who had suffered in early life from lead colic; he had not however cut files for eighteen years before I saw him, nor had he been in any way exposed to the influence of lead. The blue line was still present. With respect to hardening files in lead producing the file-cutter's disease, the men who work at it say, "that they sometimes feel ill," and they consider it injurious to health. My own experience leads me to say that it most certainly is not nearly so injurious as file-cutting. At the Sheffield Public Hospital and Dispensary, where we have had the last two years 56,858 in and out-patients, and to which the Filesmiths' Union annually subscribe 52*l.* 10s., to have the privilege of sending the poor brethren of the trade when sick, I do not remember to have seen the last ten years a file hardener suffering from lead colic. I saw one with the blue line,

but he had only hardened in lead for a short time, and had been a cutter previously for many years, and had often been a sufferer from the file-cutter's disease. Dr. Hall suggested attention to the following simple rules for the prevention of the file-cutter's disease :—

"*a.* Children ought not to begin to cut files at so early an age as at present; it tends to make them feeble in body, and deprives them of the possibility of being properly educated.

"*b.* Without the greatest care, lead will enter the system through the skin. Common sense will therefore point out the importance of washing the hands, arms, and face many times a day—of frequently combing and brushing the hair, and of having one set of clothes for the shop, and another when out of it. The mouth ought also to be frequently rinsed with water.

"*c.* The meals ought not to be taken in the workshop, and never taken without first washing the hands, arms, face, and lips, and changing the working jacket, or the poison will enter the system with the food.

"*d.* On no account lick the fingers when at work.

"*e.* An orinasal respirator worn when working would keep out much of the fine lead dust, and consequently keep the poison from entering the air passages.

"*f.* The dress should be of coarse linen—a cap of the same material would keep the lead dust from the hair.

"*g.* The working dress and shirt should be put on when entering the shop, and both should be changed for the ordinary dress before going home.

"*h.* On no account neglect the use of the hot and cold bath.

"*i.* Attached to every large manufactory where files are cut, there ought to be a large room supplied with hot and cold water, where the men could wash themselves and change their dress."

The Sheffield grinders' disease was formerly almost unknown, and for this reason, until the year 1786, when the first steam wheel was erected, grinding wheels were built upon the banks of rivers in and near Sheffield; and water being the power employed, it will be obvious that the grinder would have many interruptions to his trade, and that to grind day after day as the grinders now do was then impossible, and many of them were makers as well as grinders of cutlery. Nor was this all. By the old regulations of the Cutlers' Company, passed in the reign of Elizabeth, it was provided, "that no person engaged in the said manufacture, either as a master, servant or apprentice shall perform any work appertaining to the said science or mystery of cutlers for eight-and-twenty days next ensuing the 8th day of August in each year, nor from Christmas to the 23rd day of January, upon pain and forfeiture, for every offence found and presented by twelve men of the said fellowship of the sum of twenty shillings. No person occupying any wheel for the grinding of knives to allow of any work being done during the holyday months; penalty as before. When grinding became a separate branch of trade, their hours were no longer limited, and then, it would appear, that the fearful effects on the animal economy of constantly inhaling particles of steal and grit day after day began to develop themselves. This, then, leads me to a first practical suggestion for alleviating the condition of the grinders—viz., to diminish the hours of labour; and the most effectual way to do this is to abolish "saint days," as the first days of the week are called by these men, and which are spent by but too many of them in drunkenness and intemperance. What is the result? They crowd into three or four days the labour that ought to be distributed over the whole week, and many soon find, to their cost, the folly of such proceeding. It is a notion in some of the hulls that a drunken grinder often lives the longest. This is a very great mistake. Intemperance has hurried hundreds of these men into their graves. I almost invariably find that so soon as the liver becomes affected the chest symptoms are aggravated, and that when the liver fails to discharge its functions a comparatively slight amount of disease in the lungs of the grinder will cause far more distress and difficulty in breathing than even in lungs more extensively diseased, when this organ acts properly. By limiting the hours of labour time would be afforded for out-of-door pursuits, in exercises which would bring the different muscles of the body into play, and prevent, especially in the young, some of the effects which result from bending over the wheel when at work. I have had to day in my study a razor grinder, at the Union Wheel; he is now 46, strong and healthy, he has never suffered from the grinders' disease, he began to work at 11, and he justly expressed the opinion that "grinding takes most hold of young boys." He has always used a fan, and will not work in a hull with dry grinders who are not so protected. He does not believe in "saint days," and works on an average about 38 hours a week. It would be well, therefore, 1, to limit the hours of labour both in boys and men; 2, wet and dry grinders ought on no pretence to be allowed to work in the same hull; 3, to oblige the owners of all wheels to provide a fan for every dry grinder, and to see that this fan is always kept in proper working order. I propose that the owner of the wheel, and not the grinder, should provide the fan and see that it works properly. If the grinders are left to provide it for themselves, so reckless of life, so careless and indifferent are many of the fork, scissor, and razor grinders, that I am certain they will never provide it for themselves. Let me give some evidence in proof of this. In one hull I found a man shaping razors with a first-class fan. There was much dust—the fan was not working; he had not taken the trouble to affix the band, and that necessary act would have taken perhaps half a minute. In another hull a scissor grinder had a good fan, and spoke to me of its "wonderful advantages"—"if they cost a hundred times as much as they do, they are worth it; no dry grinder can live without them"—and yet this man permitted a razor grinder to work without a fan on his right hand and on his left, and to cover him with their dust. In another hull, in which five dry grinders were at work, the fans had not been used for three weeks—the wheel band was wrong; and yet these men went on destroying themselves rather than do to the wheel band a quarter of an hour's work—all that was requisite to set the fan in motion. A most intelligent scissor grinder, who has now left the trade, at which he began to work when only nine, told me he "always used a fan." He once offered to five scissor grinders who worked in the same hull with him to put a fan at his own cost, and to take the price of it from each by instalments of 1s. a week. They one and all refused his kind offer. I find hull after hull in which scissor, razor, and fork grinders are now working without fans; some are working in a very confined space without them, two and three deep. One man, a scissor grinder, told me "it was not worth while to get one for the bit of time he had to live." I only found one fan in all the hulls I visited attached to the polishing machinery. I think that where polishing is carried on a fan ought always to be in use. I visited one hull in which an intelligent man at one end had put up a fan for each "trow," and for which he charged each fellow workman a penny a week. The man working next to him had paid his penny for the fan, but having been too idle to fix a box, it was useless. Others I found with a fan fixed, but not at work, because "they did not like the noise," and I have many times been told by dry grinders "the trade was full enough as it was, and that if the men lived longer it would be so full there would be no getting a living at it." What can you say to such men—to dry grinders working without a fan? Why this—if ever there was a trade more poisonous than the fabled valley of the upas—more slow in its effects it is true, but equally deadly with the inhaling of the atmosphere of the celebrated Grotto del Cani, it is that of a fork, a razor, or a scissors' grinder, who works without employing the effectual means for his preservation which the fan affords. If bent on destroying yourselves thus recklessly, have the honesty to prevent others, the poor little boys, many of them your own sons, from entering the trade without a warning. Write, therefore, over the doorway leading to your infernal hulls,

"All hope abandon ye who enter here."

The entrance to a dry grinder's hull, without a fan, I say

emphatically, is unmistakably the gate that leads to certain death. To prevent the grinder's disease I am of opinion, fourthly, that all wheels should be placed under proper inspection, properly ventilated and kept clean, the rooms built of a proper height, with sufficient space for each man, and every wheel properly provided with conveniences, the want of which or the substitutes for which at many wheels are a disgrace to the civilization of the nineteenth century, and in a sanitary point of view a great evil. No floor should be of mud. Where wet grinding is carried on, the floor should be flagged with a sufficient incline to let the water run off. Lastly, children should be prevented from entering the wheels at an early age. Sir, may I read what I wrote in 1857? "To send a boy at eight or nine years of age into a grinding hull is an act of refined cruelty which the powerful arm of the law can alone restrain. The application of the Factory Act to the grinding trades of Sheffield, would, in my opinion, be most wise and salutary. These helpless children I would, indeed, commend to the protection of the State; and glad, indeed, shall I be if these remarks attract the eye of any member of the House of Commons, and induce him to bring the question before Parliament; or if the evils, religious, moral, and physical, under which these poor boys are suffering, lead the inhabitants of Sheffield to petition the Legislature to cast around them that protection which they have not at present." Such was the opinion I published in my work on "The Causes, Prevention, and Treatment of the Sheffield Grinders' Disease" eight years ago. I repeat that opinion now, and right glad am I to see it in every respect confirmed by the evidence collected by Mr. White, and by the recommendation made to Her Majesty by the Children's Employment Commission.

Dr. Lankester, the President of the Department, opened the business by giving an extempore address on the best means of preventing the spread of contagious diseases. He defined contagious diseases to be those which were capable of being communicated by one person to another by specific poisons generated in the system. He considered small-pox as the type of all such diseases, and that reason and analogy showed typhus fever, typhoid fever, scarlet fever, measles, whooping-cough, and cholera belonged to the same group of diseases. Practically, it was of the utmost value to recognise the contagiousness of these diseases. In dealing with them, three great facts must be regarded, viz. —1, the poison-maker; 2, the poison-bearer; 3, the poison taker. He looked upon the poison of these diseases as produced in the blood, and pointed out as the best means of destroying it, with dilution, oxidising, iodizing, chlorinizing, and the like. The poison-bearers were air, water, and dead organic matter. Those who dwelt amid dirt and filth were most disposed to contagion, but he did not believe that any amount of filth would generate a contagious disease.

Lord Brougham said that by acting as if such diseases were contagious they could at least do no harm, whereas if they thought they were not contagious and accordingly took no precautions, they made a fearful mistake in the event of any disease happening to be contagious.

In the discussion which followed a variety of opinions were expressed as to the means by which diseases were spread, and also as to the contagion of scarlet fever, typhoid fever, &c.

Mr. Goodwin said the best means for preventing the spread of contagious diseases were—pure air, plenty of pure water, and plenty of good food. He believed in these much more than in all the obnoxious quarantine regulations that could be devised. When he arrived in Sheffield he had hardly entered his bedroom when the dreadful smell from the river Don caused him two hours' illness. This river was a disgrace to Sheffield, and, if the cholera broke out, woulk cause the town to be decimated.

Alderman Saunders defended Sheffield from some of the attacks which had been made upon the authorities of the place for neglecting proper sanitary measures.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on Sep. 30th, the following Members of the College were duly admitted Fellows of the same:—Francis Edmund Anstie, M.D., Lond., Wimpole-street; William Roberts, M.D., Lond., Manchester.

At the same meeting, the following gentlemen, having undergone the necessary examination, were admitted Members of the College:—Robert Charles Brown, M.B., Lond., Preston, Lancashire; Pierre Georges Cox, Mauritius; David Owen Edwards, Florence; Balthazar Walter Foster, M.D., Erlangen, Birmingham.

The following were reported to have passed the Preliminary Examination in the subjects of General Education:—James Prime Bartlett, Notting hill; John Richard Barnegartner, Gorleston; John Bolton, Gower street; William Cheetwood, Waltham Abbey; Andrew Clark, Kensington gardens square; Thomas Collens, Birmingham; Frederick William Elliott, Turnham green; William Hodges Bristow, Ethelbert Hosking, Woburn square; Henry Enswor Jackson, Highbury grove; Frederic Loscombe, Bath; Charles Henry Mayhew, Upper Berkeley street; Charles Mills, Guilford street; James Part, Camden road; George Henry Pedler, Fleet street; Richard Porter, Droitwich; Arthur Milson Roberts, South Norwood; William Egerton Saunders, Peckham; Arthur Charles Simon, Upper Westbourne terrace; David Smart, Cranbrook; Charles Fox Webb, Basingstoke.

APOTHECARIES' HALL.—The following gentlemen and lady passed their examination in the Science and Practice of Medicine and received certificates to practise on Sept. 28th:—Colles Litchfield Anderson, Berkeley gardens, W.; William Henry Dixon, John street, Sunderland; Elizabeth Garrett, Upper Berkeley street, Portman square.

The following gentlemen also on the same day passed their first examination:—John Coyle Bailey, Middlesex Hospital; James Frederic Badle, Middlesex Hospital; John Rees James, Middlesex Hospital; Robert Pollak

THE CHOLERA IN PARIS.—The 'Temps' having published a letter from Dr. Vacher announcing some cases of cholera in the hospitals of Paris, and complaining that the head engineer of the Paris waterworks had refused to permit him to take samples from the reservoirs to examine them with the microscope, has received an official *communiqué* on the subject. The *communiqué* states that the administration of the city of Paris do not consider themselves bound to submit the contents of their reservoirs to the first person who asks for them. The analysis of water is an extremely delicate operation, which has never been refused to those whose names are known to the scientific world, such as Boutron-Charlard, Robinet, Hervé, Mangon, Grimaud de Caux, Poggiali, and others, who have composed notable treatises on the Paris water, but which it is prudent to refuse to a person who avows that he entertains feelings hostile to the municipal body. The authorities, in consequence of the insinuations of Dr. Vacher, tending to attribute to the waters of Paris some cases of cholera, do not forget that at the first appearance of the epidemic in 1832 a report was spread among the population that the water had been poisoned, and that this absurd rumour was the cause or pretext for the most lamentable incidents. Explanations which follow, moreover, will show that the Municipal Council, which cannot control atmospherical derangements, have done all that was possible to protect Paris from the drought which prevails throughout the Empire.

NEW ST. THOMAS'S HOSPITAL.—The preparations for the erection of the new St. Thomas's Hospital, in accordance with the plans for the Thames Southern Embankment, on the site selected at Stangate, are actively progressing, and the last arch of Westminster-bridge is now stopped by fences of piles, to prevent boats &c. interfering with the work of pile-driving for the dam, in which will be laid the foundation stone of the hospital.

POOR-LAW BOARD INQUIRY AT THE EAST LONDON UNION.—CHARGE AGAINST A MEDICAL OFFICER.—Mr. Farnall, the Poor-law Board Commissioner, has been holding an inquiry relative to the management of the East

ndon Union, at Homerton. The proceedings occupied
days, and no small portion of the time was taken up in
uiring into a fertile source of Poor-law discord—the
thod of keeping the infirmary books. From the evi-
ice taken by the Commissioner, it was shown that Dr.
irke, who had been the Medical Officer of the Union for
lve years, was, through a severe accident, prevented
m personally attending to his duties, which were under-
en by his partner, Mr. Niblett, and this gentleman on
day visiting the infirmary as usual was refused admis-
n by, it appeared, the order of the master. The master,
has been in office for a few months, was called, and
stated that he had received the guardians' authority for
using admission to Mr. Niblett, and they had given him
authority on his complaining of the incivility of Mr.
blett to his wife (who is matron) and himself. This
ivility, he went on to say, was "not so much in words
n manners," as Mr. Niblett showed a marked want of
rtesy towards them. This witness then brought forward
st of what may be called "imperfections in the work-
se Medical relief book," such as persons who were dead
ng kept on the book as still in the infirmary, and others
ng registered as still under Medical care who had been
ed into the body of the house. These were simply
rsights, and the rations of these dead and absent persons
never been drawn by the master, as the fact of the
nges had been otherwise known to him. That the
lical relief book should be kept perfect could hardly be
ected, seeing that the keeper of the imbecile patients
the copying out of the diseases and dietary, an imbe-
copying the names, and a sick pauper in the infirmary
ring the attendances. It was allowed by several of the
nesses that Dr. Clarke and Mr. Niblett were both
ane and attentive to the sick patients, and, in fact,
e was no complaint on this score, and no expression of
vility on the part of Mr. Niblett was shown; while, on
other hand, it was said that the master and matron
rude in their manners and overbearing. Dr. Clarke
the guardians desired him to name another substitute
e place of Mr. Niblett, but this he refused to do. Mr.
all refrained from expressing any opinion on the
ts of the case, but said the whole matter should be
before the Poor-law Board, from whom the guardians
d hear.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, OCT. 11.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, OCT. 12.—*Operations* at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, OCT. 13.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, OCT. 14.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-Cross Hospital, 2 p.m.

MONDAY, OCT. 16.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m,; Metropolitan Free Hospital, 2 p.m.

TUESDAY, OCT. 17.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

It is requested that all communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-Cross Post-office.

MR. G. CROXTON.—The appointment is inserted.

DR. PURDON'S paper is unavoidably postponed until next week.

MR. NEIL MCGREEVY.—The letter is received, and will appear next week.

MESSRS. CASSELL.—The card has been received.

DR. J. N.—The newspaper has been received.

Mr. J. H. R.—The subject shall receive early attention.

PRIZE OF THE BRITISH MEDICAL ASSOCIATION.

e Subject selected by the Committee of Council for competition in 1866

is "ON SHOCK AFTER SURGICAL OPERATIONS AND INJURIES."

he Prize consists of a Gold Medal, value Twenty Guineas, called the HASTINGS MEDAL.

he Essay must not be in the Handwriting of the Author, nor exceed in length twenty-four pages of the BRITISH AL JOURNAL.

must be forwarded to the General Secretary on or before the 1st of July, 1866, under cover, together with a sealed pe bearing the motto of the Essay, and containing the Author's Name and Address.

ie successful Essay is to be considered the property of the Association, and will be published in the JOURNAL.

T. WATKIN WILLIAMS, General Secretary.

ewhall street, Birmingham, September 28th, 1865.

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ESTABLISHED 1848.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ASES OF CUTANEOUS DISEASE.

By Henry Samuel Purdon, M.D.,
L.R.C.P. Edin., L.R.C.S.I.

'sician to the Belfast Dispensary for Diseases of the Skin; ıssistant Physician Belfast Charitable Infirmary; late Clinical ıssistant Glasgow Dispensary for Skin Diseases.

Eczema Rimosum.

. S., æt. twenty-six, admitted at the Belfast Dispensary Skin Diseases on September 9th, suffering from an ematous eruption of the ring-finger of the left hand, senting all the appearance of the disease described by M'Call Anderson as eczema rimosum.

listory.—The disease has existed for about three years; nerly the patient had been obliged to wash a good deal. ore coming to the dispensary various plans of treatment been tried.

'resent condition.—The finger is somewhat enlarged, this doubt arising from subcutaneous infiltration. Fissures end in various directions. Complains of considerable ıiness in the affected part.

'reatment.—Painted the finger with a solution of potassa ı (ten grains to the ounce of water). This did not ısion much pain. In a week she returned to the dis-sary. I now painted the diseased surface with a ıtion containing thirty grains to the ounce, which caused ıruption of vesicles in a few minutes. Its action was ped by means of cold water. Calomel ointment to be future dressing.

eptember 30th.—Discharged cured. The above plan of tment I have seen frequently used at the Glasgow Dis-sary under Dr. Anderson and the late Dr. Buchanan. potash solution seems to fulfil a two-fold object—viz., *ting* a healthy action in the part, and dissolving the ened cuticle.

Eczema Impetiginodes of Head.

Brown, æt. eleven years, an inmate of the Belfast itable Institution, was admitted into the infirmary ing from a pustular eruption of the scalp on 29th.

story.—He informed me that the disease had existed out one month.

sent condition.—The hairs are glued together from the arge, which is rather offensive. Appetite good; ls regular, and the patient presents no signs of a ious diathesis.

eatment.—The hair to be cut short, after which a ice is to be applied. The affected part to be dressed citrine ointment, and to have three drops of Fowler's ion three times each day.

y 24th.—No signs of improvement taking place, I have ll the hairs extracted from the diseased surface, after nanner recommended by Bazin, by means of the ing forceps. The disease having put on a chronic rance, I blistered the affected part with acetum can-lis, made with glacial acetic acid; after which a ice is to be applied. Future dressing to be the oxide ıc ointment.

gust 21st.—No appearance of any pustules; hair grow-ıpidly; all treatment to be discontinued.

Elephantiasis.

)., æt. forty-nine, admitted into Belfast Dispensary for Diseases on September 19th.

tory.—Was formerly a painter. The disease has l for about twenty-eight years. It commenced, ac-g to patient, from an eczematous eruption.

sent condition.—The left leg is greatly enlarged, and is extensively ulcerated at the calf. No hope of a cure can be entertained. On the right leg a slight eczematous eruption exists, which the patient states is similar in appearance to the eruption which occasioned the present disease.

Treatment.—Ordered the ulcerated surface to be dressed with linimentum calcis. Fowler's solution and cod-liver oil as internal remedies.

September 27th.—Ordered a lotion of sulphate of copper (five grains to the ounce of water) to be used as a dressing for the ulcer.

October 4th.—The sore has put on a more healthy appearance. To continue treatment.

Dracunculus.

Mr. Y. had been for several years on the west coast of Africa. After returning to this country, he complained of a pain and swelling on the right thigh. The swelling was opened by Dr. T. H. Purdon, of this town, and was found to contain four guinea-worms, which I have preserved. Mr. Y. considered the disease to have arisen from the bite of a small insect called *chigre*.

Alopecia Areata.

Mr. G. consulted me on June 12th, for a small patch of baldness, situated on the posterior part of the scalp.

History.—He attributed the disease to being in contact with a child similarly affected. This gentleman being tutor to the family, I had the opportunity of examining this boy, who was affected with alopecia areata (Porrigo decalvaris of Bateman).

The history of the manner in which the disease commenced is rather curious. It appears that the family to which the boy already referred to belonged, went to the sea-coast during the summer; whilst there, two of his younger brothers besides himself became affected, from playing with some poor people's children residing there. The above, I think, fully illustrates the contagious nature of this disease.

Present condition.—The bald patch is about the size of half-a-crown; in shape, circular. Skin white and shining. A few downy hairs are to be seen on it.

Treatment.—Extracted the hairs around the margin, after which blistered the affected surface with acetum cantharidis. Citrine ointment to be rubbed in night and morning.

July 29th.—The hairs are growing. No appearance of the parasites "microsporon andoninii" on any of the surrounding hairs.

REVIEW OF BOOKS.

Lectures on Venereal Diseases. By James A. Hammond, M.D. Pp. 287. London: Trübner and Co. Philadelphia: Lippincott and Co., 1865.

Some of these lectures were delivered by Dr. Hammond in the Baltimore Infirmary, in 1861, when he was one of the surgeons of that Institution, and they were published in the 'American Medical Times.' The rest of the lectures were prepared, but not delivered, owing to the author's departure from Baltimore to join the army, but they are written out from the original notes and the whole are brought up to the knowledge of the present day.

The lectures constitute in their present form, a valuable contribution to our knowledge of syphilitic diseases, and although many of the views entertained by Dr. Hammond will perhaps be questioned, it cannot be doubted that they are founded on practical knowledge and are argued with great force and clearness. The experience on which the lectures are based was chiefly obtained from military sources, and it is well known that for obvious reasons, syphilitic diseases can be better studied, throughout their history, among soldiers than among any other class of the community. The men report themselves as soon as the disease commences, they are generally able to trace the source of contagion, they are subjected to strict supervision during their treatment, and the after consequences are carefully watched. When therefore, Dr. Hammond's doc-

trines are in opposition to those usually maintained, it must at least be admitted that he gives reasons for his disagreement with existing authorities.

In the first place we may observe that Dr. Hammond is a firm supporter of the doctrine of the duality of the venereal poison, and he maintains that one kind of poison gives rise to a simple, non-infecting, soft chancre, and the other causes an indurated one liable to be followed by constitutional syphilis. He agrees with those who think that the two kinds of poison are not convertible into one another, but are essentially distinct, each inoculating with its own specific poison, and causing a sore of the same character as the parent chancre. He also maintains that there are two kinds of virulent gonorrhœa, one caused by the deposit of the matter of a soft chancre on a secreting mucous surface, and another due to the contact of the pus of an indurated chancre with such a surface. In holding this view that gonorrhœa is primarily due to the deposit of chancrous virus upon a mucous surface, Dr. Hammond is, it will be perceived, at variance with most writers upon the subject, but he brings forward many arguments and facts of a very weighty character in support of his views.

The question of the duality of the venereal virus is not, according to Dr. Hammond, a mere bare pathological problem, but is one of very great practical interest, and a mistake in diagnosis would lead to very serious and deplorable results to the patient, because the treatment advisable for the one would be wholly unsuited to the other. Mercury, in particular, which Dr. Hammond thinks exceedingly useful, though not indispensable, in the indurated form, is entirely contra-indicated in the soft chancre, and indeed, he believes that "in many cases, what is called constitutional syphilis is nothing more than the horrible condition produced by mercury administered in the treatment of soft chancres, which would not under any circumstances have been followed by syphilis. Ulcerations, pains in the bones, necrosis, cutaneous eruptions, and a failing of the powers of life, make up a combination which is too often regarded as a sequence of the venereal ulcer, but which is due in many cases to a failure to distinguish between the soft and indurated chancres, and to subsequent maltreatment."—P. 47. The local treatment recommended by Dr. Hammond in the soft chancre is the paste composed of sulphuric acid and charcoal as employed by Ricord, and very little constitutional treatment is required, as according to the views expressed in these lectures, no constitutional effects follow this form of disease.

The indurated chancre is of a very different character, and is the chancre *par excellence*. "It is the indurated chancre, because it alone possesses a true indurated base; it is the infecting chancre, because it alone poisons the system; it is the syphilitic chancre, because it alone causes syphilis; and it is the chancre, *par excellence*, because it alone possesses all those characteristics which I have mentioned—characteristics which have caused it to be studied by the most eminent men in the Profession, which have rendered it a terror to mankind, and which have therefore placed it high in the pathological scale above its more humble congener."—P. 62.

On the much vexed question of the administration of mercury in syphilis, Dr. Hammond entertains very definite opinions. Putting aside altogether the soft chancre, in which mercury is not only useless but injurious, Dr. Hammond believes that this metal is the most efficacious remedy for the indurated form of disease, and for the whole train of the so-called secondary, and even of some of the tertiary, affections. He does not deny, however, that syphilis may be cured, or in other words, that patients may recover, without the use of mercury, but he positively denies that it can be cured as speedily and as effectually without mercury as with it, and he considers it as much a duty to treat the disease with this drug as it is a duty to treat intermittent fever with quinine, although the latter disease may be cured by other drugs, or may even disappear without any treatment at all. Dr. Hammond, at the commencement of his military Medical career, treated syphilitic cases without mercury, but experience soon showed him that this practice was erroneous, and he has ever since abandoned it, and he has never had any occasion to regret the change. His mode of administering mercury is in a mixture containing corrosive sublimate dissolved in a solution of iodide of potassium, the dose being at first small, and gradually increased, and continued for several months, but without affecting the system injuriously. He believes that the beneficial effects of the mercury are secured by this mode of administration, while any unfavourable results are obviated.

One of the lectures is devoted to the subject of Syphilisation, of which Dr. Hammond speaks in disparaging terms. The principle of syphilisation, indeed, is entirely at variance with the views as to the nature of syphilis maintained by Dr. Hammond, and with the doctrine of the duality of the venereal poison. Dr. Hammond admits that the matter of the soft chancre may be successfully inoculated, but he argues that the operation is unnecessary, because soft chancre is not followed by constitutional effects; and he denies that the matter of the indurated chancre can be inoculated on the same individual, and although it may be inoculated on another individual, such a proceeding is propagating the very disease which syphilisation professes to prevent. Such are briefly the opinions expressed by Dr. Hammond on a subject which is now engaging very great and deserved attention, and the investigation of which is likely to lead to important results. We may remark that the general performance of syphilisation with a view to curing syphilis cannot be advocated except by those who maintain the unity of the syphilitic virus.

In reference to the pathology of gonorrhœa, and its origination from chancre, Dr. Hammond adduces a number of cases which seem to favour this view. The subject is a very difficult one, and its investigation is surrounded by many sources of fallacy, but Dr. Hammond is a very careful observer, and we are bound to receive his statements of cases with the credence due to his accuracy and good faith. But while arguing that syphilis and gonorrhœa have a common origin, and that a chancre may by infection cause either a chancre or a gonorrhœa, he recommends that each should receive a specific mode of treatment, that for gonorrhœa consisting chiefly of weak astringent injections. Dr. Hammond does not think that copaiba and cubebs have much power in controlling the disease, but the former he considers the more efficacious of the two.

From the above brief review of Dr. Hammond's work, it will be seen that it touches on many points of very great interest, and we cordially recommend it to the notice of the Profession.

A Practical Essay on the Use of the Nitrate of Silver in the Treatment of Inflammation, Wounds, and Ulcers. By John Higginbottom, F.R.S., Hon. F.R.C.S. Third Edition much improved, pp. 172. London: Churchill and Sons. 1865.

There are few persons in the Profession who are not aware that the use of nitrate of silver in surgery has been very much promoted and extended by the researches and the writings of Mr. Higginbottom, and the appearance of his essay in its present improved form will be a welcome addition to the shelves of the Medical library. The author's attention was directed to the use of this salt in surgery upwards of forty years ago, in consequence of a trial of its efficacy in the cure of an irritable and inflamed sore on his own finger, and he was led to investigate its properties with a view of rendering its application more extensive than it was before the period referred to. The first essay on the use of the nitrate was published by Mr. Higginbottom in 1826, under the title of "An Essay on the Application of the Lunar Caustic in the Treatment of certain Wounds and Ulcers," and finding that it was a very valuable agent in arresting and subduing external inflammation, he issued a second edition three years afterwards. The term "Lunar Caustic" was abandoned because the salt possesses a conservative rather than a caustic property. Thirty-six years have elapsed since the second edition of the essay was published, and Mr. Higginbottom conceives that a third edition is now required, in which his extended experience may be made

known to the Profession, and in which the papers scattered throughout different Medical and surgical periodicals may be brought together.

The use of the nitrate of silver is at present so extensive among surgeons, and its value is so fully appreciated, that it is unnecessary for us to enter at length into Mr. Higginbottom's arguments in its favour, or to comment on the cases he records in which it has been successfully employed. Mr. Higginbottom tells us that the various impediments to the free use of the nitrate have been a source of continual trouble and annoyance to him ever since the second edition of the work; but he thinks that they have arisen from erroneous views, promulgated by different lecturers and authors, totally at variance with the plain directions and principles laid down by himself. The impediments, in his opinion, have been five-fold, namely, the supposed caustic quality of the nitrate, the suspicion of its causing metastasis to the internal organs, the deviations from Mr. Higginbottom's method of applying the salt, the varying strength of the solutions employed, and the use of a new and worthless preparation. All these objections are combated by the author with great force in the present essay.

It is probable that in the present day the nitrate of silver, after being too much neglected, has arrived at its fair appreciation as a remedial agent, and that its mode of application is pretty generally known; but the monograph of Mr. Higginbottom will be advantageously consulted by all those who desire to know how its reputation was acquired, and how its efficacy in certain forms of inflammation, wounds, and ulcers may be best secured.

The Personal Responsibility of the Insane. By James F. Duncan, M.D., T.C.D. Pp. 98. Dublin: Fannin and Co. 1865.

Dr. Duncan states in his preface that this work is intended rather as a popular essay than a regular scientific treatise; but it contains a great amount of sound reasoning upon some very difficult topics, and it will repay the time spent on its perusal, whether the reader be a scientific person or not. Starting with the question whether there is any real difference between insanity and crime, Dr. Duncan resolves it in the affirmative, defining insanity as a morbid condition of some part of the material organisation connected with the mind, while crime is a perverted action of the mind itself. "The one," he says, "is properly a disease, and belongs to the province of the physician: the other is a change independent of disease, and belongs to the province of the moralist." P. 9. This distinction is specious enough, and if its truth could be demonstrated, the boundaries between insanity and crime would be defined with sufficient accuracy to satisfy the mind even of a common juryman; but unfortunately the "morbid condition of the material organisation" cannot be shown by any methods known to the pathologist, and except in certain exceptional cases, the brains of lunatics have not exhibited, after death, any appearances which could reasonably be supposed to account for the mental aberration during life. Indeed, on perusing Dr. Duncan's book, we fail to discover, even on his own showing, what the material morbid conditions are to which he attributes insanity, and we think that he himself confounds together structural and *functional* disturbance of the encephalon. Now, if insanity may be due to a functional disturbance of the brain, where is the demonstrable difference between it and a change independent of disease? We do not deny the propriety of Dr. Duncan's definitions, but in a book intended as a popular essay, it would have been as well to point out the method of drawing the distinction. We have heard that the dictum has been uttered from the bench that insanity can only be proved by the presence of physical disease, as inflammation, congestion, injury, &c.; but as such proof cannot be given in ninety-nine out of a hundred cases of insanity, the opinion is worthless. Dr. Duncan does not entertain this opinion himself, and yet his statements are calculated to lead the general public to believe so.

Passing on to investigate the question of the personal responsibility of the insane, Dr. Duncan admits the existence of partial insanity, and would therefore argue for a partial or limited responsibility, and he almost advocates the propriety of a partial or modified punishment in such cases. He would, even, in the case of suicide, endeavour to dissuade the living from committing such an act by devising some modified form of unchristian sepulture for those who have died by their own hand, unless in clear cases of positive mental derangement.

We have thus alluded to a few of the topics touched upon in Dr. Duncan's essay, which, as we have stated, contains a great amount of sound reasoning, and although, of course, on such a difficult theme, many will differ in opinion from the author, yet none will fail to perceive that the sentiments expressed are those of an accomplished scholar, an able reasoner, and a judicious practitioner.

EXTRACT FROM AN
INTRODUCTORY LECTURE,
AT

THE ARMY MEDICAL SCHOOL.

Delivered at Netley on October 3rd, 1865,
By Deputy Inspector-General T. LONGMORE, Professor of Military Surgery.

In welcoming you to the Army Medical School, let me beg of you to dismiss from your minds the prejudiced remarks which are put forth from time to time respecting your being kept at school notwithstanding you are holding licences for practices from colleges and universities; and let me ask you to wait until you know by experience what the nature of the work done here is, and can form for yourselves a fair idea of its probable value to you in the career you have selected, before you allow such notions to have any influence on your minds. Such disparaging remarks are, of course, made for the purpose of deterring professional men from competing for appointments in the Medical service of the army; but, as far as I know, they have only been made by persons practically unacquainted with the school, who allow their own conceptions to take the place of knowledge of the work which is really done, and who build upon this false foundation an equally false and untenable superstructure; and generally also by persons who are impressed with the notion that the duties of a military surgeon do not differ from those of practitioners in civil life. I have never known such remarks made by anyone who had gone through the course of instruction here; but, on the contrary, I have constantly heard at the close of sessions, and that, too, from candidates who have been distinguished for the zeal with which they have taken advantage of the opportunities afforded them, expressions of regret that those opportunities have been of such short duration. Wait, then, I say, till the end of the session, and then form your own opinions, and place no dependence on those of others. Even some who have been employed in the duties of the hospital, in connection with which the school is placed, go away with but imperfect notions of the work which is done in it, because they do not frequent the lecture-room or demonstrations in the post-mortem theatre, nor care to benefit by the splendid opportunities of improvement in hygienic and microscopical investigations and the other studies which may be pursued here with so much advantage. Some, on the other hand, and generally those who in the first instance are the most able officers, take advantage of all occasions of improvement which their occupations allow, and these alone can fairly estimate the advantages afforded to you by her Majesty's Government in this establishment. I and many others who received commissions in the Army Medical Service at a time when no such school existed, are able fully to appreciate its importance, and can honestly testify to its value from our own experience of the want at starting on our duties of much of the information which you are now enabled to obtain so easily.

It would be mere labour of repetition, were I to take up your time with an account of the history of the Army Medical School, the causes and considerations which led to its establishment, the system on which it is constituted, or

the purposes aimed at in the constitution so given. You may find full particulars on these matters in the Warrant issued by the Secretary of State for War in March, 1860, and in the introductory lecture delivered at the opening of the school in presence of the lamented Lord Herbert, who took so active a part in its foundation. The lecture, and Lord Herbert's address on that occasion, are printed in the first of the published volumes of the Army Medical Reports. I recommend you to peruse them, as they will probably enable you to understand your position and liabilities while you remain under the direct authority of the School Senate better than you may otherwise do.

Neither do I propose to lay before you any systematic exposition of the work you will be engaged in during the coming session. Each professor, in the opening lecture of his course, will explain the special objects of his department, and the plan on which they are to be pursued. In addition to this programme, it will be my duty to explain to you at starting the general system of organisation given to the Army Medical Department, for admission into which you are now candidates, and into which it must be your own fault if you do not enter at the close of the session—its relations to all the other departments of the military service—the plan on which military hospitals, including regimental hospitals and general hospitals, such as this, the Royal Victoria Hospital, are ordered to be carried on; the functions of those in whom rest the military command and responsibility for discipline and order of the whole establishment, and of those in whom the professional direction is vested, as well as to explain to you the nature of the multifarious duties—professional, sanitary, and statistical—which will hereafter devolve on you as Medical officers in the public service. I will, therefore, not further refer to these matters beyond saying that hereafter you must not forget you are now voluntarily entering an establishment, and adopting for your career in life a service which has been systematically organised by the highest authorities of the realm, and that any unsanctioned departure from its established rules will certainly lead to trouble as regards the individuals attempting to set them aside, as well as to interruption of that co-operation of different official departments, and steady progress of the train of public business which the regulations have been designed to ensure.

There is one part of our future work which I wish to say a few words upon, and that is the clinical instruction which will be given by the professors and assistant-professors in the wards of the hospital. Some whom I am addressing have, doubtless, been dressers or clinical clerks in civil hospitals, or perhaps assistants to gentlemen in private practice, and have thus become acquainted with the actual features of certain examples of disease and injury, and practically acquainted with their discrimination. But some others, and, as we have found by experience, not a few among those who have come here hitherto, have had no such advantages, or have had them only to a very limited extent. Not having obtained any insight into the features of disease before proceeding to attend the courses of instruction at the established Medical schools, such as was formerly acquired when the system of apprenticeship existed, and, at the hospitals to which the schools are attached, having been confined to looking on the patients from a distance, as it were, to hearing the casual intermitting remarks of surgeons and physicians as they went round the wards to visit their patients, without having any active concern in their care or treatment,—"walking the hospitals,"—they have come here with only that theoretical information and those crude general notions of diagnosis and therapeutics which entail, as a necessary result, endless unexpected doubts and difficulties when they are first applied to the actual work of practice. Some gentlemen have told me that they have never had a patient under their care and treatment before they came to Netley, have never even been called upon practically to diagnose a case of disease or injury until they were required to do so in their competitive examination in London. They have never had to watch the course of a disease through its varying phases, to appreciate its modifications of form and character according to age, habits, and constitution, or to feel the responsibility of its treatment, during the whole of their professional education. What wonder, then, that those who are practically unacquainted with the shades of distinction which require to be so carefully observed in order to determine differences in type of disease, who have never felt the necessity of the close and careful observation which is frequently required to decide with exactness upon the results of injury to some intricate portion of the human frame,—what wonder that they should occasionally make the most startling mistakes in diagnosis, the most faulty suggestions as to practice, when they are first brought into contact with disabled patients! I know that in some hospitals steps are being taken to insure that every student shall have a certain share of Medical and surgical practice by introducing a polyclinic system, such as was so strongly advocated by Sir James Clark many years ago in his published writings; but it is yet far from being as general as circumstances have shown it desirable that it should be.

The clinical teachers of this hospital are placed in a position in which no other persons in the kingdom, perhaps, are placed as regards opportunities of observing the attainments of those who are just launched from professional training into professional practice. Gentlemen who have recently received licences to practise from authorised bodies established in all parts of the three great divisions of the kingdom, are gathered together here. The teachers have to watch the manner in which these gentlemen deal practically with the treatment of disease; to observe their qualifications for the discharge of those professional duties the right performance of which has been the ultimate object of their education. They ascertain their amount of real knowledge of the human frame, its conformation, and the effects of injuries and diseases upon it, not by word-of-mouth examination, but by their manner of proceeding to deal with the very things themselves. Now, while it is a pleasure to observe the practised dexterity of some, and their acquaintance with the right methods of arriving at sound conclusions as to the nature of the cases placed under their charge, I should be telling only part of the truth if I were not to add that it is occasionally a subject of surprise that others should be so completely adrift, so unable to distinguish common conditions of disease or effects of injuries, and so ignorant of the common manipulations necessary amongst the patients in the Medical and surgical wards as they have shown themselves to be. Instances have occurred where it has been almost impossible to understand how the colleges which had presented those concerned with their licences could have passed them as qualified, what tests they applied to ascertain their fitness for practice. And these gentlemen who caused these impressions must have been considerably superior to others who had passed into civil practice; for, in competing for their appointments, they had left others behind who had not been considered admissible. The same absence of practical knowledge has been from time to time exhibited in the post-mortem examination-room. The manner of proceeding even to open the body for the display of its cavities and their contents, still more of investigating or expounding their condition, has been quite strange to some; they had never had the operation to perform. There must be something bad in the system of teaching at those places where such instances of deficiency come; and it is a serious matter for those to whom the regulation of professional education is entrusted to consider what must be occasioned by the consequences of authorising for practice persons unacquainted with the practical work of their Profession. I am well aware that experience can only be attained in years; that under any system of education the experience of those who have recently received licences of practice must be inferior to that of others who have had opportunities of extensive observation; but it is to be remembered that in the remarks I have been making I have referred to the difference in attainments which has been exhibited amongst men of about the same professional standing as to years, and that there is little reason to doubt that therefore, if some amongst them, under one system of education, have gained solidly practical knowledge, others

who have been so deficient as I have mentioned, might equally have gained it under a like system.

Do not let me be misunderstood when I make these remarks. They are applicable only to exceptional instances which have come to notice. The attempts which have been publicly made to deprecate universally, without distinction, the attainments of the gentlemen who have been of late entering the Medical service of the army, by stigmatising them as third-class students, for the sake of achieving certain objects of general policy, has been most unfair and unworthy. At all events, every gentleman who has entered the public service has passed through a competitive examination, which others had tried to do and failed in, and which probably more had thought fit not to face from a consciousness of probability of failure. Those who have published such charges should inspect their own ranks, for it may fairly be presumed that the candidates who have not succeeded at the competitive examinations have passed into civil practice. The division into three classes of those who passed through the competitive examination in London have the opportunity for this erroneous stigma being propagated. This classification really corresponded with the separation into classes of those who have undergone an examination for honours in a university. But it was interpreted by those who did not understand it, or did not choose to understand it, to signify the general attainments of those concerned—to comprehend degrees of comparison with the whole of the passed students of Great Britain. Those who were in the third of these three classes were publicly called students of third-rate ability. As well might a Master of Arts who had come out in the second-class in the competition for classical honours at Oxford be stamped for life as a man of second-rate ability. Unfounded, however, as the assumption was, on which the appelation of third-class students was given to those who were entering the Medical Department of the Army, it had an injurious effect among many who were not acquainted with the circumstances whence it sprang, and was a source of pain to those whom it was applied. Hence it became necessary, in order to prevent this abuse of terms, to abandon the division into classes of those who had successfully passed through the competitive examination in London, and to arrange the list of names simply according to order of merit, as is done in all other army competitive examinations.

I will refer to one other topic which, though not forming part of our work here, has an important bearing on it. I allude to the subject of general education. We have a few instances in which there has been such a deficency in some branches in general education—even in knowledge of grammar, spelling, and the meaning of ordinary English terms—as to threaten to lessen materially the usefulness of those concerned in the public service. It is not part of the duties of the examiners for the Medical Department of the army either in London or here, to inquire into general education: professional qualifications are the subject of their inquiries. But even here a knowledge of the right signification of words, and of their proper arrangement in composition, becomes important. Want of it causes, on the one hand, frequent misapprehension of the language used in the lecture-room, and, on the other, leads to unintentional and often serious errors in professional documents. The absence of rightly selected terms and expressions, as well as of care in the grammatical construction of sentences, is a frequent source of difficulty to the examiners when they are trying to determine the amount of professional knowledge possessed by the writer of some particular paper under examination. But it is not only in the examination papers that this defective composition creates difficulties: it actually forces itself upon the attention while inspecting the records made of the histories, symptoms, and progress of diseases in the Case-books. Not only scrupulous rectitude in observations of the minutest details of facts, but also equal accuracy in the expressions employed to record them, are absolutely essential to give to scientific records the stamp of truth. To form a just exposition of a case of disease or injury, or to give a fair reply to a question proposed for the purpose of testing professional acquirements, there should be, in the first place, a correct knowledge and appreciation of the facts involved, then an orderly arrangenent of them in the mind; and, lastly, appropriate language for their description. The extreme importance of attention to literary truth and exactitude in a professional career is hardly, I think, sufficiently estimated by Medical observers and practitioners in general. It appears to me that, in the test of general education which is now required before the study of the Medical Profession can be regularly commenced, more particular inquiries should be made on this subject than are evidently occasionally instituted. I would not ask for any fine writing, but I would consider it an essential ingredient of fitness for commencing the study of Medicine, that the student should demonstrate that he thoroughly understands, and is able to write, plain English. Let me urge those among you who are now preparing for a career in the public service, if you wish to attain eminence in it not to neglect the cultivation of exactness in language.

There is one other aspect in which this matter may be regarded. It is by the *general* education of an individual that non-professional persons are apt to estimate the amount of his professional education. Now, where so much depends upon the persons among whom a Medical practitioner exercises his Profession having confidence in his ability and judgment, it is essential that nothing should be neglected which is calculated to create a favourable impression regarding these qualities. I see it argued in some professional publications that it is injudicious to insist on a liberal general education for Medical practitioners, for Medical men would not be found to attend upon the poor if it were so. This I believe to be a libel on our Profession. We see clergymen of liberal education visiting the poor in all districts, and receiving them into their houses for instruction and advice; and there seems to me no more difficulty in supposing that Medical men of liberal education would do the same, than there is in understanding why, under present circumstances, the curate, however limited his income, or however pauperized the sphere of his avocations may be, usually takes a higher social status than that of his Medical neighbour. But in the army, at any rate, it is essential, if Medical officers intend to maintain the dignity of their Profession, and to gain personal respect, that they should be the equals of their brother officers in general education. It is not now as it was formerly with combatant officers, when no test of general education was required before commissions were conferred—when ignorance was often overlooked in favour of interest; all combatants are now required to give proofs of possessing a good general education, and some of a fair knowledge of the natural sciences, before they can hope to obtain a commission in the public service. If the Medical officers are to preserve their old distinction of being the men of education and science in the ranks of the army, they must not rest passive, but must exert themselves to advance in the race proportionably with the progress of their neighbours.

I have not been exposing to you the brighter aspects of our school affairs. It would have been more agreeable to have looked only at those portions of our work and its progress which are all that can be desired; but it is more profitable to notice and consider the defects which are made apparent from time to time, with the object of effecting their removal, or at least their improvement. I have been trying in the short space of this lecture to offer some advice to those who are commencing their preparations for the practice of their Profession in the army, which may be useful in clearing away impediments to their future usefulness, if not distinction. We have reason to know that great good has been gathered by some who have attended this school, and that the good seed gathered is now being sown far and wide, increasing and multiplying. To urge on and improve the work we must weed as well as plant. And I trust I have not been speaking to anyone whose object in entering the public service is merely to confine himself to the narrow limits of just getting through its necessary duties; who is not animated by ambition of continuing to improve himself, and to do as much good to others as his future opportunities will allow; and who is not prepared

and desirous of personally exerting himself to achieve these worthy objects. Even the honours which are now to be gained in the Army Medical Service should act as incentives to such exertions, even if higher motives did not exist. Look at the distinctions which have been won and conferred on the surgeons and assistant-surgeons lately in New Zealand; honours have been more liberally bestowed there in proportion to the numbers employed than they have ever been in any previous campaign.

YELLOW FEVER AT SWANSEA.

The following letter, from J. Rose Cormack, M.D., F.R.S.E., "On the Nature of the 'Yellow' Fever now at Swansea," has appeared in the 'British Medical Journal.' Dr. Cormack is well qualified to write on the subject as he is the author of one of the best monographs on fever which has appeared in late years:—

SIR,—"Yellow fever at Swansea!" is an alarming announcement, the truthfulness of which will, I trust, be explained, as well as admitted, before the opportunity for minute inquiry and observation shall have passed away. Let it be granted, that the announcement referred to has been made on reliable data by last week's newspapers and Medical journals; still the public may, I think, be instructed to regard the intelligence very calmly, if they look at it in the light of Medical history and epidemiological experience. It will then most probably be admitted that there is no ground for alarm at the supposed invasion of a foreign pestilence, but much cause of thankfulness for a mild warning to the municipal authorities of many of our towns, as yet unprepared for the advent of disease likely to take root and spread under the favouring influence of famine, filth, or suc exceptional atmospheric condition as have lately existed.

Twenty-two years ago, at the close of summer, a contagious fever broke out in the slums of Edinburgh, Glasgow, Dundee, and other Scottish towns. Early in the hot September of that year, 1843, the fever being then at its worst in Edinburgh, in addition to the provision for fever cases in the Infirmary, a new Fever Hospital was opened with eighty beds, and placed under my charge. In the December of that year, after careful observation and reporting of hundreds of cases, I published an account of my personal knowledge of that memorable epidemic, giving the minute history of a sufficient number of cases to illustrate the different forms of the disease. From what I have since read, and from what I have since seen, at home and abroad, of fever, I cannot help thinking it very probable that the language in which I described the "highly congestive form" of the Edinburgh fever of 1843 may be found descriptive of the Swansea cases now so properly attracting the notice of the Medical Department of the Privy Council.

In the work referred to, I said: "One of the most common symptoms in the highly congestive form of the disease is yellowness of the conjunctivæ, and of the whole surface of the body. It generally appears between the third and seventh days, and is always most intense on the face, neck, chest, abdomen, and thighs. The hue of the neck and chest is the most vivid. . . . Associated with the yellowness, there are generally depression, less or more delirium, ... and hæmorrhages from some of the mucous membranes. In the worst cases, black coffee-ground-like matter is ejected. In some cases the black vomit occurs without the yellowness; and, on the other hand, at the autopsy of yellow patients who have had no black vomit, this matter has been found in the stomach and other parts of the alimentary canal." Such were many of the cases of the Edinburgh "relapsing" fever of 1843, treated by me immediately and for some weeks after my appointment to the Fever Hospital. The weather was then hot; and the cases, for want of hospital accommodation, had been accumulating in overcrowded and dirty lodging-houses. As the season advanced, the temperature fell, and vigorous house-cleansing was adopted. Under these altered conditions, the yellow cases disappeared, though the "relapsing" fever continued for a long time to prevail in a milder form. Are not the Swansea yellow cases of the hot September of 1865 similar to the Edinburgh yellow cases of the hot September of 1843?

Till the facts have been placed before the public in a more detailed and unimpeachable form than that in which they have yet been published, it would, of course, be premature to give a positive opinion as to the nature and origin of the present Swansea fever. It is, however, very important, at this stage of the inquiry—while yet there is an opportunity of observing, and at once writing down what is seen—to express a hope that the Medical Profession of Swansea, and the Medical Department of the Privy Council, will rigidly take and fully publish evidence, not only as to all the circumstances connected with the state of health of the crew of the 'Hecla' during her voyage from Cuba and on her arrival at Swansea, not only regarding the intercourse between her and the Swansea residents attacked with fever, but likewise as to *the type of fever and all diseases in Swansea at the date of the 'Hecla's' arrival, and for months before and subsequently to that date.* Has disease exhibited a more than usually marked intermittent or remittent type? Have there been cases of ordinary relapsing or of other fever? This latter inquiry is specially important; and no inquiry will be complete till the questions have been clearly settled in the affirmative or negative. The yellow cases which ocurred in Edinburgh and other Scottish towns in 1843 truly belonged to the same epidemic of "relapsing" fever in which the majority of cases were not yellow. As the skin is sometimes very yellow in cases of typhoid fever, a yellow skin must not be taken as a test by which to determine the nature of a fever.

I beg to recall attention to the fact that the Scottish epidemic of 1843 was not supposed to be of foreign origin; that it almost simultaneously sprang up in several towns; and that it originated among crowds of dirty Irish reapers and others huddled together with them in localities always overcrowded and ill-ventilated, and then far more closely packed than usual. Filth, overcrowding, and deficiency of air, combined with the high temperature of the season, no doubt stamped the fever with an aggravated type; though it is not so certain, as some have maintained, that it originated in these conditions. While it spread like a conflagration from top to bottom of the lofty "lands" of the High street of Edinburgh, scourged the adjacent closes, and reigned for months triumphant in the low lodging-houses of the Grass-market, Cowgate, and West Port, it did not cross the bridges to the New Town. A few scattered cases which did occur there, were all clearly traceable to much contact with congregated sick in the Old Town. In the other Scottish towns visited by the epidemic, the exemption of the districts under good sanitary conditions and inhabited by better classes was as well marked as in Edinburgh.

Taking, therefore, into account all the circumstances as at present before the public, the announcement of yellow fever being at Swansea, truthful though it be, is not very alarming. It ought, however, to be accepted by the municipal authorities of that and other towns as a warning to conform to Nature's laws of health, which cannot continuously be infringed with impunity. Without solving the scientific question, What constitutes yellow fever? it can be truly said, that the terrible disease known by that name in the tropics has never established itself in the British Isles, though in numerous instances, ships with cases on board have come into our ports. It ought to be reassuring to the public to know that the real "yellow Jack" cannot multiply in our temperate climate; and that it is only in unventilated ships and hovels, amid rotten vegetation, and excessive humidity, in countries with a mean temperature of 82 deg. Fahrenheit, that the scourge has prevailed.

In conclusion, let me add, that the chief object of this letter is to express a conviction that such inquiries as that now going on at Swansea lose more than half their value when not carried out with extreme rigour, on a very broad basis, and over a considerable space of time. The value of much that has been recently well written on particular epidemics, is impaired by the narrow area within which information has been gathered. The history of an epidemic is very disappointing to the student of epidemiology, when it only describes well marked cases, and fails to give the characteristic features of all contemporaneous disease.

CHOLERA AND THE WATER OF PARIS.

In connection with this outbreak of disease in Paris, a listinguished French Physician, Dr. Vacher, has been aving a dispute with the municipal authorities respecting he water supply of the city. Dr. Vacher has been to Eng- and lately, and has made himself master of the remark- ible series of facts that have accumulated here since the ime when Snow first brought out his immortal investiga- ions respecting the propagation of cholera through the nedium of water. Returning to Paris, Dr. Vacher applied o the head engineer of the Paris waterworks to be allowed o take samples of the water from the reservoirs that he night examine them for organic impurity. The authori- ies indignantly refused, alleging that in 1832 a report was urrent amongst the population, during the presence of the holeraic epidemic, that the waters were intentionally oisoned, and much mischief ensued from this preposterous umour. On receipt of this refusal, Dr. Vacher wrote a etter to the 'Temps,' in which he said that he had written ourteously to the Administration, and had asked respect- ally for what was the right of every person who paid taxes. Iis desire was, that in Paris there should be issued every nonth analyses of the water-supply like those for London egularly prepared for several years past by Professor ofmann. He also quoted from Bouchut to show that at èvres diarrhœa frequently becomes epidemic amongst ose who drink the water of the Seine, but immediately opped in those who substituted for the river-water that om an artesian well. He denied an insinuation that had een thrown out against him by the authorities to the fect that, in his opinion, the few cases of cholera that had curred in Paris were due to intentional poisoning of the ater; but he held that the water was poisoned *by organic atter*. Here the subject rests.

We may add, in support of Dr. Vacher, that the epidemic Paris of 1832 was evidently spread almost exclusively means of water. The poorer people, therefore, guided turally and inevitably by daily observation, attributed— d rightly too—the malady to poison in the water. The istake they made was, that in their ignorance as to the ssibility of accidental introduction of organic poison, they me to the false conclusion that ordinary poisons had been troduced intentionally, an hypothesis that was favoured the political excitement of the time.

Before leaving the question of cholera in Paris, we must t omit to mention a noble instance of self-sacrifice on the rt of our brother-Professionals in that city. A consider- e number of these philanthropists have waited upon the nister of Public Works, offering their services for any he towns at the present time infected by the disease. rtunately the reply was, that such services were not at sent needed, but that they would be gratefully accepted hey should be required in the future.

At Marseilles and Nimes the epidemic is disappearing, at Arles it was on the increase, and was causing many ths. At Toulon, the malady was fluctuating, but on ober 4, out of 26 deaths, 14 only were reported as from lera. On the same day (October 4) at Marseilles, out of deaths, 11 were from cholera; from the 1st to the 7th, total deaths from all causes were 264, of which 91 were n cholera, showing an increase of deaths from cholera the preceding seven days of 25. Dr. Honnoraty had en a victim to the malady, owing to his excessive ours amongst the afflicted poor. His death created the foundest regret. At Arles, on the 4th, there were 11 ths, of which 8 were from cholera; and at Nimes, 2 ths were from cholera. On the 8th, there were only 8 ths at Marseilles from the epidemic, at Toulon 7, and at Seyne 2.—'Med. Times and Gazette.'

PIUM SALES AT CALCUTTA.—At the last Calcutta opium each chest fetched 104*l.*, a largely increased price owing he diminution of the supply.

IRENCESTER HOSPITAL AND INVALID KITCHEN.—It is posed to establish an hospital in Cirencester, to which is e added an establishment for training nurses, and an alid kitchen.

GENERAL CORRESPONDENCE.

THE TREATMENT OF CHOLERA.

To the Editor of the Medical Circular.

SIR,—I have observed, in the MEDICAL CIRCULAR of the 20th ultimo, an article by Thos. R. Torbock, M.D., purporting to be a brief sketch of cholera, as it first appeared in the town of Sunderland in the years 1831-2, and causing at that time most frightful panic and alarm amongst the people. It is somewhat remarkable, however, that while the Doctor informs us that several *post-mortem* examinations and analyses of the blood were conducted by himself, Drs. Clanns and Miller, and that the pathological signs and appearances fully substantiated their previous convictions of the disease being the real Asiatic cholera, yet he neither lets us know what led them to those convictions, nor what really were the pathological signs or *post-mortem* appearances on a single one of his cholera patients. And with regard to the proper treatment of cholera, although Dr. T. R. Torbock informs us that the government officials of those days were quite at sea on that point, he omits to let us know anything of the nature or *modus operandi* of his own treatment of the disease, notwithstanding that it had been very successful—so far, at least, as the Doctor himself has informed us. Some recommend, he tells us, spirits of turpentine, laudanum, and mucilage, in draughts to be taken every two hours, others, as David Barry of St. Petersburg, would only recommend a solution of common salts, and in extreme cases the actual cautery to be run down the spine, while the sheet anchor of Dr. Gibson was extensive blood-letting; and of late days a certain Doctor (Chapman) has informed us that there is no remedy at all equal to the spinal ice-bag for any real case of cholera or diarrhœa. A Dr. Dann suggested castor oil and sulphate of magnesia, but we all know, as well as Dr. Torbock, that neither castor oil, sulphate of magnesia, nor even the spirits of turpentine would be at all likely to remain any time on the weak and loathing stomach of a poor cholera patient. But to place both calomel and laudanum along with, or in the same category as all the other vagaries (as he styles them) of those several Medical men, is rather too bad, in my opinion. I perfectly agree with Dr. Torbock, however, in thinking that neither the ejecta nor excreta, nor cholera patients themselves, are by any means infectious, as I have been very often myself much exposed to, and brought in contact with, many such cases in the town of Antrim in the years 1854-5, and yet never was the least affected by any of them—thanks to Providence.

But while Dr. Torbock goes on thus to condemn and ridicule the *mal practice* of other Medical men, he seems to me to have entirely forgotten himself and the old adage—viz., that when we speak of the *dead*, we ought to tread softly over their graves. With all due respect, however, towards Dr. T. R. Torbock,

I am, &c.,
NEIL MCGREEVY L.R.C.S. Edin., &c., &c.

Drogheda, October 5th, 1865.

P.S.—The spirits of turpentine (although no doubt a most useful remedy as an external application in puerperal peritonitis or such like) I have not found to be so in cholera, as I have found many poor cholera patients who could not endure even the *smell* of *it* in the room where they were; so I found a good strong *mustard poultice* to answer much better as an external application in most cases of real cholera. —N. McG.

VACCINATION AND SYPHILIS.—This highly important subject has been fully treated by the 'Siglo Medico, a Spanish Medical paper. In this article we find statistical tables of some value. The author, in collecting data respecting the instances of syphilitic contamination through the vaccine virus, has been led to draw up a table which shows that the disease was communicated 224 times out of 314 vaccinations. It should be noticed that the 93 negative cases were such as evidently *might* have conveyed the complaint.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 18, 1865.

MEDICINE NO MYSTERY: DOCTORS NO DOGMATISTS.

We have lately had occasion to remark with some severity upon a very silly leading article upon the Medical Profession in the columns of the 'Times,' which effusion would be beneath contempt except for the medium which gave it publicity. It would have been discreditable even if it had appeared in one of the penny papers, on which the Jupiter of the press often bestows some severe and not unmerited castigation, on account of their arrogance and ignorance, and their subservience to the lowest prejudices and passions of the multitude. The more difficult the subject treated, the more flippant and supercilious are the commentaries made by these pretended instructors of the masses, who often boldly decide questions which have puzzled the most able philosophers; and as these sensation-leader writers moreover despise everything that they cannot understand, the field of their vituperation naturally extends over almost a boundless space. But in the columns of the 'Times' something better might have been expected, and at least it would be supposed that a writer in that Journal possessed some elementary knowledge of the subject which he was allowed to treat.

But putting the article in question aside as undeserving of further notice, it is not an unprofitable duty to ask ourselves what are our real pretensions to public support, and what is the actual position of the Medical Profession in its relation to science on the one hand, and to the well-being of the community on the other. In the first place, we may observe that Medicine is not itself a science, as some persons have erroneously supposed, but an art built upon a foundation of many sciences, as anatomy, chemistry, physiology, natural history, all of which are sciences in the true sense of the term. Anatomy, for instanee, presents certain data which are incontrovertible, such as the number of the human vertebræ, the structure of the teeth, the mechanism of the eye, and so forth; and many of the axioms of physiology are equally indisputable, such as the heart being the chief organ of the circulation, the eye being the instrument of sight, or the ear that of hearing. But Medicine is capable of announcing no such facts as indisputable truths, and the most it professes to do is to express certain general conclusions derived from experience, and liable to variation as circumstances change. The relation of cause and effect, either in the origination of diseases or in the operation of remedies, although it may often be surmised, can hardly ever be logically proved, because the fallacies surrounding our observations are necessarily very numerous, and because the constitutions of patients are infinitely varied.

To assume that there is anything of mystery in the practice of Medicine is utterly absurd; there is no mystery at all. All that is required of the student of Medicine is that he should begin by possessing some knowledge of the sciences on which Medicine and Surgery are founded; and this knowledge, like any other, can only be acquired by study and practice. To make Medicine a popular pursuit, or to teach every man to be his own doctor, would be a vain attempt, not because the necessary knowledge is unattainable by ordinary tellects, but because practice and training are necessary in this as in every other department of skilled labour. To suppose, too, that a person may qualify himself for Medicine or Surgery, or even for criticising the practice of Medicine and Surgery, by poring over books, however excellent, is an equally fallacious idea, because books are good only as they are the exponents or interpreters of facts, and those facts must be observed by the student himself. All our hospitals present an assemblage of facts, which may be learned by all who possess the requisite preliminary knowledge, and which may be classified, arranged, and utilised by all who, in addition to knowledge, have adequate reasoning powers.

As there is no mystery in Medicine, neither is there any dogmatism; the latter must be looked for among the pretensions of quackery. Medicine does not assert that it possesses infallible cures for all or any maladies, nor does it even pretend to determine exactly how drugs and regimen operate at all. It may, indeed, offer plausible explanations as to the *modus operandi* of this or that remedy, but it does not insist that such views are to be universally accepted, nor does it impose the slightest limit, except that of reason and common sense, upon the expression of opinions by any independent observers. People may or may not believe that colchicum eliminates the poison of rheumatism, and practitioners are fully at liberty to treat that disease in any manner they think most advisable; and they may starve or feed inflammations according to the indications presented by the constitution of the patients. Medicine no where asserts that diseases are cured by agents which are antagonistic to the supposed essence of the diseases, simply because it does not know what the essence of disease is. This ignorance is no more a reproach to Medicine than ignorance of the electrical condition of the air which produces storms would be a reproach to navigation. The physician does what he can to allay the storm in the human system which constitutes disease, and the mariner navigates his vessel as well as he can through the storm of the elements; but how or why either storm originates it is at present, and probably ever will be, beyond human power to determine.

Not so, however, with quackery, which really does dogmatically assert certain principles and makes them the bases of its faith and practice. The homœopathic quackery, for instance, asserts that diseases are removed by remedies which themselves would produce the diseases they are given to cure; but this dogma is wholly gratuitous, and is not only unsupported by experience, but is contradicted by a multitude of facts. The law, or supposed law, is founded upon a fallacy, and is therefore untenable. The other proposition of homœopathy is still more absurd, because it is

posed to physical laws, namely, the assertion that the effi-
y of medicines is in the inverse ratio to the dose in which
ey are given. It needs no argument to show that this
ory is as incapable of rational belief as that water is frozen
heat, and vaporised by cold, or any other similar paradox.
at patients sometimes recover under so-called homœo-
hic treatment is no argument whatever in favour of the
tem, because diseases will sometimes disappear spon-
eously, and a do-nothing or expectant treatment may
en be advisable.

Within the limits of reason, all practitioners of Medicine
free to entertain what opinions they please, or to prac-
e in the manner they think best; but when rational
ngs pin their faith upon principles inconsistent with the
rs of Nature, they cannot expect any sympathy from
entific men. As was happily observed in one of the in-
ductory lectures, an architect would not be trusted who,
building a bridge, would choose the lightest materials
bearing the heaviest pressure; so neither can we believe
at a disease can be removed by the administration of an
initesimal dose of inert material inappreciable by the
st delicate weights, and undiscoverable by the highest
wers of the microscope.

SUMMARY OF THE WEEK.

THE PROGRESS OF CHOLERA.

Without wishing in any manner to commit ourselves to
e expression of a dogmatic opinion upon so mysterious a
bject as the progress of cholera, we think that the chance
a severe invasion of that disease into the British Islands
ring the present year is but small. We do not intend to
ert that the state of the thermometer is an index to
ide us as to the rise or decline of the cholera epidemic,
t unquestionably its propagation is favoured by those
nospheric conditions which have prevailed to an unusual
ent during the late protracted summer, but which are
w, in the natural succession of the seasons, fast passing
ay. Though we do not doubt the genuineness of the cases
ich have occurred at Southampton and its neighbour-
od, and at Epping, yet the visitations have been confined
very limited localities, and, at Epping, almost to one
use. We deeply regret to confirm the report, that Mr.
Nab, a highly respected practitioner of the last-named
wn, has succumbed to the disease. While thus hoping
d believing that we shall be spared for a time from a
ere invasion of an epidemic which has been committing
h great ravages of late on the Continent of Europe, we
no means desire to lull the public into a false security, or
discourage the efforts which are being made to place our
untry in the best sanitary condition which it is possible
attain. On the contrary, we hope that the present warn-
will not have been given in vain, and that it will
mulate Boards of Guardians and other local authorities
take the most strenuous measures in the promotion of
se sanitary reforms which have been hitherto most
mefully, and, we might add, criminally neglected. If
xt year the unwelcome visitor should appear among us
all its terrors, the authorities who preside over our sani-
tary affairs will have to bear a heavy but just weight of
public indignation, if they longer delay the precautions
which prudence and science have repeatedly suggested.

MIDWIVES AND MAN-MIDWIVES.

A Dr. James Edmunds has been writing to the 'Times'
on Medical matters, and as his letter has for its object the
depreciation and injury of a large section of the Medical
Profession, it has, of course, been readily admitted into the
"valuable columns" of the leading Journal. Dr. Edmunds
has made the discovery that the lying-in patients attended
by the Royal Maternity Charity are subject to a smaller
mortality from puerperal diseases than the rest of the
lying-in women of the metropolis, and he therefore jumps at
the conclusion that the greater mortality is due to the fact
that the majority of lying-in women are attended by Medi-
cal men, and he consequently proposes that the practice of
obstetricy should be transferred to women. The fallacies
of the arguments and the statistics he employs it is almost
needless to expose, but we may observe that, although the
patients of the Royal Maternity Charity are attended by
midwives, the latter are under the immediate superintend-
ence of an efficient staff of physicians and surgeons; and
we may also observe, that the majority of lying-in women
in London are *not* attended by Medical men, *but* by mid-
wives. Dr. R. E. Swyer, who practises in the same locality
where, it appears, Dr. Edmunds himself formerly practised,
has written the following very able reply to the letter to
which we refer:—

"To the Editor of the 'Times.'

"Sir,—Dr. Edmunds's letter to you in your publication
of this day would indeed be startling if his facts and figures
approached accuracy, but every obstetric practitioner
must see at a glance that such is not the case. I have
been busily engaged in obstetric practice at the east end of
London for several years, and I find, on looking over the
records of 2,000 cases, that the deaths from puerperal fever
and all causes within the month do not average two per
thousand. And why? Not from superior ability on my
part, or even from what is usually called luck, but simply,
I believe, because, taught by the experience I had pre-
viously gained in country practice of the terrible conse-
quences inseparable from the practice of female accouche-
ment and the injury done to Medical men who are called
in to relieve them from the consequences of their mal-
practice, I have always, as a rule, refused to go to cases
where a midwife has been in attendance. Dr. Edmunds
was for some years in extensive midwifery practice in
Brick lane, Spitalfields, and no one knows better than he
that about nine out of ten of the fatal cases occurring in
every Medical man's midwifery practice consist of those
to which he has been called after they have been subjected
to mismanagement at the hands of a midwife or unqualified
practitioner. This will clearly account for the startling
state of the Registrar-General's returns. With regard to
the relative mortality in lying-in institutions, I may state,
as the result of my experience, that no women, however
poor, will avail themselves of these charities unless from
previous good confinements or from the state of their
health they have good reason to anticipate a safe and
speedy delivery; and, on the other hand, whenever they
or their friends have any reason to prognosticate a
dangerous 'time,' they will certainly, at any sacrifice,
secure the attendance of the leading accoucheur of their
neighbourhood. This also points to another cause of low
mortality in lying-in hospitals. In these days of progress,
no Medical man would object to that part of the Profession
relating specially to women being attended by female prac-
titioners, so long as they were properly qualified; still it is
obviously unfair to advocate that practice at the expense of
Medical men, by saying that the cause of puerperal fever,

&c., rests on its being carried to the bedside by the hands of the accoucheur. Dr. Edmunds being Lecturer on Medicine as well as Secretary to the Female Medical College, it is fair to presume that this is a sample of the doctrine inculcated at that establishment; if so, I would advise him before he again lectures to peruse *Ramsbotham*, *Blundell*, or some other of our best authorities on the subject.

"I am, Sir, your obedient servant,
"ROBT. EDWD. SWYER, M.D., &c."

SOCIAL SCIENCE CONGRESS.

THE CATTLE PLAGUE.

Professor Gamgee delivered his views as follows on the vital question of the cattle plague:—There are probably not a few here assembled who will participate in the feeling expressed by the learned chairman of the Public Health Section of this association that the present meeting should not be permitted to disperse without special reference to, and some discussion on, that all-absorbing topic—the Russian cattle plague. This most malignant of all fevers is one of the indigenous maladies of the East. From time to time, during centuries past, it has lurked in the Asiatic and European steppes, killing slowly the rude gray oxen of the Russians, and exterminating the cattle of districts and countries to which it is usually foreign, and to which it might be incidentally introduced. There is some ground for the belief that the pure breed of Eastern plains enjoys some immunity against the disease, and it is the frequent mildness of its attacks in the herds of the Cossack and the Tartar that renders not only possible, but tolerably easy, the conveyance of infected herds from their original homes to parts where their introduction may lead to widespread mortality and famine. Not unfrequently the active agents in the propagation of the plague have been droves of sick oxen dying on the roadside, and otherwise indicating their real and very dangerous condition. Such indeed, was the case during outbreaks noted in history, and which occurred in the 13th, 17th, 18th, and the present centuries. The campaigns of the First Napoleon in central and eastern Europe are memorable for the facilities they afforded, owing to the active movements of prodigious forces engaged in war, for the dissemination of the cattle plague over the greater part of the European continent. With imperfect means of transport, during the presence of large armies in hostile countries it was often necessary to provide thousands of oxen for the transport service, and the supply of animal food for the soldiers. The system of trading and intermingling of stock thus fostered could not fail to afford the best chances for the propagation of contagious disorders; and, all-absorbed with means of offence or defence in relation to each other, the people of various countries had little chance of adopting rational and efficient means whereby to arrest the progress of the *rinderpest*. The battle of Waterloo not only sealed Napoleon's fate, but among the unknown blessings it bestowed on us was protection from this dreaded pestilence. A long period of peace resulted in the promotion of agriculture as of other useful arts. Governments fostered measures which might in ordinary times protect countries from bovine epizootics, and the disease which in 1814 swept away the herds of Germany, Switzerland, and France fell back into its old haunts, and has committed less havoc since. The remarkable outbreaks of 1830, 1841, 1844, 1849, 1857, and 1863, wide in their distribution as they no doubt were, could not be compared to some of the older ones; and instead of following the cannon's roar, they appeared silently on the great roads of commerce, and mostly in a direction from east to south-west, into Egypt or across Turkey and Hungary, as far even as the Pontifical States. The periodic extensions of the malady in the lines of communication established by trade led to our attention being forcibly directed to the subject, as the importation of foreign stock increased in this country. We knew that so soon as any direct communication was established by cattle dealers between Russia and England the murrain of the steppes could not fail to be imported. This opinion was expressed repeatedly, and it was even indicated that the malady would reach us through the Baltic. All that was wanted was that any cargo of cattle direct from Russia should be subjected here to regulations such as those which are in force in Austria and Prussia; but we were freely told that, until the cattle plague came, no one would be convinced of the importance of, or necessity for, such measures. The cattle plague has come; it has reached us through the Baltic, and though we may return the compliment to the Russians if they now want breeding stock, it is evident that ere this the ports should have been closed to direct importations from Russia, even though we were only shutting the door after the steed was stolen. There is much reason for regret that the public press in this country has in too many instances attempted to throw discredit on those who have insisted on the truth that the plague now destroying our cattle is, and only could be, an importation from Russia. As we are compelled to trace plagues in men and animals to their origin if we wish to devise means for their prevention, it is evident that in relation to the present outbreak it was necessary to ascertain all we could as to its cause. To those who have studied the cattle plague in times past—to those who have fathomed the literature of the subject, and not only seen the disease abroad, but mingled with men who have had the greatest amount of experience respecting it—no other view could possibly meet with favour but that which ascribed the malady to direct or indirect importation from Russia. It is certain that to the west of the Czar's dominions the plague never originated spontaneously. That is a truth as much established in the minds of scientific men as the preservative influence of vaccination against small-pox in man or the purely contagious character of the sheep-pox. When I first saw the steppe murrain among the cows of the London sheds, on the 29th of July, I knew that the disease must have been imported. On making inquiries we found that a cargo of Russian cattle and sheep had been brought from Revel to Hull. It was the first cargo that had yet come direct from a Russian port; and fourteen days after a portion of that cargo was first exposed in the Metropolitan Cattle market the strange disease was seen in Copenhagen-fields. This fact alone was startling, and satisfactory enough. The result bore out the predictions that had repeatedly been made, and we proceeded somewhat further to strengthen our belief in the fact that the disease really came through the Baltic. An agricultural society in Esthonia had agreed to supply a certain number of cattle and sheep free on board a steamer at Revel. That society had insuperable difficulties in fulfilling its contract from the scarcity of cattle fit for the London market. The terms of agreement with the London salesmen were that the animals were to be supplied free on board fit for the London trade, but many of the cattle did not come up to the proper standard of weight and fatness. The number supplied was short, and forty-six animals were obtained from St. Petersburg to make up the cargo; but their condition was so bad that only thirteen of them were chosen by the person representing the London importers. Of all the cattle brought to Revel to be shipped to London, three had to be slaughtered diseased by a butcher, a fourth died in the yard before being delivered on board, and an action was brought against the English agent for the price of this animal, which he would not and did not pay. A fifth animal showed signs of illness on the passage, and when the cargo arrived off a Danish port, a letter was sent from the London salesman intimating that "queer things," meaning the cattle, should be taken to Lowestoft instead of London, so as to avoid the doctors. For some reason or other, they were afterwards landed still further from London, at the port of Hull, and there subdivided for sale at different markets. One half left Hull for London at once, and that half propagated the disease. Why the other half did not do so is of no importance to us, as we constantly find, in tracing contagious diseases among men, that, two farmers having bought a herd between them, the one half purchased by one man remains in health, and the other half dies. The cattle sent to London stood the

lon market on the 1st of June, and some of them were exposed again afterwards for sale. They must have communicated the disease to foreign cows near them, for it was these ows which conveyed the malady into the London sheds. On he 24th and 27th of June the plague was already raging in ifferent dairies, and since then it has been widely disseminated. I am perfectly satisfied of the evidence at my disposal n this question, and some of which I need not enter into rther on this occasion; but it may probably be thought at our Government should have caused inquiries to be ade as to the whole history of the cargo from Revel, and ot through consuls, but thorough competent veterinarians nd others who could be trusted to sift the question oroughly. The chance has been allowed to slip, as the sthonians are now not likely to divulge what might injure eir prospects of trade in future, and interested parties ve taken proper precautions to place people on their guard. or me the strong points in the case are—firstly, the preous knowledge of the fact that the disease could only reach through the Baltic; secondly, the fact that the cargo imrted last May were the first direct from Russia; thirdly, e slaughter and death of cattle at Revel, and the sickness an animal on board the ship; fourthly, taking the animals a port distant from London so as to avoid the doctors; thly and lastly, the manifestations of the plague just after e animals had been exposed in the Metropolitan Market. ave thought it proper to enter at length into this statent, as there are many people who have been seriously sled by the fancies and suppositions of those whose knowge of the cattle plague is of the most superficial description. Some may still think we are too positive in our sertions on this point, and there are those who charge us th want of modesty for openly asserting what we believe be the truth in relation to the origin, progress, and prention of the cattle plague. Unfortunately, we well know t veterinary science in this country has been most imperctly taught and studied. We are free to admit that on a t of subjects there is occasion for deep regret that so le has been learnt, and we are conscious of the fact that raordinary efforts are required to raise the status and prove the knowledge of the veterinarian. But we are ed to confess ignorance on the disease now ravaging our rds. We are told "that there is no existing disease reting which Medical men would dogmatize so unhesitagly as the veterinary surgeons have done respecting the le plague;" and we are told "that the doctors are looked to because they have done good work, because they have inished the fatality of our human diseases, and are daily east endeavouring to acquire new victories over nature." , gentlemen, at the risk of being deemed ostentatious, peat that the ignorance has existed on the part of those have done all they could to weaken our influence in eyes of the world. There is scarcely a Medical subject which you would engage to find a hundred of the best that can be had unanimous in their opinion; but have had congresses with nearly 200 of the most ned veterinarians in Europe, where, on the subject the steppe murrain, no difference of opinion could be to exist. It might be positive assertion, it might be matism, that the disease was incurable, that it was also pagated by contagion, and that to diminish its ravages must slaughter the sick and infected; but the verdict the best men in the world, medical and veteri, is unanimous on these points. That verdict is as nimous as any conclusion would be at a meeting of doc- if the subject of human smallpox was broached, and invariable origin of this disease in contagion and its vention by vaccination were discussed. As Professor mann justly observes in his report, just published, if would cure the cattle plague it is doubtful whether we uld venture to do so, considering the danger of thereby ping up many sources of contagion. As to the cura- of the disease, we have had some experience during present outbreak. A small proportion of the animals ected to Medical treatment have recovered. We have ted many, and left many to take their chance. The lt proves that those left to themselves have done as as those that have been treated with all the remedies suggested from the commencement. The chance of cure depends altogether on the severity of the attack, and whenever attempts have been made to follow up a considerable number of cases, and treat them carefully, the result has been a mortality varying from 85 to 95 per cent. It is not astonishing that cures have been advertised and wonderful results announced. The recovery of one or two apparently desperate cases encourages experiments as to treatment, but, so far as our experience has gone, the prosecution of trials has resulted in loss and disappointment. From the commencement of the outbreak, one of my principal objects has been to discover how we might determine before ordinary observers that an animal had the disease. If remedies can be found to prove of service, they must be applied before the changes of structure are so far advanced as to render it impossible to restore health. So far as my observations now extend, I believe that in twenty-four or forty-eight hours before any very obvious signs of ill-health, such as dulness, loss of appetite, &c., are observed, it is possible to indicate that animals are under the influence of the malady. I have no great hopes of success from treatment even at this early stage; but all will admit that it is something to have ascertained how at the earliest possible moment sick cattle may be distinguished from diseased. Before entering on the proposals made for the prevention of the cattle plague, I may be permitted to allude to the contrast offered between veterinarians and doctors, by which it is implied that we have done nothing to acquire new victories over Nature. On former occasions, reference has justly been made to the manner in which, under a proper organisation, no less deadly a disease than glanders in horses has been well nigh banished from our cavalry stables. This has been a victory over Nature, but it has been due to the early slaughter of sick and infected animals. When smallpox ravaged our flocks in 1862, treatment, inoculation, and vaccination were resorted to, until I called the farmers together, and told them how to kill out the disease. In three weeks the malady was stopped. This year the smallpox broke out in Sussex, and, as the disease was no less imported than the steppe murrain, the early slaughter of diseased animals at once extinguished every trace of the pest. Having ascertained that it was the true Russian plague which had reached these islands, we hesitated not to advocate the means found most efficient abroad of preventing contagion and killing the sick. We were at once met by doubts expressed as to the origin of the malady, and assertions stated as to its dependence on conditions of the atmosphere. Government said it lacked powers to control the progress of the malady, and I suggested the formation of a national association for the prevention of cattle diseases. At once steps were taken to diffuse useful information on the disease, and call upon civic authorities, railway and steamboat companies, &c., to aid. Local insurance companies soon came into favour. I attended various country meetings to show the fallacies of local associations, and the justice of my remarks has been amply vindicated by the letter from Sir James Kay Shuttleworth in the 'Times' of the 5th inst. A fortnight back, at Northampton, I spoke of the importance of a Government cattle insurance system. From the commencement I have been opposed to any indemnity from the public purse, and it has been my endeavour to show that, if Government were properly guided in this matter, it could meet the difficulties of the case, and secure control over stock for the effectual suppression of so virulent a malady as the one now raging. It is true that there are other measures to be adopted and gross abuses to be corrected. The one measure not to be advocated is diverting the energies of veterinarians to the cure of the disease. Adopt this course, and there is an end to any proper action whereby the plague may be banished from Great Britain. Turn to the writtten histories of typhus and yellow fever, human small-pox and cholera, and tell us what has been done by curative means. The doctors who have gained victories over nature have gained no victories over these malaadies but by the adoption of preventive measures. Animals can be dealt with differently from men, and a hundred outbreaks of cattle plague might be quoted to prove that to

kill is to save the lives of thousands and tens of thousands. To spare the knife implies propagating and perpetuating the malady.

Mr. Evans, who looked upon the cattle plague very much in the light of a judgment, and Dr. Hall, who concurred in the main with the views expressed by Professor Gamgee, having briefly addressed the section,—

Dr. Rawlinson thought that, without actually throwing their minds back to the days of antiquity, when plague followed the footsteps of great armies, it was quite intelligible how, in barbarous countries, cattle being shipped for considerable distances across stormy seas, might in the absence of suitable precautions engender fatal diseases. To come nearer home, our farmers displayed far too great a disregard of sanitary arrangements, with regard to their cattle. They never thought of giving them fresh, clean beds, and hence when disease was fostered, the only remedy was said to be the knife. This he did not believe, for in one case where a friend's bullock, said to have the cattle disease, was driven under a shed, he insisted that if it were left there in the dirt the beast must die; and the shed having been properly cleaned and ventilated the animal recovered.

Dr. Wilson was disposed to attribute the spread of the disease entirely to atmospheric influences.

Mr. P. Holland regarded the cattle disease as a form of typhus of a very rabid kind. He did not look upon killing as the only remedy, but said it was often cheaper in the case of horses, to kill a lame animal than to attempt to cure him.

Dr. Lankester regarded the evidence in support of the importation of disease from abroad as impeachable, maintaining that, if it were in the power of dirt or filth at home to generate disease in cattle, they could never have escaped till now. There certainly had been no such predisposing cause in the case of Lord Granville's establishment, where, in cowhouses perfect in every respect, 120 out of 140 animals had died. It remained a mystery for some time how the disease could have gained admission there, but at last it was accounted for by the supposition that children who were very fond of going to look at these animals must have carried the infection from a number of Dutch cows placed in an adjoining meadow, near to which ran the ordinary footpath.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Professor BOECK, of Christiania, contributes a paper "On Syphilisation," in which he states that the results are very much modified if mercury has been previously given. He asserts that syphilisation produces the most salutary effects when no other treatment has been previously tried. But out of seventy-two patients in the hospital who had been treated by syphilisation, twenty-two returned with relapses, or thirty and a-half per cent. Syphilisation may be successfully employed in the early constitutional (or secondary) cases and in the late constitutional (or tertiary) cases, but Professor Boeck states that in both cases he has given the iodide of potassium in addition, but he denies that the good effect is due to this salt. He argues that the early adoption of syphilisation will often prevent some of the worst constitutional results of syphilis, as may be proved by comparing cases which have been treated by syphilisation without mercury, with cases treated only or chiefly by mercury. But Dr. Boeck admits that after syphilisation has been performed with apparent success, many relapses occur.——Dr. EDWARD SMITH contributes a paper "On Alcohol," in answer to some remarks made in favour of the views promulgated by the late Dr. Todd, which are much extolled by his pupils, but which, Dr. Smith conceives, are not adopted by the Profession at large. Dr. Smith discusses at some length the question which has been lately so much debated, namely, whether alcohol is eliminated unchanged from the body, or undergoes transformation in the system, and he leans to the theory of elimination, but still he considers it to be a powerful and valuable medicinal agent.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. HANDFIELD JONES continues his Lumleian Lectures "On some Points in the Pathology of Nervous Diseases." The present lecture is occupied with the description of the kind of paresis of nervous tissue which appears to be induced by impressions conveyed to the centres through afferent nerves. This kind of paresis is observed in the case of the heart and the intestines, and it may be modified by external stimuli such as galvanism.——Dr. GEORGE HARLEY continues his lectures "On the Urine and Diseases of the Urinary Organs." The subject of the present lecture is "Diabetes," and Dr. Harley describes the different circumstances, both of a mental and physical character, which may give rise to the appearance of sugar in the urine. Dr. Harley divides the forms of diabetes into two groups, one arising *from excessive formation* and the other from *defective assimilation* (mal-nutrition). He then considers nerve-lesion and nerve-disease as a cause of this, and he shows that sugar may be developed artificially in the urine by irritating some portion of the nervous system, as has been done by Bernard and others. He also adduces a case in which a man became diabetic on receiving an injury to the head, but as he recovered, the sugar in the urine gradually disappeared.——Dr. JOHN CHAPMAN communicates a paper "On the Cholera at Southampton, and its Successful Treatment by Cold and Heat along the Spine." The cases are seven in number, and the results are believed by Dr. Chapman to justify the anticipations he had formed as to the value of his treatment. He even states that patients in the state of complete collapse from cholera may now be restored with astonishing rapidity; while the subsequent congestions and fevers may be controlled to a great extent. Dr. Chapman records the details of the cases and draws the following practical conclusions:—

"My week's experience at Southampton leads me to the following suggestions to physicians about to treat cholera patients by modifying the temperature along the spine:—1. To apply ice along the whole spine while algide symptoms are overcome. 2. As soon as these are overcome, to restrict the ice to the lower half of the spine, and to apply it there continuously until the vomiting and purging begin to subside. 3. Then, after each bag of ice has melted, to allow intervals—increasing in length as these symptoms decrease—before applying the next bag, and gradually to shorten the time of each application. To avert any threatened cerebral or pulmonary congestion by means of the double-columned water-bag 5. And if there be insomnia, to induce sleep also, by means of ice. The last observation I have space for here is, perhaps, the most important of all. Algide symptoms are produced not merely by congestion of the sympathetic nervous centres, but by congestion of the lungs, which prevents the due circulation and oxygenation of the blood. The pres-

lgide symptoms is not alone, therefore, a sure indication f the necessity of applying ice along the spine ; for if ıose symptoms proceed from pulmonary congestion, ice ill increase them, whereas heat between the scapulæ will eedily restore heat to the whole body. The danger of istaking the cause, and therefore the remedy, of coldness the surface, is greater in cases of cholera when the dis- se has advanced to its second stage."

Mr. LLEWELLYN POWELL describes the "Post-Mortem xamination Eighteen Hours after Death," of a man who ed from the effects of lightning.

"CYCLOPS'" TWENTY-THIRD LETTER ON PHYSIOLOGY.

To VIGILANS.

SIR,—That hundreds of men should have observed in ery generation for as many years the peculiar constipated bit of some families and individuals, and never treated it as ything but an irregular and morbid condition, to be rrected and brought into one more consonant to general lief, is something startling ; that in many of the ills and cidents to which the human frame is liable, the first thing ıture does is to cause constipation, and so conserve e elements of the colon. That these facts have never en sifted or inquired into seem to show an utter unbelief ıt any benefit can accrue therefrom, or indeed, quite the erse, and that Nature was wrong, and consequently ıorant of her own operations. Certain it is that the nservatism of constipation was never considered in the ht of a Vis Medicatrix Naturæ. It is quite a new ctrine to say that all this time this very act of hers was e of her prime movements of health. For instance, oughout the whole class of milliners' girls, a constipated bit prevails ; some of these young women eat only getables or bread and butter, some only meat, and in some only like it well done and even burnt up ; while ers of more cadaverous complexions like it underdone l almost raw. They are, as a class, most capricious in their ding ; their bowels are only open about once a week or ı days, some a fortnight or more, yet they go on pretty gularly in their duties. If they take aperients, they are ays worse for them, and if they can afford to go to a tor, and have the eternal blue pill for their liver, and harties for their bowels, they soon begin to waste and drop easy stages into consumption. It is the most fortunate ıg in the world for them that they cannot afford to pay dical bills or fees. Yet they have their own sense in this, and will tell you they are never better than when r bowels are confined, and always that they are worse r aperients. In fact, their bodily health rests on their ıg poor in pocket and conservative in their bowels. In ıtenant Bligh's narrative of the mutiny of the 'Bounty,' n he and seventeen others were cast adrift in an open boat, nentions that for above a fortnight and three weeks the le crew were constipated, and that they did not appear any worse for it. Certainly not! it saved them ; but if there been a doctor on board with any aperients, he would doubt have given them all round, and not one would been saved. Yet physiology never took up this subject ever learnt anything by it. A gentleman told me that on a ride across the Andes, which lasted above a ight, his bowels were not opened at all. He often dered at it, but I explained to him the reason, and he felt that this natural law saved his life, and no doubt l. In the incubation of birds, this fact obtains to a t extent, and the great heat that is engendered from bodies serves the end in view; but a common hen ıg with loose bowels will bring no eggs forward. ng insufficient heat for the purpose, her labour is all In the hybernating animals, a two, three, or four hs' constipation is a regular thing. This is well n to the bear-hunters, and if the she bear loses her , even the parting of a few scybalæ, she loses her ic and strength, and she fails in the maternal end she n view. I could bring forward many facts of the same kind to show the benefit of the conservatism of constipation in the healthy and normal state, but these are sufficient for the present. In the opposite states, such as in fevers, the very first thing Nature does is to lock up the bowels. In severe falls, where the body gets shaken to its very centres, she does the same. In many diseases also, besides fevers, she acts in the same manner. Even in diseases and certain affections which man himself produces in the human system to relieve others, such as, in many surgical operations which more or less affect the whole condition of the system and its secretions, the first thing Nature does is to conserve the fæces. Notwithstanding all these glaring facts, neither physicians nor surgeons will allow it. A fixed prejudice on this matter still holds on to every man, however high his position in the Profession. A friend of mine, to whom I am much indebted for his physiological researches on these points, went some few years ago to Mr. Baker Brown's *Home* to witness some of his beautiful operations for recto- and vesico-vaginal fistulæ. An operation was performed on that day on a young governess for fibrous enlargement of the womb, and which was removed, and weighed about twenty pounds. He said he could not help telling Mr. Brown, when all was over, that he would lose his case, and he did. Mr. Brown, of course, hoped not. But he told him he would, because he did not understand the physiology of the colon. Mr. Brown thought this very hard upon him, but my friend asked him how long he intended to keep the bowels confined; his reply was, "for three or four days, perhaps." My friend answered, "Why not make it weeks?" Now, Mr Baker Brown did not turn upon his heel, or think my friend somewhat insane, but asked him his reason; for, as he justly observed, "you do not tell me this without one." My friend did so, and went several times afterwards to the *Home*, and Mr. Brown followed his plan. The sequel was, that in the latter part of the year 1862, that of the Great Exhibition, Mr. Baker Brown called upon him, and said he had had many foreign Professors that year to see his operations. But he emphatically said, 'My operations have not surprised them half so much as my Medical treatment, and they were all astonished at my conservancy of the patient's bowels for any time I wished." The consequence of his pursuing this practice has naturally reduced the death-rate after these Cæsarean operations; fewer die and more are saved.

Now although surgery now-a-days leaves nothing to be desired, the successful issue of operations often depends upon the after Medical treatment; and this Mr. Brown fully admitted, and gave my friend all the credit. If this was done oftener in our schools, even as an *empiricism*, the success surgeons would meet with would surprise them. I have had my friend's permission to record these circumstances, as I wish myself to take the question out of the region of empiricism, and place all these wonderful laws on a scientific basis, on which alone it can firmly stand. It is therefore incumbent on the physiologist to find out why this fact is beneficial in many idiosyncrasies in health, and why it often checks disease and gradually assists the secretions towards a condition of health. What then, may we ask, is the reason of the natural constipation of those who have this state in health? Why is it that in given conditions in the system from persons being placed in some greatly altered circumstances that constipation becomes a beneficial action, when the reverse always occurred before? Why also in disease should this fact come to their immediate assistance and become a Vis Medicatrix Naturæ if man would only let it alone? Why, under many circumstances of violence done to his system, is it that this fact is a sequitur? Even in the health of other individuals with the greatest regularity of the actions of the bowels, we have to ask how much of this depends upon the colon? In short, we have to learn as much philosophy from what may be called the opposite conditions of the colon as we have of its regular actions and the organ itself. We have to ask ourselves how much the philosophy of life depends upon the physiology of the colon, and the usefulness of its contents, and come at once to this point:—Are the fæces useful to life as fæces? Has Nature been right or wrong in

making the receptable such an one as she has done for them? If she is right, then I say the whole practice of physicking and purging to the extent that it has been carried and even carried on now, is an ignorant delusion of man, who has had no justifiable right to use as his motto :—"Opiferque per orbem dicor," with Apollo as the mythological God of Medicine as his crest. He has had no right to use any such godship or any such motto, when he has continually done the reverse of good by opposing natural laws, and made disease where he should have stopped its first inroads, and by playing (all unconsciously I will admit) into the adversaries' hands; and has, as a matter of course, left death to reap the harvest. To ignorance of many of the great laws of Nature are all these things to be laid. Many who have been only wise in their generation, and many even living now, have expressed their unbelief in the "Ars Medicinæ," because disappointed at every turn in their apparently wisest axioms and modes and means of cure, have said: "Better had it been for the world if neither physician, surgeon, leech, nor even midwife had ever existed." Thus because they quarrelled with their own ignorance they seemed to infer that nobody could ever know more than they did, and so condemned the God-like calling itself. This is always the case. But at the risk of shocking society with new ideas, I am bound in honour to myself and duty to my fraternity to express my views on these important points, and show that it is to the colon and its filthy and disgusting contents that we owe much of the health and happiness of our lives, and not only this, but through an inscrutable wisdom, the advance of science and knowledge of matter.

I am, &c.,
CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

THE CHOLERA IN FRANCE.

Towards the close of last week there was a report, which soon gained ground, that the Asiatic scourge had entered Paris, and had, in fact, been there for several days. It was reported that from the 22nd of September to the 1st of October there had been forty cases of the disease, with twelve deaths. Twenty of these cases were inhabitants of Montmartre and Batignolles. They were all removed into hospital. In addition, twenty-seven cases were reported in private dwellings. In order to prevent alarm, the 'Mémorial Diplomatique' published a note putting the public on their guard against exaggerated reports on the subject of the cholera in Paris. It admitted that the malady does certainly exist in the capital, but simply in isolated cases, and having in no wise the epidemical character which marked the two previous invasions of the scourge. "There are," it states, "at most twenty cases of cholera per day in the hospital—a number without importance, especially in the present season, when the use of fruit, vegetables, and crudities, with the drought, is sufficient every year to give rise to a certain amount of sporadic cholera. Notwithstanding the above-mentioned causes, statistics show that the mortality has of late been less considerable than in the corresponding period of last year." The 'Gazette de France' states that it is on the southern side of Montmartre and of the Batignolles that the cases have principally arisen, and adds :—"Both these districts are, unfortunately, exceedingly dirty, as well in the interior of the houses as in the streets. Cleansing of an extensive character is required, and in that respect the inhabitants have as much to do as the Prefect of the Seine."

On Saturday and Sunday a considerable number of cases of the malady—over sixty—were reported in the city, and on Friday the 5th, there were not less than twenty deaths. It seems that the disease was brought into Montmartre from Marseilles by a person suffering from it, who died in Montmartre. On Monday, the 9th, the disease was considered to be on the decline. The places in which it was most rife were in the northern division of the city.

That the epidemic in its true Asiatic type does exist in Paris is proved, we fear, by the steps taken by the Government. For some days past the authorities have been saturating all the foul places with solution of chloride of lime. This was of some significance, but the most important fact is that on Tuesday last a "service Médical" was formally organised under Ministerial direction. Twenty-two soldiers of the Imperial Guard are reported as being under treatment for cholera at the Military Hospital of the "Gros-Caillon."

PARISIAN MEDICAL NEWS.

APPLICATION OF CAUSTICS IN PHLEGMONOUS ERYSIPELAS.

Cauterisation being more generally employed formerly than at present, has doubtlessly been resorted to in cellulo-cutaneous erysipelas; but it appears probable that it never has been instituted in the manner adopted by a Surgeon-in-Chief of the Navy, M. Long, in the cases forwarded by M. Pasqualini, Interne of the Hôtel Dieu of Toulon, to the 'Gazette Hebdomadaire.'

The first patient was a brewer, aged twenty-eight, who had been ailing for three days, and whose condition when he was admitted into the hospital on 18th July, 1864, was the following :—

The right arm was in its entire extent swelled, painful, of a dusky red, and covered with livid vesications; the redness and tumefaction extended from the fingers to the axilla, the margin of the discoloration being indistinct; the axillary glands were enlarged, and œdema was present in the internal and inferior parts of the arm, and also behind the elbow; a large bulla, four inches by two, existed on the anterior region of the arm. Deep-seated fluctuation was present, with fever, agitation, dilatation of the pupils, wandering, and a soft, regular, and rather frequent pulse (80). Beef-tea was prescribed, and a 4 oz. mixture containing two drachms of acetate of ammonia. Vienna paste was applied over thirty spots about half an inch in diameter, in four longitudinal rows, and the limb wrapped in cotton, was laid on cushions forming an inclined plane of which the hand occupied the apex.

On the 19th the patient was much worse; the delirium was more violent in the night, the tongue was black and dry, and the pulse quicker (85). Fifty other rounds of the escharotic were applied over the whole surface of the arm, and beef-tea was prescribed.

On the 20th the delirium and fever ceased altogether, the limb was less swelled, and the tongue less foul. On the 22nd, suppuration set in in the cauterised spots, and the arm was much reduced in size. The patient was also enabled to move the limb slightly, and his general condition being satisfactory, soup was allowed. On the 24th suppuration of the issues was fully established, appetite was restored, and solid food was prescribed. On the 25th the skin was found extensively detached at the back of the arm and in the region occupied by the large vesicle we have described, and the suppuration was copious. Flakes of mortified cellular tissue four inches in length were removed behind the elbow, where the skin was also detached. On the 30th, marked improvement was observed in the condition of the arm, the suppurative action appeared to have ceased, the skin again adhered to the subjacent parts, and the wound on the inside of the arm was covered with healthy granulations; no sloughing of the integument was noticeable in any part. The patient was now enabled to use his arm, and its movements were restored. The granulations were touched with lunar caustic, and on the 3rd August the man was discharged from hospital.

In the second case, in which the number of cauterisations was reduced by one-half, the suppuration was more copious and the detachment of the skin more extensive.

Dr. Carence, who preceded M. Pasqualini as interne of M. Long's ward, also records the two followidg cases :—

Mary R—, aged fifty, admitted into the Hôtel Dieu on the 3rd of January, 1864, was affected with phlegmon involving the whole of the leg and the two lower thirds of the thigh. The swelling was considerable, and deep-seated fluctuation was present; the integument was covered with vesications, and her general condition was most alarming, and aggravated by intense delirium. One hundred and

hirty applications of Vienna paste were made along the mb; the general symptoms promptly improved, and the norbid secretion escaped through the apertures made by ne escharotic. After an interval of three months a com-lete cure was effected.

L., a labouring man. Deep and narrow wound of the bow, followed by tumefaction of the arm, from the axilla the wrist; phlyctenæ on the surface, fever and delirium. venty cauterisations were performed, and the patient mained ten weeks in hospital. When he was discharged, ght stiffness remained in the joints, but he was visited by . Carence a month later, and at this period no difference is perceptible in the movements of the two arms.

M. Long has invariably followed this system with all t constant success. His object in applying the caustic to arrest the mischief, prevent detachment of the skin, d give issue to the pus.

Sixty or eighty cauterisations applied over a limb, in the rlier stage of the disease, produce powerful counter-irrita-n. In most instances the general condition of the patient es its alarming aspect in the course of twenty-four hours, e tumefaction diminishes, and the suppuration becomes nited. Likewise, in cases of gangrene, M. Long often plies the same remedy on the margin of the healthy rts. The bright red line of demarcation always forms re, the further progress of mortification is checked, and e necessity for amputation removed, or the tedious and ngerous process of suppuration averted. The efficacy of terisation for the purpose of obviating detachment of e skin is apparent in the fifth case adduced by M. Pasqua-i.

B., aged thirty-four, after a severe fall on his head, was mitted into hospital. The scalp was entirely torn off m one side of the head, from the fronto-parietal suture the occipital protuberance, and was inverted over the ek. The parts were gently cleansed, and the flap res-ed to its place, where it was secured by two sutures. the following day the flap was found in a turgid state, tended by subjacent sero-sanious fluid, and nearly ached. The hair was shaved off, and four rounds of nna paste were applied. In the course of two days the puration was arrested, the flap adhered firmly, and in a ek the man was discharged.

n conclusion, M. Long's method is deserving of serious ntion, especially as only two out of sixty cases thus ted terminated fatally, and as he has never been under necessity of performing amputation. The application he Vienna paste is moderately painful, but leaves in-ble scars, an unimportant disadvantage, remarks M. ualini, if the formidable nature of the disease be con-red.

Accidents Caused by Lightning.

appears that in France, between the years 1835 and , the number of persons instantaneously killed by ning was 2,342, nearly 5,000 having also suffered more ess severe wounds inflicted by this cause. Where ning falls on groups of persons of the two sexes, men nore generally injured. The author does not inquire the cause of the greater affinity of atmospheric electri-for the male sex, but he remarks that, even amongst some individuals are, from the nature of their con-tion, more liable under equal circumstances, to expe-e the effects of lightning. Arago remarks that some ns have the property of interrupting the electric nt even when they occupy the second place in the . These individuals are exceptionally non-conductors, must, therefore, be classed amongst the non-conduct-odies which lightning seldom strikes. These marked ences, of course, imply shades, and each degree of actibility corresponds during a storm to a varying e of danger. If a human subject possesses a conduct-ower as great as metal, he will be struck as frequently tal; and an individual who has the faculty of arrest-current has not much more to fear than if he was of glass or of resin. Between these extremes persons e found who attract lightning only in the same degree one, wood, &c. In the phenomena caused by atmos-pheric electricity, the situation occupied by the individual is not therefore the sole consideration, but his physical constitution must further be taken into account. A host of cases might also be adduced to prove that man, in this respect, is far less liable to injury from lightning than animals.

It is a very prevalent opinion that during a storm trees afford but a very unsafe refuge. M. Boudin seems to share in this popular view, and yet his statistics present us with this contradictory result—that, in a number of 141 persons struck by lightning *in the open fields*, 36 only had sought the protection of trees. As to the nature of the latter it should be noted that beech trees have occasionally been struck, a fact which shows that Maxwell and the last Scientific Congress at Manchester were incorrect in their statement of the immunity enjoyed by this tree.

Another very singular circumstance, adverted to by M. Boudin, is the electric power preserved by the body of persons recently struck by lightning, and he adduces two cases which fully illustrate the fact. The first concerns a man who, on the 30th of June, 1854, was killed by lightning in the neighbourhood of the Garden of Plants in Paris, and whose body remained for some time exposed to a heavy fall of rain. After the storm, two soldiers, who attempted to remove the corpse, experienced each a severe shock. In the second case, two artillerymen were ordered to raise two posts of the electric telegraph, demolished by lightning on the 8th of September, 1858, at Zara, in Dalmatia; they experienced at first slight shocks, but were afterwards suddenly struck to the ground; the hands of both were severely burnt, and one of the men, for a time, gave no signs of life. His comrade, while attempting to rise, immediately fell back again, when his elbow came in contact with the body of a person who had hastened to his assistance. This individual was also struck down, experienced various nervous symptoms, and a burn was observed in the spot touched by the elbow of the injured man.

Thoracentesis.

Thoracentesis is at present a general subject of discussion, both within and beoynd the walls of the Academy of Medicine. Our readers will therefore not be suaprised to find in the present number several communications on this question, which does not appear likely to derive much light from the debates still going on at the Academy. It is obvious that, although opinions may differ as to the amount of danger involved by the ingress of air into the pleura, all practitioners agree that the contingency should be avoided; and it is also evident that Reybard's procedure, amended by Mr. Barth, affords every security, and is applicable by all surgeons. The operation cannot, however, be regarded as altogether innocuous. Instances are on record of fatal syncope supervening immediately after its performance; the point of the trochar has occasionally been driven into the lung, and the instrument has been sometimes also pushed through the diaphragm into the peritoneum. We need not allude to cases in which the puncture has been improperly resorted to, when no effusion was present, because, as will be seen in a case by M. Lucas-Championnière, the mistake may be easily avoided by careful previous auscultation; but if it is right not to exaggerate the perils of thoracentesis, and, on the contrary, to point out its many advantages, it is at the same time necessary that practitioners should be fully aware of its possible consequences, in order not to have recourse too hastily to the procedure, and not before acute inflammatory action has been subdued by depletion, digitalis, nitrate of potash, and counter-irritation.

MEDICAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 5th:—Henry Melville Brewer, Newport, Monmouthshire; Richard Phibbs Irwin, St. Peters road, Mile end; Robert Jolly, Albany street, Edinburgh; Charles John Myers, Talbot Villas, Tottenham; John Norrish, Tavistock street, Plymouth; Henry Cripps Rogers, Newport Pagnell, Bucks.

The following gentleman also on the same day passed his first examination :—Thomas Edward Bowkett, London Hospital.

Of the 128 candidates who presented themselves for the Preliminary Examination in Arts on the 29th and 30th ultimo, the following passed, and received certificates of proficiency in general education :—J. K. Andrews, A. H. W. Ayling, W. C. Barnish, F. W. Barron, A. H. Barron, W. Berry, R. Brockelsby, T. Browne, J. P. Brumwell, J. L. Bullock, H. Button, J. A. Campbell, A. G. Cawood, H. Choldicott, J. L. Chambers, C. Clapham, W. Claridge, J. R. Clourting, Ellen Colborne, E. O. Copland, D. Davies, T. Dawson, H. J. Dax, T. Docking, W. T. Drew, L. Duke, A. R. Dunnage, S. V. Durrand, E. Elphick, G. England, E. F. Gaitskill, J. C. Gibson, A. Gillingham, H. Goude, F. Greenwood, E. J. Hale, A. L. Harrington, A. Hogg, R. B. Hogg, S. L. Jackson, M. T. Kavanagh, A. Kershaw, C. H. Lawrence, J. T. Leigh, David Lloyd, R. H. Lloyd, W. H. Lloyd, J. Maffey, L. W. Marshall, J. B. Maskew, R. Mason, A. Mitchell, W. M. Noott, C. J. Oldham, J. B. O'Connor, A. H. Parker, J. Phillips, E. J. Plummer, W. J. R. Ray. F. H. de Rheims, W. K. Rix, J. J. Robinson, W. Roche, J. Rouch, C. E. Rowling, H. Salt, A. Sangster, J. Scott, M. F. Simon, H. Skelton, H. C. Smith, W. W. Smith, R. Stephens, W. B. Taylor, G. D. P. Thomas, L. M. Thomas, G. F. E. Towt, J. Tuck, E. P. Vines, J. F. Vizard, W. Wearne, A. J. Whitefoord, G. Whittaker, W. H. W. Wilkinson, G. Willis, J. B. Wilson.—W. Claridge, E. O. Copland, H. Goude, Henry Salt, M. F. Simon, L. M. Thomas, and W. H. W. Wilkinson, received special certificates of honour.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following is a list of candidates who passed the Examination on October 11th as Pharmaceutical Chemists :—John Angior, Liverpool; John Averill, Stafford; James Best, London; John Bienvenu, Southampton; Henry Jones, Llanfachraith; W. H. Lenton, East Dereham; Thomas Stokoe London; Cornelius Williams, Pembroke Dock.

THE SURGEONCY OF THE SURREY COUNTY GAOL.—Mr. Rendle has publicly announced his intention of withdrawing from the competition for this office, on the ground, as he states, that "the election appears to be already predetermined." Surely there must be some misapprehension on the part of Mr. Rendle. If not, the magistrates are bound to give some explanation of the charge brought against them.

SOCIETY OF APOTHECARIES.—At the recent examination for prizes in Botany, annually given by this body, the successful candidates were—Stephen Wooton Bushel, Guy's Hospital, a gold medal; Henry Franklin Parsons, St. Mary's Hospital, a silver medal and book.

DEFICIENT VACCINATION.—In the quarter ending June 30th, there were 259 births registered in Exeter, and only nineteen cases of vaccination.

POISON IN THE SEWERS.—Dr. Letheby has analysed the sewage taken from the main sewer in Blackman street, Borough, where three men engaged in flushing the sewer lost their lives on the 14th ult. Dr. Letheby, in his report to the Metropolitan Board of Works, says the sample was giving off abundance of sulphuretted hydrogen and carbonic acid. The composition of it was the same as that taken from a sewer in Beech lane, Barbican, into which the refuse from one of the establishments of the Aërated Bread Company was discharged. The Aërated Bread Company are in the habit of employing a mixture of whiting and oil of vitriol for the generation of carbonic acid, used in the vesiculation of the bread, and when this mixture ceased to evolve the gas in sufficient quantity for their purpose, it is discharged into the sewer, where it continues to give off carbonic acid in such volume as to render the atmosphere unwholesome. About half a ton of this refuse has been let into the sewer at a time, and Dr. Letheby has reason to believe that it not only evolves carbonic acid, but it also, from its acid nature, causes the escape of sulphuretted hydrogen from the sewer mud. Experiment has proved that air with less than 10 per cent. of carbonic acid, or with only from 1 to 2 per cent. of sulphuretted hydrogen, may be immediately fatal to animal life. Mr. Bazalgette has therefore recommended the board to order the bread companies to desist from discharging their manufactured refuse into the sewers. The board adopted the report.

PERSONS BITTEN BY DOGS.—A Parliamentary return has just been issued of all persons bitten by dogs and conveyed to hospitals between the 1st of January and the 28th of June last. The numbers are as follows :—Charing-cross, 55; German Hospital, 9; Guy's 40; London, 70; Middlesex, 32; Royal Free, 13; St. Bartholomew's, 61; St. George's, 28; St. Thomas's, 27; Westminster, 24; and Seamen's Hospital, 1. One death from hydrophobia took place at Guy's. At St. Thomas's a man died from hydrophobia caused by his dog licking his face.

THE PUBLIC HEALTH.—In the week that ended on Saturday, Oct. 7, the births registered in London and ten other large towns of the United Kingdom were 3,883; the deaths registered 2,640. The annual rate of mortality in the week in those eleven towns was 24 per 1,000 persons living. In London the births of 1,042 boys and 1,016 girls, in all 2,058 children, were registered in the week. In the corresponding weeks of ten years, 1855-64, the average number, corrected for increase of population, was 1,852. The deaths registered in London during the week were 1,193. It was the fortieth week of the year, and the average number for that week is, with a correction for increase of population, 1,209. The deaths returned are slightly below the estimated number. Eighty-three deaths occurred from diarrhœa.

PRECAUTIONS AGAINST CHOLERA IN FRANCE.—The head physician of the Paris and Strasburg Railway Company has posted special instructions in all the stations on that line as to the precautions to be adopted in case of an attack of diarrhœa. The company has, moreover, distributed among their *employés* boxes containing the medicine required at the first appearance of cholera, so that travellers and employés may find such remedies close at hand as are frequently sufficient to arrest the progress of the disease.

THE SOCIAL SCIENCE CONGRESS.—On Monday week there was a large attendance of members of the Congress at the Music Hall, Scorey street, Sheffield, to hear an address from Dr. Lankester, President of the Health Department. Dr. Lankester alluded to the ravages of cholera and of the cattle plague, and said he would not attempt to settle the question of whether these diseases were contagious or not. There were two great schools, one of which held that zymotic diseases were produced by special poisons. These were called contagionists. The other school did not believe in the existence of these special poisons, but believed that sanitary neglect and dirt sufficed to produce zymotic diseases. These were called anti-contagionists. He believed that the extreme views of each school were wrong, and that the sanitary measures directed by either party in the present state of knowledge of diseases would plunge us into worse evils than quiet submission to their unresisted influence. Whilst all agreed that small-pox was contagious, and that bronchitis was not, there was a large class of diseases on which high authorities differed, and it was of great importance to pursue an inquiry into the origin and nature of these zymotic or pulmonary diseases, which annually carry off 100,000 of our population. For this purpose three circumstances demanded attention. First, the poison supposed to kindle the disease; second, the medium that conveys it; and third, the personal predisposition to take the disease. As to poisons, even the anti-contagionists admitted that conglomerations of filth and continued exposure to unhealthy exhalations predispose persons to take in the disease of special poisons, but there is no evidence that these agents, though capable of destroying life, are capable of producing alone any of the particular forms of miasmatic disease. The same doctrine applies to diseases amongst cattle. The learned doctor, after some further observations on the causes and development of disease, proceeded to say that in the removal of sanitary impediments our Legislature wanted earnestness. All our Acts of Parliament were so framed that they could be defied with impunity. The great bar to sanitary action in our vestries and local boards is their parsimony; and if they could be once made to see that disease and death are the most costly luxuries in which man can indulge, they would possibly

e more scope to the action of their Medical officers of lth. Perhaps one of the greatest improvements that ld take place in the London system would be the ointment of the Medical officers of health for life, and ucing their numbers, giving them larger districts to erintend, and appending salaries which would render it ecessary that they should attend to private practice.

AMBRIDGE.—By graces of the Senate, passed at a con-gation 12th Oct., the following appointments were made: r. C. J. Hare, Caius College; Dr. G. M. Humphry, ming College; Dr. P. W. Latham, Downing College; e Examiners for the First M.B. Examinations, and for First M.C. Examinations. Dr. Paget, Caius College, e Examiner for second M.B. Examinations. Dr. Hum-, Downing College, T. Holmes, M.A., to be Examiners he Second M.C. Examinations for the ensuing year.

OSPITAL FOR CONSUMPTION, &c., BROMPTON.—The plain-General to Her Majesty's Forces (the Venerable . Gleig), on Sunday last preached at All Saints' Church, er Norwood, in behalf of the funds of the Hospital for sumption and Diseases of the Chest, Brompton. At the of a very impressive and appropriate discourse, the cher said that the value of the institution for which he to plead could not possibly be over-estimated; in fact, was none for which a stronger appeal could be made for this hospital. The hospital accommodated 210 in-nts, and between 7,000 and 8,000 new cases were pre-ed for last year among the out-patients. The expenses necessarily heavy, and there was a serious increase in rice of provisions, especially meat and milk. To give gle instance, 300*l.* would be added to the outlay in con-ence of the rise in the price of milk. Besides all that lone at Brompton, the preacher said it was intended, in pinion wisely, to establish a depôt, so to speak, in the d of Madeira, to which twenty patients would be sent e winter. He trusted that these, and perhaps in the e a thousand others, would there be restored to the ealth which was to all, but more especially to the work-lasses, a priceless blessing. The collection at the close e sermon amounted to 93*l.* 15s. 8d., which included a l contribution in aid of the Madeira Fund.

EATMENT OF THE CATTLE DISEASE.—Mr. Frank land suggests, in the columns of the 'Times,' that the sed cattle should be treated in the same way as the lions, , and leopards were in the Zoological Gardens in 1851, those *carnivora* were seized with a similar disease. Mr. land says:—"The animals attacked by this disease the epidemic of 1851 were four lions, three lionesses, gers, two cheetahs, and four leopards; of these, one d one lioness died on the 20th of August, before the te of potash (the treatment referred to) was commenced. single death occured after its exhibition, although the ls all suffered from the disease with strongly marked oms. Since this date, Mr. Bartlett, superintendent of ological Gardens, has found the chlorate of potash ent to be most beneficial to the animals under his , be they antelopes, deer, *carnivora*, or other deni-f the garden. In order to show the little danger of ans employed, it must be mentioned that, on the 26th ust, 1851, three lions drank six quarts of water, in had been dissolved 480 grains of chlorate of potash. s this, they each had 20 grains in the food, making a f 540 grains between three lions in one day. The dose for an adult ox or cow would commence with ounce given morning and evening. On the fol-day, if the symptoms do not diminish, the dose might bled, increasing it on the third day to half an ounce; any circumstances, discontinue it on the fourth day, ve the system a day's rest, and then give smaller doses ill the animal is convalescent. The best mode of ad-ering it is as follows:—Dissolve half an ounce of te of potash in one quart of boiling water; add to this arts of cold water. The animal, being thirsty from ease, will drink then three quarts, and then give him l quantity of water; he will drink the water containing dicine if allowed to become thirsty, and voluntary g is far better than any drenching.

DEATH.

KING.—On the 10th inst., at the residence of her son-in-law, Dr. G. de Gorrequer Griffith, 9 Lupus street, S.W., Hannah King, widow of the late Henry King, Esq., M.D., Surgeon H.M. 33rd Regiment, and of Elderslie, Dublin.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, OCT. 18.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, OCT. 19.—*Operations* at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Harveian Society, First Meeting of the Session 1865-66.—Professor Boeck, of Christiania, "Remarks on Syphilisation;" Dr. W. Camps, "Further Remarks on Epilepsy: the Majuscular Variety."

FRIDAY, OCT. 20.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, OCT. 21.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-Cross Hospital, 2 p.m.

MONDAY, OCT. 23.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m,; Metropolitan Free Hospital, 2 p.m.

TUESDAY, OCT. 24.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Principles and Practice of Medical Jurisprudence. By A. S. Taylor, M.D., &c. London: John Churchill and Sons.

On Some of the Causes and Effects of Valvular Disease of the Heart. By T. R. Peacock, M.D., &c. London: John Churchill and Sons.

On the Nature and Treatment of the Cattle Plague. By R. H. Allnatt, M.D. London: John Churchill and Sons.

Ligature of the Left Iliac Artery, being the Second Operation in Ireland, and the First Successful Case of it. By William Hargrave, A.M., M.B., &c. Dublin: Thomas Deey.

Elements of Social Science. By a Graduate of Medicine. Sixth Edition. London: E. Truelove, 240 Strand, W.C.

NOTICES TO CORRESPONDENTS.

It is requested that all communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

DR. H. R. informs us that a patient who had been under homœopathic treatment informed him that the homœopath recommended the patient not to take any medicine to open the bowels *except* castor-oil; and our correspondent asks whether castor-oil is a homœopathic remedy, and whether, on the principle *similia similibus*, &c., it has ever been known to cause constipation.

MR. J. T. R.—We cannot at present offer any decided opinion as to the merits of syphilisation as a remedy for venereal complaints. We understand that Professor Boeck will introduce the subject at the approaching meeting of the Harveian Society, to-morrow evening.

DR. G. P.—The announcement is inserted.

CAVENDO.—If A. attended the patient for B. while the latter was out of town, and at the request of B., there can be no doubt as to the person to whom the patient belongs; and even if B. did not request A. to attend, A. ought, in courtesy, to give up the patient when B. returns.

A FIRST YEARS' MAN.—It is impossible to give a concise answer to the question, as it involves a great amount of chemical theory, but the hydrogen scale is the easiest to remember.

J. S. (Mile-End).—We have alluded to the subject in another part of the Journal.

QUÆSO.—The name does not appear in the 'Directory,' and the whole affair looks rather suspicious.

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"As temperature is of so much importance in the preparation of this food, I recommend that a thermometer be in all cases employed; and, in order to ensure greater uniformity in the strength of the prepared soup, that the quantities of the dry food, milk, and water used should be determined by means of a little dry measure cup, and a graduated glass for the water and milk.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

FEW PRACTICAL REMARKS ON HERNIA, ECZEMA, AND AFFECTIONS OF THE HEART, OCCURRING IN THE AGED.

By Henry Samuel Purdon, M.D.,
L.R.C.P. Edin., L.R.C.S.I.

sistant Physician Belfast Charitable Infirmary and Institution, Physician Belfast Dispensary for Diseases of the Skin, and Academy Street Dispensary for Affections of the Chest, late Medical Officer Templepatrick Dispensary.

rnia is the first disease that I shall briefly consider, and deavour to point out some of the peculiarities of this ection occurring in old persons. The commonest form hernia to be met with amongst the inmates of the Belfast aritable Institution, is the oblique inguinal, all other nds being rare. On a rough estimate, one man in eighteen s this complaint, which has usually existed for some rs before admittance into the Institution.

As it is not my intention to enter into a consideration of anatomical characters, symptoms, &c., of hernia, and as vish to be as brief and practical as possible, I shall only ntion the following peculiarities and treatment:—

When a rupture has existed for some years, it is usually her difficult or impossible to return it, for the following sons: the abdomen has become accustomed to its diminished contents, and if the surgeon does succeed in returning the hernia, colic, vomiting, and other unpleasant symms frequently obliges him to allow it to descend again; eed, cases have been recorded by Petit of this practice ving fatal, probably from peritonitis. Increased volume the hernia may likewise prevent it being returned, or esions to the sac, and thickening and enlargement of the entery or omentum. For the above reasons, to return a standing rupture is rarely tried, the great danger to be id of is strangulation, and the great object is to guard nst this; so that when any symptoms of pain or unness in the rupture arise, the following treatment is at commenced, and has now been in use for the last five x years, being first suggested by Dr. Ferguson, surgeon his Institution. Cloths steeped in vinegar and cold r, or a refrigeratory mixture such as one composed of te of ammonia and nitrate of potash are constantly ied, the patient being given a cup of the strongest in- m of coffee, with very little sugar and milk, every half- r. This plan of treatment has been found very successand in reducible hernia, which before would not stay return after a few cups of coffee with the greatest ease, remains up. One thing about the coffee is, that it contain no chicory.

Joseph Gammat, in 'Braithwate's Retrospect,' Vol. VII., mentions a case of hernia in which the sym- s of strangulation appeared, and after trying the taxis, vithout success, he gave a strong infusion of coffee (3j. ie cup), and after the first cup he reduced the hernia ut trouble. The following case illustrates some of ffects of coffee:—

n Dyer, aged ninety-two, an inmate of the Belfast table Institution, in height about 6 ft. 2 in., had no e but hernia, complained of symptoms of strangula- n September 29th, 1865.

tory.—Was formerly a carter; his rupture has existed out twenty years, unpleasant symptoms have occaly arisen; wore a truss irregularly for about six

sent condition.—The hernia is of a very large size, ling about half-way down the thigh; bowels regular; appetite good; complains of pain and uneasiness at seat of rupture.

Treatment.—To have a cup of strong infusion of coffee every half-hour, also a refrigeratory lotion applied to the scrotum.

October 2nd.—Much better; complains of no pain; coffee has been discontinued.

October 5th.—Is up, and to all appearances quite well; complains of no unpleasant symptoms; bowels regular. This treatment has been before pursued on several occasions with this patient, and has always been found to succeed both in his case and that of others.

Eczema.

There is a curious form of eczema, which I think is peculiar to old people, occurring principally on the legs, and, as far as my observation goes, most common in winter, which I attribute to sitting too close to the fire. From the appearance of this affection, it might at first glance be mistaken for erysipelas; the skin of the leg is red and glazed, combined with œdema of the ankle: the affected surface also pits on pressure, and is not very painful to the touch; but any effort at walking is rather painful: a feeling of burning heat is complained of more than itchiness.

This form of eczema is one of the most difficult to cure. As regards constitutional treatment, I usually give the tinctura ferri perchloridi in doses of fifteen drops, gradually increased to twenty-five, three times a day, combined with the occasional use of an aperient pill. If the patient is not much debilitated, Fowler's solution may be prescribed with the tinct. ferri perchloridi. The local treatment is to my mind more important than the constitutional, and in the acute stage I think nothing answers so well as the linimentum calcis, to which a little camphor may be added. The cold water douche in this stage is also useful. The linimentum calcis should be used constantly until the acute stage has passed, which is known by scales forming, which are frequently of a laminated character; a sensation of itchiness is often complained of at this period. When the sub-acute stage has commenced, the vapour of sulphur and iodine (3iij. of the former and ten grains of the latter) is to be applied to the affected surface, as recommended by Dr. Burgess, who suggests the following method:—A common can, large enough to hold the leg and foot, is to be obtained, in the bottom of which a hot iron is placed, upon which the sulphur and iodine are laid, of course protecting the foot from the iron; the leg and can are then enveloped in flannel, and the leg may be kept in about fifteen minutes. If the disease is of a more chronic nature, I am in the habit of using an ointment made of tar, castor oil, carbonate of potash, and white wax; this ointment, which is to be used night and morning, and rubbed firmly into the affected surface I have now used for some time. What first led me to combine these ingredients, may be learned from my paper "On Cases from Practice" in the Medical Circular for April, 1865.

Disease of the Heart.

The commonest forms of disease of the heart are softening and dilatation, with thinning of the walls. As the symptoms of these diseases are familiar to all, I hope to be excused for saying a few words on dilatation occurring in the aged, and a probable cause of this affection. Now, I do not intend to commence a crusade against tea, as it is a beverage of which I am very fond; but, nevertheless, its immoderate use evidently occasions affections at least of the stomach and heart. In the former organ, its use gives rise to various forms of dyspepsia, the nature of which, if entered into, would be foreign to the object of this paper.

As regards affections of the heart caused by tea, I am borne out in my assertion by the high authority of both Drs. Williams and Stokes; the former in his work 'On Diseases of the Heart,' and under the head of 'Functional Palpitations' remarks: "Everyone knows that the habitual use of strong green tea, is apt to excite constitutional disturbance of the heart, often amounting to paroxysms of severe palpitation." Dr. Stokes also relates several cases of various affections of the heart arising from the immoderate use of tea. Now, it must be evident that if the use o

tea be further indulged in, organic changes in the structure of the heart must take place sooner or later, and these changes I attribute, especially as regards dilatation, to the tannin contained in the tea acting primarily on the mucous membrane of the stomach, and subsequently through the sympathetic system, on the heart, weakening its muscular fibres. For further remarks on the action of tea on the teeth and its physiological effects, I must refer to a paper of mine on this subject in the MEDICAL CIRCULAR for February, 1865.

As regards treatment, tea should be either given up, or its use limited to one cup for breakfast and one for supper. The remedies most useful are the various preparations of iron, and for hospital use the sulphate answers very well, and I am in the habit of prescribing with it the extract of nux vomica, and which has an excellent effect.

EPIDEMIOLOGICAL SOCIETY.

CHOLERA.

MEMORIAL TO THE FOREIGN OFFICE.

The Epidemiological Society, which was founded at the beginning of 1850 for the study of Epidemic diseases, not only at home but also in foreign countries, has had their attention directed in a special degree to the investigation of Malignant Cholera. No pestilence in ancient or modern times has had a wider or a more destructive range over the face of the globe, since its first great migratory movement, which commenced now nearly fifty years ago. After ravaging India, it spread in all directions, so that scarcely a country in Asia during the next few years escaped, from China to the Ural Mountains, and from the Indian Ocean to Siberia. After occasional lulls and intermissions in its progress, it at length reached the confines of Europe in 1830-31, and then steadily advanced in its westerly course, chiefly through the central part of the Continent, until it appeared on our shores in the autumn of the latter year. In 1832-33 America was attacked; and during the next three or four years the southern countries of Europe bordering on the Mediterranean seem, as far as our imperfect information enables us to determine, to have been the principal seat of its ravages.

After 1837 Europe was, it is believed, free from the pestilence for the next nine or ten years, when a second great epidemic wave or current, so to speak, again set in from the remote East, and passed over Europe and onward to America in 1848-49. This visitation was both wider spread and more disastrously fatal, alike in Europe and in the New World, than the former epidemic.

The interval between the cessation of this epidemic and the following one was much shorter than on the previous occasion; it did not exceed three or four years at most, and, indeed, it is doubtful whether the germs of the disease had ever become thoroughly extinct or annihilated in Europe and America.

The epidemic at present existing along the shores of the Mediterranean is generally supposed to have commenced in or near to Alexandria during last June; but no reliable data have been obtained respecting the circumstances or conditions under which it manifested itself in Egypt, and whether it had been previously prevailing— and if so, for how long—in Mecca or other parts of the Arabian peninsula. Most imperfect, too, is the intelligence as to the earliest occurrence of the disease in many places which have been already attacked, more especially in Syria, the islands of the Archipelago, and the Adriatic coast of Italy, &c.

Hitherto, the information before the Profession respecting the exact course of the development of Cholera in the several epidemics which have traversed Europe has been far from being either so correct or so complete as the interests of science demand. A much more full and accurate knowledge of the geographical history of the disease—as it appears in different lands, and under the varying conditions of climate, country, the habits and diet of peoples, &c.—is greatly to be desired. Epidemiological inquiries have to be conducted in much the same way as meteorological inquiries; to be fruitful of good, both must equally rest on accurate data collected in a wide area of observation, and over periods of time more or less extended. What the Board of Trade now does to advance the progress of meteorological science may be done by other departments of the Government to advance the interests of epidemiology.

On no point is authentic information more needed than as to the exact dates when the pestilence first appears in the different localities attacked over the face of the continent. Great Britian possesses greater facilities in obtaining such information, from her wide spread relations and intercourse, than most other countries. It is respectfully submitted that the object in view might be efficiently attained, through the co-operation of H.M. Consuls, if the Secretary of State for Foreign Affairs would be pleased to give instructions to those gentlemen to record and communicate the most reliable information within their reach in respect of their consulates and the surrounding districts, and if all such information were made available for the benefit of Medical science. To the following points the Council of the Society would particularly invite attention—

1. The exact dates of the earliest recognised or ascertained cases of the disease, whether the cases proved fatal or not.

2. Did these cases occur among strangers or persons recently arrived in the place?—or among residents who had not been recently away from it?

3. Had there been any unusual amount of bowel disorder, or other form of sickness, prevalent among the inhabitants prior to the occurrence of these cases?

4. In what part of the town or village did the first cases occur?—and what part or district suffered most during the visitation?

5. What is the nearest place where the disease was known to exist at the time of the occurrence of the first cases, or to have existed shortly before such occurrence?

6. What precautionary measures have been taken by the authorities to avert, or to meet, the visitation?

GAVIN MILROY, M.D., F.R.C.P, *President.*
J. N. RADCLIFFE, *Secretary.*

September, 1865.

THE LATE MR. McNAB AND THE CHOLERA AT EPPING.

In the course of the illness of Mrs. Groombridge and her daughter, Mr. McNab and Mr. Duncan McNab had been personally unremitting in their attendance. They neither of them suffered during this time; and Mr. Duncan McN. has not suffered at all. On Sunday, October 1, Mr. McN. sen. was quite well, and at noon of that day he also attended the Groombridge family. On Monday, October 2, he took a long round of patients, and was particularly cheerful. In the afternoon he dined at 6 p.m. At about 7 p.m. he retired to his study, and fell asleep in his arm-chair. At 8 p.m. when called for tea, it was found he had gone up-stairs, and was sleeping on a sofa. He slept until a little before 9, when he woke up and immediately vomited. The housekeeper, who call him, remarked that the chair and sofa on which he reclined gave out a peculiar odour, as of must, which had not been noticed before. Mr. M'Nab, jun., was at once sent for; and on his arrival he found that the patient himself had prepared a mixture of chalk and opium, which was taken but at once rejected. At eight minutes past nine he was vomiting constantly, and passing rice-water evacuations by the bowels. Cramps soon followed, and much prostration. Attempts were made again to administer remedies to him; but everything was vomited as soon as taken. Mr. Duncan M'Nab then left for a brief interval to fetch some new remedies. On his return, the patient was cold and the skin clammy; the tongue shrunken, white, and also cold. It was peculiarly noticeable that early in the attack the chin of the patient was extremely cold—it was like ice; then the nose and forehead followed in the same way. There were no local spasms, and

kind of general spasm of the whole muscular organism, hich absorbed, as it were, the local manifestation of mus-ılar contraction. The chief fluid that could be tolerated as wine, and this was given freely; but, as the sufferer mself said, it did him no good. He died in the early part the morning of Tuesday, October 3, within ten hours of e period of attack.

The symptoms were so urgent that no internal remedy s retained, Externally heat was applied, and it seemed, h relief. The extremities were never extremely cold; t the veins presented a peculiar dark, conjested, and pro-nent appearance as if the blood had coagulated in them ring life.

Let us hesitate here for a moment to say one gentle word pecting this excellent man, Mr. Daniel McNab, who s fell. He was a fine specimen of a true-hearted Eng-ı Medical Practitioner, a hard-working Practitioner of good old country school. In youth he could hunt with best, and could practise physic none the less satisfac-ly. In manner sociable, in action courteous, in busi-s punctual, in deed honourable, he won his way with who knew him, and gained reliance where less gifted ı only gain acquaintance. This influence extended not ngst patients alone but amongst the members of his ı Profession, many of whom in early life, acting under as their master, have been followers of his teaching successful largely by his example. He had a deep of science, and was profoundly interested in the nt advance of Medicine; but his great friend, coun-or, and philosophical guide was the mystic fascinator, anuel Swedenborg, whom let any one follow and he t obey.

he last glance at the life-history of Mr. McNab is sin-rly and solemnly beautiful. We can conjure up easily busy country doctor, starting in the heyday of youth, ng from morning till night, leaving no work undone, going home to sleep six or eight hours in one short and then up again at work until position is secured his name well known for miles around. We can see in his prime, with pupils and assistants around him, he centre of an active circle, keeping up the work by nple, and sharing with the others in labour: and we follow him gradually down the decline, still active but ng that night work must be given up and the heavier es. All this is common experience; but when we arrived at this point of decline in the life of Mr. ab, we behold rising before us a new picture. He has d from work, and indulges, as he ought, after a ge of threescore years and fourteen, in learned leisure. ven that leisure is so toned that it enables him to live or work and duty. If wanted, though on his part it reak on his well-earned rest, he is always ready; and happens that on September 30, 1865, a little child contagious disease must be visited by him. He gives is ease to be her succour—takes from her the death , and follows her, still in the path of duty, to the

historian may use romance for his effect, or dig up legend the roll of brave deeds on land and water—tle-field and peace-field alike—but he shall not find er picture than the picture of this well-worn and yet soldier of the Esculapian brotherhood, going out, white locks and gentle heart, to see that suffering He knew that in the act there was not a picking of he world calls fame and glory; but there was a duty done, though death should seal it. It is in deeds ese that Medicine shines forth so divinely. It was death this of our brother—a death to be envied, not ed over; and the sneering world, taking courage t, may gain faith that the profession of physic is not lost yet. "Can a man do more than die for his ?"—'Medical Times and Gazette.'

ZOOLOGICAL GARDENS.—Two of the remarkably ills and one of the cows presented by King Victor el to the Zoological Gardens, fell victims to the plague on Wednesday last. A cow and calf still ı.

"CYCLOPS'" TWENTY-FOURTH LETTER ON PHYSIOLOGY.

To VIGILANS.

SIR,—Our inquiry must now be directed to the colon itself. As there are so many good descriptions of its anatomy in appropriate works, it needs only reminding the reader of its peculiarities as compared with all other viscera. Thus the cæcum is the first portion of it to receive all solid matter from the small intestines, and shut it off immediately from all its former tracts by the ileo-cæcal valves, and so the fæces become exactly what they are—namely, excrementitious matter, and there is no longer anything therein to be digested, nor do they contain any nutritious elements, but are completely excluded from all further acts of their kind in the body, as we may imagine the contents of a sink or cesspool outside a house. In fact, both are got rid of in much the same way, and cast into separate departments, as no longer necessary, but rather an offensive matter if allowed to remain where they were first generated. In investigating the character of the colon, we find that its muscular fibres are longitudinal, and all tied together by a common band running through its entire length; so that what we ought to expect, we find reversed, for this reason, that if they had been circular bands and fibres, these would contract upon the contents of this viscus, and so assist in propelling them, whereas the reverse is clearly evident to all anatomists and physiologists. Hence, as I have said in a previous letter in explanation of the peristaltic action of the bowels, there cannot be any action of this kind in the colon, and I deny emphatically that there is. Its very anatomy bears me out in this opinion, for that which would have assisted progress —namely, circular fibres to its muscles and peristaltic action, are both absent, the one as a fact, the other as a law. We can come, then, to no other conclusion but that detention is the object Nature had in view, which is further proved by the fact, that rather than allow these abominable and disgusting fæces to pass away too quickly, she would sooner allow them and their gases to distend the viscus, as she often does, and so it frequently becomes, at various parts, in a very sacculated condition. This commences even from the very first part—namely, the ascending portion.

Now, this is the hill that is to be travelled first by the fæces, on the principle of the vis a tergo. Arriving at a point about a third or middle of the liver, on which it presses and resting in its ascent on the right kidney as well, it takes a turn and becomes what anatomists call the transverse arch of the colon. Here, again, is a curious arrangement by which this part of the common sink or cesspool of the body is made to rest on the duodenum, and partially on the pancreas as well as against the lower part of the stomach. It is partly covered by peritoneum, but some of its posterior portions are not. Here the fæces, after having mounted perpendicularly, are pushed along horizontally. The same law apparently regulating this part of the viscus, that instead of hastening them along it, its calibre is often distended, which necessarily retards their progress. What an odd thing for Nature to do! but we must look facts in the face. At the end of this gallery there is a turning point or corner resting on the spleen, and thus we come to the descending portion, which rests very shortly at this part on the left kidney, so that there is hardly an abdominal organ that this filthy sink does not touch, or rest upon, or is contiguous to.

Now, this descending portion is shorter than the ascending, and very soon gets to the sigmoid flexure, which is nothing more nor less than a treble turnpike gate. This singular formation illustrates a curious fact, which is, that instead of the fæces resting on parts pointing downwards, it rests on three distinct horizontal lines, precisely as it does on the transverse arch. We may presume that it has no difficulty in passing round the four corners that are made by this arrangement of a letter S turned on its side. But getting over the last, the fæces pass into the rectum. Now here, again, instead of being a straight gut it is a curved one, which may be divided into three parts, and we shall find the same law occurring here; that as fæces get into the upper third, they rest, not upon the point pressing vertically upon

the second third, but on a bend. Again, when they reach the centre third they do the same, and when they get into the third division, the same fact obtains there also. If this was not the case, they would drop at once perpendicularly upon the sphincter ani. But the natural anatomical provision has rightly guarded against this, and for this reason, that a longer or shorter detention at each of the three curves is necessary. Hence, from this arrangement, the fæces in their ordinary state are under the will of every individual. It does not follow, that when fæces get into the upper and centre third of the rectum, that there ensues a hint from the electro-nervous batteries in that part, of the desire to get rid of them, because they may remain some time in the two upper thirds, and no notice given to the owner that it is necessary for him to prepare for the act of defæcation. It is only when they get into the third and last part that this notice is duly given. So that we see from the first moment to the last, throughout the whole of this tube, that every opposition is offered to the passage of the fæces through it, even in a natural way, when the individual is in perfect health. But when he has a departure from this state, we find that Nature assists this act by distending given parts along the line and making sacculated portions for its use.

Now many would consider that this was a diseased condition. Let them think a while, and they will learn that it is a process designed by Nature for curative purposes—for purposes of life and health. All these anatomical arrangements are worth considering more deeply than they have ever yet been done. Anatomists have shown how all these parts are supplied with their due and proper arteries in order to keep up their structure, not their secretions or any other matter physiologists have set forth, for I have in former letters denied that the blood supplies anything but elements of structure, and that it has no power to supply secretions to organs as well, nor a tithe of the lubricating fluid elements which the body uses daily to a great extent. Let us give the colon from end to end all the arterial currents which anatomists have seen to go to them. Let us take the veins, as books have recorded them, as well as the nerves which supply them from their several varied sources. All these facts have only to do with the upholding and general nourishment of this viscus, but nothing whatever with the acts of the colon itself, or the usefulness of its contents.

We have seen that little or no oxygen gets into the colon along with the fæces, and therefore we must naturally suppose that the emanations from the fæces resemble pretty much those of a common cesspool, and which in fact they do. Its gases are all of the most poisonous character, for they are rich in all the hydrogens, mixed with the sulphuric and phosphoric, and having nothing to prevent their formation, must have their full delight and revel in this human sink. It is the knowledge of this that has led the Faculty to be greedy of the expulsion from the system of such a mass of filth. Yet if we look at the perfectly healthy individual who gets his regular morning action of the bowels after breakfast, we might think that he empties the whole of his colon in that act; but he does no such thing. Nature is too wise to allow anything of the kind; he only gets rid of what there may be in the rectum, in the sigmoid flexure, and part of the descending colon. Abhorring a vacuum she retains two-thirds—namely, that which is in the transverse and ascending colon and cæcum. So that, in fact, the colon is kept always two-thirds full, and once in every twenty-four hours it is quite full. We necessarily infer, therefore, that the fæces are constantly generating these foul and poisonous gases, and by the wise law of exosmose, these, being principally hydrogens and very light in their character, must permeate the porous structure of the intestines, and find their way throughout the whole of the body.

Now, there is at this time much said of free air, good ventilation of rooms and buildings, a given quantity of cubic feet of free oxygen to every individual, four hundred at the lowest for his actual necessities, for when there is less and numbers are congregated in one apartment, this room becomes a fever or typhus den, which it often does. The opinion is, that the fever or typhus is produced through want of due ventilation, or a proper quantity of pure oxygen. Now this I demur to. It puts me in mind of a friend of mine who frequently has to complain to his wife of one of the breast buttons of his shirt always coming undone. He declares that the button is too small for the button-hole, and she as stoutly maintains that the button-hole is too large for the button. This is just the case in point. Some declare that the want of oxygen causes the fever and typhus, while I maintain that it is the poisonous elements from every individual's own body. But, says the hygeist, if there had been proper quantities of oxygen, these poisonous elements would have been in some way neutralised. Just so; but then, the poisonous elements are always there, and that the fever and typhus are due to their being in excess, and not neutralised, they poison, and so the argument might go on. While on the other hand, man gets certain classes of diseases entirely through the absence of these poisonous elements, and he could not have health without them. Nature having fully provided for the fact of their being made and afterwards using them in her own way, we have to find out why an incessant exosmose of these poisonous gases permeates the whole body, and more particularly the tissues and interstitial spaces, and by these inquiries we shall find a clue to the regular actions of the bowels in some persons, the conservatism of constipation in others, and the laws which obtain, that in many diseases, if left to themselves, that is, to Nature alone, they are cured by these wise acts and laws. So that we have to prove their relative value in the system, and why they are so useful in health, and that we could not have health or even life without them. And we have further to demonstrate that they are the means of producing many fluid elements in the body, which the body could not do without, and which neither the blood can supply nor any other form of secretion from any other source. And not only this, but that some very important solid matters and structures of the body are also due to their presence, as well as many natural diluents of which I have spoken in previous letters, which the blood never supplied and never could supply, and what is more, would never in any quantity become a part of the great circulating medium itself.

I am, &c.,

CYCLOPS

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. T. K. CHAMBERS commences a course of Three Lectures "On the Effects of the Climate of Italy," the present lecture being chiefly devoted to the record of his personal experience. It will be recollected that about a year and a half ago, Dr. Chambers underwent the operation of amputation of the leg on account of degeneration and rupture of the popliteal artery. Some months afterwards, he endeavoured to resume his practice, but found himself not equal to the task, and by the advice of friends, he went away from London for about a twelvemonth. He has now returned, and it will be gratifying to all to learn that he comes back, in his own words, "with restored health and strength, and by God's blessing, enabled to engage actively in the duties of the Profession." Most of the time of his absence was spent in Italy, and in reference to the diseases most prevalent in that country, Dr. Chambers remarks that acute diseases are far more common than the chronic, and he was informed by an Italian physician, who had practised in Rome, that he had ninety-five acute cases to five chronic. The greater part of the present lecture, however, is devoted to the consideration of the symptoms of degenerative disease, or what is generally known as "

ıealth," where there is no special injury to a particular ırgan, but a general deterioration in the tissues.——Mr. Berkeley Hill gives a description of the "Initial Lesion f Syphilis as observed when Inoculation of that Disease ; made Experimentally." In the present paper, Mr. Hill rings evidence, from his own observations and the writings f others, that ulceration is not necessarily the earliest or ıe immediate consequence of syphilitic inoculation.——)r. W. R. Sanders commences a paper "On Facial Hemiegia and Paralysis of the Facial Nerve." There are two ıuses for this affection—namely, either some cerebral sion, or some affection of the trunk or branches of the ortio dura itself. In cases of facial paralysis due to a rebral lesion, the late Dr. Todd argued that the motor anch of the fifth pair was the paralysed nerve, but Dr. nders shows both from the writings of Dr. Todd himself, d from the evidence afforded by living cases and by postrtem examinations, that the facial branch of the seventh the injured nerve. He states that in the living cases, the sseter, the temporal, and the two pterygoid muscles ıich are all supplied by the motor branch of the fifth r), were unaffected, although the action of the buccinator ıich is supplied both by the branch just mentioned and the facial nerve) was impaired. The same fact was explified by the post-mortem examination of a case of miplegia depending on cancer of the brain.——Dr. HARD Holt, of Hitchin, relates a "Remarkable Case of rbus Addisonii," the patient being a man of middle age, whom the disease developed itself without any assignable se. The usual blackening of the skin was observed and s accompanied by great prostration, and the patient dually sunk. After death the supra-renal capsules were nd extensively diseased, the left being completely disorıised and converted into a kind of bag filled with a thick lowish fluïd, containing a number of fragments reıbling in appearance and consistence the white of a d-boiled egg.

The 'Medical Times and Gazette.'

)r. George Harley continues his lectures "On the ne and Diseases of the Urinary Organs." His present ject is the pathology of diabetes mellitus, and he uces cases to show that saccharine urine may be proed by various diseases and injuries of the brain, also by ıtal excitement and by disorders of the digestive system, even by the use of certain articles of diet. A man ught into University College Hospital died apoplectic, on post-mortem examination a clot of blood was found he medulla oblongata, and the urine was easily shown e saccharine. In other cases, injuries to the head have luced diabetes, which disappeared with the recovery of patients from their accidents. The greater prevalence liabetes in this country as compared with the continent tributed by Dr. Harley to the greater consumption of holic drinks in Great Britain. The injection of stimufluids into the system of some of the lower animals been followed by diabetic urine, and Dr. Harley found r in his own urine after eating asparagus. He considers a comparatively insignificant cause may induce etes in a predisposed constitution.——Dr. C. R. Bree, Colchester, offers some "Remarks upon the Address in icine delivered by Dr. Stokes at the Leamington ting of the British Medical Association for 1865." In these remarks, Dr. Bree strongly opposes the theory propounded by Dr. Stokes as to the change of type in disease, and argues that the change of practice in modern days is attributable to the more enlightened views now existing as to the nature of disease in general, and he concludes that the physicians of the last generation were altogether mistaken when they recommended bleeding and other so-called antiphlogistic measures in the treatment of fevers and inflammation.

The 'British Medical Journal.'

J. L. Bidenkap, of Christiania, offers some "Remarks on the Unity of the Syphilitic Virus." He admits, in the first place, that the larger number of primary venereal sores do not produce constitutional symptoms when left to take their natural course, or at least when they are treated only by local non-specific remedies—namely, when mercury is omitted. Hence has sprung up the theory of the duality of the venereal poison, and Bidenkap does not deny that there is practically a marked difference in the development and characters of the two kinds of disease, but still he contends that they spring from one source, the differences depending only upon accidental circumstances. Even those who hold the dualistic theory admit certain exceptions to the rules they lay down as to the characteristic features of each form of disease, and these exceptions they explain upon the theory that there exists what is called a "mixed chancre." But Bidenkap maintains that this latter form of chancre, instead of being an exception to the rule, is really the typical form of the disease, and that either variety may be produced from it. He then goes on to show that, in his opinion, almost all chancres are inoculable, if the operation is properly performed, and when it does not succeed it is because the inoculation is performed before suppuration has commenced. He therefore recommends that inoculation should be repeated day after day until the pustule appears, and if other means fail, the application of powder of savine to the surface of the chancre will often hasten the result. Bidenkap then adduces some cases observed in practice, which, in his opinion, prove the truth of the views he maintains as to the unity of the syphilitic virus.

REVIEW OF BOOKS.

Orthopraxy: the Mechanical Treatment of Deformities, Debilities, and Deficiencies of the Human Frame. A Manual. By Henry Heather Bigg, Assoc. Inst. C.E., Anatomical Mechanist to the Queen and Prince of Wales. Pp. 709. London: Churchill and Sons. 1865.

The meaning attached by Mr. Bigg to the newly-coined word Orthopraxy, is sufficiently explained in the title of the book; but the adoption of the word is further justified and defended in the early part of the Introduction, where it is described as being synonymous with mechanical therapeutics, or the art of making things right (*ορθος* straight, right, *πρασσω* to make) which have gone wrong, either by accident or disease. For this art, Mr. Bigg claims recognition as a distinct branch of Medicine, or the art of healing, and in a very able historical summary he traces the progress of orthopraxy from the earliest period to the present time. He shows that Hippocrates was the father of mechanical therapeutics as well as of Medicine, for he published in his book on articulations an account of the nature and mechanical treatment of incurvation of the spine and club-foot, and it is a curious fact that the terms he employed to

designate the three spinal curvatures, namely, *cyphosis*, *lordosis*, and *scoliosis*, are those in use at the present day, and are employed in pretty nearly the same sense. After quoting some passages from Hippocrates on the subject of the relief of deformities, and presenting some amusing pictorial illustrations of the rough but ingenious methods of treatment adopted in ancient times, the historian of orthopraxy makes a leap forwards from Hippocrates to Ambrose Paré, whose contrivances for removing or relieving deformities are highly creditable to his ingenuity, although he often supplements the use of mechanical aids with nostrums suggested by his fancy for their supposed efficacy as external applications. After Paré, Fabricius Hildanus, Scultetus, Glisson, Heister, Andry, and others, successively contributed to the progress and success of orthopraxy, till we arrive at the end of the last century, when Mr. Sheldrake, who was the predecessor of Mr. Bigg's father, published his work on what would now be called orthopædy, or the treatment of children's deformities. During the commencement of the present century the art made still further progress, and advanced with equal strides together with surgery, the introduction of tenotomy for the cure of certain deformities, by Stromeyer, having in 1834 introduced a new era in surgical therapeutics.

After this historical account Mr. Heather Bigg proceeds to the more immediate object of his work, namely, the discussion of the mechanical treatment of deformities, debilities, and deficiencies of the human frame; and those who are aware of the great power possessed by modern art in this direction, will be able to estimate the number, the interest, and the variety of the subjects introduced to the notice of the reader. On the principle that visible representations of the apparatus described are calculated to impress the memory far more than mere verbal disquisitions, this part of the work is profusely illustrated with well-executed drawings of every mechanical appliance mentioned in the text.

Mr. Bigg's handbook is a most useful summary of the art which it is intended to describe and exemplify, and its materials are arranged with great ability and even learning.

Pure Dentistry, and What it does for us. By A Eskell, Surgeon-Dentist. Pp. 73. London: Clements. 1865.

Pure Dentistry is defined by Mr. Eskell as that division of the art which is founded upon science and experience, as contra-distinguished from that which is merely mechanical and empirical; the former being often able to cure and save, while the latter may injure or destroy. He justly observes that judicious extraction of teeth may often confer great benefit, while the inopportune performance of the operation may not only sacrifice one tooth, but weaken and injure the others. He also refers to the numerous instances of local and general disease which are traceable to irregularities or decay of the teeth, and he argued that a due attention to these organs, removing them when decayed, and repairing their loss by mechanical substitutes is often attended with the most beneficial results to the general health. Mr. Eskell's little work will be perused with advantage.

A Practical Treatise on Rupture, its Causes, Management and Cure, and the Various Mechanical Contrivances Employed for its Relief. By T. P. Salt, Birmingham, Anatomical, Surgical and Orthopædic Mechanician. Second Edition. Pp. 112. London: Churchill and Sons, 1865.

Although entitled a Treatise on Rupture, this work emanates from a mechanician whose chief object is to point out the various instruments employed for the relief of inguinal and femoral hernia and of prolapsus uteri and prolapsus ani. But several descriptions are given of the anatomical details connected with these displacements, and illustrative diagrams are also introduced; all which are superfluous to the professional reader, and must be, we imagine, either unintelligible, or insufficient to a non-professional one. Still this little book contains some useful information, and the different forms of instruments are well described and their use briefly indicated.

The Vaccination Acts: with Introduction, Notes, Cases, Instructional Circulars, and Index. By Danby P. Fry, Esq., of the Poor-law Board. Second Edition. Pp. 84. London: Knight and Co., 1865.

However much we may disapprove the plan of leaving the machinery of public vaccination to be worked by the Poor-law Guardians, we cannot but commend the object of the present little work by Mr. Fry, who has collected together all the Acts of Parliament referring to this important subject, and has prefaced them with an introduction which gives a concise summary of the object and purpose of each legislative measure. Mr. Fry has conferred a boon upon all public vaccinators by offering this compendium to their notice, and the appearance of a second edition proves how much the first was appreciated.

THE CATTLE DISEASE.

The Lord Provost of Edinburgh has, in some measure, anticipated the royal commission, by giving publicity to an *ad interim* report which he had received from the Medical committee, lately appointed by the magistrates of that city to investigate the causes and symptoms of the *rinderpest*, and the means of prevention and cure. His report, signed by Dr. Andrew Wood, the chairman, and may be regarded as embodying the best available skill of the Medical and Veterinary Colleges of Edinburgh. The following is an abstract of its conclusions:—

"1. That the disease is communicated by contagion from diseased to healthy cattle, and apparently by contagion alone. 2. That the poison of *rinderpest* is a specific poison which filth may intensify, but cannot generate. 3. That the question whether the contagion can be propagated by inoculation remains to be tested. 4. That the poison, as in other zymotic diseases, is introduced chiefly by means of inhalation into the lungs, from which it passes into the blood, where it multiplies itself, and is thence carried to every tissue and organ of the body. 5. That it seems probable that infection may be carried by the poison adhering to the clothes of persons in attendance on the diseased cattle. 6. That the liability of sheep to take *rinderpest*, or to carry infection, is being submitted to testing in the city, which may be regarded as decisive. 7. That, even during unsuspected incubation, infected animals may communicate the disease to others. 8. That the period of incubation generally lasts from six or seven, but may extend to ten or fourteen, or even twenty-one days. 9. That there is a great risk under present circumstances in bringing together droves of cattle, as at fairs or markets, as animals may communicate infection which yet show no outward symptoms of the disease. 10. That fairs and markets for the sale of lean or store cattle ought to be for the present suspended, and the greatest caution should be exercised in regulating the traffic in fat cattle; and where markets for fat cattle are unavoidable, they should be held twice a week, so that the cattle purchased by butchers may be slaughtered without delay. 11. The committee are decidedly of opinion that cases of *rinderpest* may and ought to be treated with a view to cure; that the disease, if seen in its earlier stages, is amenable to treatment, and that even where the symptoms have become serious, the case is not to be looked upon as hopeless or its treatment abandoned. 12. That the disease may be expected to become milder in its type and more tractable after it had lasted some time, and the proportion of deaths will become notably diminished. 13. That the committee deprecate and strongly protest against the indiscriminate slaughter recommended, and to a large extent acted upon throughout the country. 14. That it is of the greatest importance that persons attending on cattle should be conversant with the earliest symptoms of the disease, and be on the look-out to detect it. The report proceeds to specify the symptoms and pathological conditions of the diseased animals; and, remarking that *rinderpest* is a disease of low type, and the tendency to death is by exhaustion, states that violent and lowering treatment is wholly inadmissible. The report offers the following as a safe and simple mode of treatment, which has led to recoveries under their own

eyes, and which seems worthy of a fair and extensive trial:—

"15. The animal should, as soon as the disease is detected, be separated from other cattle and placed in a comfortable outhouse, byre, loose-box, or stable, well ventilated but not cold. If wooden sheds be used, they should be so constructed as to admit of being easily kept warm—say at a temperature of about 70 degrees. The greatest attention must of course, be paid to cleanliness. The manure should be frequently removed, and all of it submitted to the action of disinfectants, of which the best is the cholride of lime (bleaching powder).

"16. It is of great importance to promote the circulation of the skin, and to restore the natural heat of the surface. For this purpose the animal should be carefully and vigorously rubbed down, and then covered with a warm rug. Warm drinks of gruel, bran-tea, or hay-tea, should be copiously administered, and these should constitute the only food of the animal in the early stage. The animal which is generally thirsty, may be allowed as much cold water as it wishes. Stimulant diaphoretics and diuretics will also be found useful as tending to promote the action of the skin and kidneys, and thus to relieve internal congestion, and to aid in eliminating the poison of the disease from the system. Mr. Smart's formula is two ounces of the *aqua acetatis ammoniæ* (Mindererus's spirit), with one ounce of sweet spirits of nitre, and with this he combines as a stimulant six drachms of the carbonate of ammonia in nine ounces of water. This may be given three times in the day.

"17. The loaded state of the ailmentary canal, which is a constant an occurrence in *rinderpest*, requires to be relieved by the use of mild laxative medicines, given very early in the disease. But strong saline and drastic purgatives must on no account be used, as their action would not only exhaust the animal's strength, but would prove most injurious by the irritation it would occasion to the mucous lining of the intestines in its highly congested and tender state. Professor Dick prefers as a laxative linseed oil in doses of 16 ounces, to which he adds half a mutchkin of whisky. Dr. Smart recommends a laxative consisting of two ounces of sulphur, one ounce of nitre, one ounce of powdered ginger, and one pound of treacle, with water to make a quart. Whichever of these laxatives be given, it must be repeated at intervals of some hours till a full effect has been produced. In some cases scouring (diarrhœa) proves a troublesome symptom, for the relief of which Professor Dick recommends the use of lime water in doses of a quart, to which he adds from half an ounce to an ounce of laudanum, and this he gives three times a day till the diarrhœa has been subdued. The use of stimulants should follow upon these remedies, or, if need be, they may be given simultaneously with them. The carbonate of ammonia is that which seems to act most beneficially, and of this may be given in six drachm doses three times a day.

"18. To promote convalescence tonics are prescribed. These may consist of either sulphate of iron in half-ounce doses given twice a day, as recommenced by Professor Dick, or of powder of cinchona in doses of one ounce and a half, given once a day, as recommended by Dr. Smart."

The commitee add they "entertain no prejudice for or against any particular system of treatment; they desire scientific information. They do not believe in any specific for the cure of *rinderpest*. They believe that in this as in all other diseases, sound pathological knowledge of the disease constitutes the only reliable basis for safe or successful treatment. They believe further that the treatment they have recommended can only prove successful if all the items be carefully and faithfully carried out in practice, whether it regards diet, regimen, tending, or medicine."

NAVAL MEDICAL SUPPLEMENTAL FUND.—At the quarterly meeting of the Naval Medical Compassionate Fund, held at the Admiralty on October 10, Dr. J. W. Johnston, Inspector-General, in the chair, the sum of 85*l.* was distributed among the various claimants. During the last five years upwards of 1,400*l.* has been awarded to the necessitous families of deceased members.

TEACHING OF ANATOMY AND ZOOLOGY.

CAMBRIDGE, OCT. 21.—At a meeting of members of the Senate in the Arts School this day, the report of Syndicate upon the teaching of anatomy and zoology in the University came under discussion. This report, issued at the end of last Term, states that an extension of the teaching in these subjects is necessary when regard is had to Medical students, candidates for honours in natural science, and those who wish to pass the examination in zoology for the ordinary B.A. degree, and recommends, in addition to the Professorship of Anatomy, the appointment of a Demonstrator with a stipend of 100*l.* a year, and the establishment of a new Professorship of Zoology and Comparative Anatomy with a stipend of 300*l.* a year.

Dr. Paget sympathised with the object of the report, but thought it would fail to put matters on a good permanent footing for want of a regulation such as had been introduced at Oxford—viz., one debarring the Professor of Anatomy from the practice of Medicine or Surgery. The University had a right to expect that the professor of so large a subject should not only lecture, but enlarge the boundaries of science by his own researches, or at least should have time at his disposal for so doing. The Professor could not do this while carrying on a Medical practice, the duties of which were often most urgent and the emoluments dependent upon exertion, and therefore the Professorship with a fixed stipend would probably become subordinate to the practice, and Cambridge would fall below the position of Oxford, where the zeal and activity of Professor Rolleston was a proof of the wisdom of their arrangement. In London and Edinburgh the lectureships were mostly held by young men, who resigned them when they got into large practice. Such a restriction would require an addition to the stipend sufficient, with the fees, to raise it to 600*l.* a year, while 300*l.* a year would, perhaps, suffice for the Professorship of Zoology, as it would be less likely to come into competition with a Medical practice. As to the mode of appointment, the electoral roll was an unsatisfactory body of electors to scientific professorships, and he thought the University should go to the Privy Council for an alteration of the statute in this respect.

Dr. HUMPHRY said that if the staff were not increased it would be better not to attempt to teach human anatomy here. The University was, however, pledged by the institution of new examinations to put matters on a better footing, and the funds would now bear the additional drain. The fees for degrees, though fluctuating, were a most healthy source of income, which would be likely to increase as more care was taken with teaching. Let the University give its greatest rewards for mathematics and classics, but not neglect biology, not only on account of the value of that science itself, but its importance to the public. The influence of the University on the Medical Profession was great, and it could not confer a greater boon on the public than by promoting the study of Medical or collateral sciences in its body. With regard to the restriction proposed by Dr. Paget, it might be a drawback if the Professor of Anatomy were occupied in any other way; but those who studied anatomy were a limited class, and almost all poor, so that unless the chair were highly endowed the Professor must have some other means of obtaining an income. At Oxford the stipend was 1,000*l.* a year. He (Dr. Humphry), however, did not feel the restriction as absolutely essential. Great advances in anatomy and physiology have been made by practising men, such as Harvey, Hunter, Sir Astley Cooper, and Dr. Beale. Anatomy, being a practical science, was most impressively taught to those who were going to practise it when the teacher could draw from the experience of his own life, and he did not think, taking men as they were, that the professorship would really become subordinate to a medical practice.

The Vice-Chancellor closed the debate, stating that he had been induced to recommend this measure to the Senate as the best that could be devised when regard was had as well to the lectures which were needed as to the funds which were at their disposal.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 25, 1865.

SYPHILISATION.

At the meeting of the Harveian Society, on Thursday evening last, which was the first occasion on which the Society met for the season, it was expected that Professor Boeck, of Christiania, would make some remarks upon the subject of syphilisation, of which proceeding he is one of the most strenuous advocates. In consequence, however, of having a severe cold, the Professor was unable to attend the meeting, but nevertheless, the subject of syphilisation was partially discussed with a view of collecting information, and of being prepared with some preliminary knowledge of the merits of the practice, before the anticipated statement of the Professor himself, to be made when he recovers from his indisposition.

If the practice of syphilisation were now introduced for the first time, and if no published accounts had been presented to the notice of the Profession, it might justly be thought that any observations on the part of ourselves, or of our contemporaries, would at present be premature; but the doctrines and the practice on which syphilisation is founded have now been some fourteen or sixteen years before the world, and we consider that it falls legitimately within our province to make our readers acquainted with the outlines of the new system, and to offer some remarks on its asserted efficacy, either as a preventive or a remedial agent. But as the merits of syphilisation are still under discussion, and as the experiments in connexion with its remedial powers are at present in progress, our remarks are by no means intended either to condemn or to advocate the proceeding, but merely to serve as a guide to those who may be hitherto unacquainted with the reasons which have induced some ingenious and learned surgeons to propose an operation which at first sight appears repulsive to our feelings, and even inconsistent with our notions of pathology.

We think it right to mention in the first place, that Dr. Boeck, who is now on a visit to this country for the express purpose of conducting experiments on syphilisation, under the sanction of our Government, is not the inventor of the new system, although he is one of its most enthusiastic advocates; and we should moreover state that he is a gentleman of distinguished learning, that he is an eminent and veteran member of our own Profession, and that his visit to England is quite unconnected with any prospect of pecuniary gain to himself, and is indeed defrayed at his own cost.

The idea of curing or preventing syphilis by the practice of repeated inoculation on the same person, with the virus of chancres, originated several years ago with a young French physician, Auzias-Turenne, who laid the results of his experiments before the Academy of Medicine of Paris, by which body his doctrines were at once rejected on the score of their immorality. The next investigator in the same field was Sperino, of Turin, who was connected with the venereal hospital of that city, and whose experiments on fifty-two prostitutes, proved to himself the value of the proposed operation. Some years afterwards the new practice reached Christiania, and it formed the subject of a work, written by Dr. J. L. Bidenkap, and published in 1863, and now Professor Boeck is engaged in explaining the nature of his own researches, and of those of his Medical fellow-countrymen, to the inhabitants of our own islands.

The practice of syphilisation consists in repeatedly inoculating the chancrous matter on the chest and abdomen, and afterwards into the skin of the arms and legs, and after a great number of these inoculations, namely, from two to four hundred, it is considered that the system is so thoroughly saturated with the poison, that the point is reached when no further inoculation is possible. The whole process occupies from three to six months, six inoculations being made every three days, and the operations being repeated by taking the matter from the last successful chancres, and going on as long as the inoculations succeed.

Such being an outline of the operation itself, it may now be asked what advantages are expected to follow from its performance? The answer made by its advocates is that it is both prophylactic and curative, that it guards the system from contracting the disease, and that it cures the disease when the patient is suffering from it. But the preventive view of the question is so disgusting, and is so abhorrent to all feelings of morality, at least so far as the inhabitants of our own islands are concerned, that it may be safely withdrawn from consideration, and we can regard the operation only as a supposed remedial measure in the case of patients who already have venereal sores, or are suffering from secondary or tertiary symptoms. In such cases it is said that repeated inoculations with the syphilitic matter are followed by the cure of the complaint.

As we have before stated, it is no part of our present purpose to offer any decided judgment on the merits of this practice, and if it should hereafter be found that the results are successful, we shall readily acknowledge the fact, and admit that our misgivings are founded on erroneous data. But we cannot help throwing out the following observations upon the pathology of syphilis, with a view of eliciting information as to the theory on which the advocates of syphilisation support their views.

It is now pretty well established, though not we think universally, that there are two kinds of syphilitic sore which, although both arising from the same exciting cause, are very different in their origin and in their results and require very different treatment. There are the hard and the soft chancre, the former being the true Hunterian sore, which affects the constitution with secondary and tertiary symptoms, and the latter a local ulcer not followed by constitutional contamination. The indurated sore with its train of disastrous consequences both local and constitutional, has been hitherto treated, sometimes successfully

and sometimes not, with mercury and iodine; while the soft sore is actually made worse by the administration of mercury, and is best treated by local escharotics and constitutional tonics. But while the soft sore is inclined to enlarge, and while its matter can be readily inoculated on any other part of the body than that where it originally appeared, it has no tendency to produce any other than local symptoms. The hard sore, on the other hand, cannot be transplanted by inoculation to another part of the body, and it has a tendency to affect the constitution in the various maladies known under the names of secondary and tertiary syphilis.

Now, syphilisation in all probability consists merely in the inoculation of the matter of a soft chancre which, it is well known, may be made to produce an enormous number of ulcerations like itself, and in process of time the system will perhaps become saturated to such an extent that no further inoculation can be successfully performed. But if the original ulcer had been left to itself no constitutional effects would have ensued, and therefore it is difficult to understand how the multiplication of soft chancres over the trunk and limbs can be in any way beneficial. It is still more difficult to comprehend how the inoculation of the matter of a soft chancre can cure the constitutional effects produced by a hard one, and as to inoculation from the hard chancre itself, the results have always been negative.

But after these preliminary observations we leave the further discussion of the subject until Professor Boeck has had an opportunity of personally explaining his views, and of answering the questions which will be addressed to him. The results of the experiments now being conducted at the Lock Hospital and elsewhere will also assist very materially in the formation of a mature judgment of the merits of syphilisation.

SUMMARY OF THE WEEK.

THE CATTLE-PLAGUE.

While the community in general is justly alarmed at the continued ravages of the disease in cattle, and while sensation-writers and popularity hunters are endeavouring to gain a transient notoriety by the publication in the journals of pretended specifics or of plausible theories, some intelligent and industrious members of our Profession are making practical inquiries as to the pathology of the disease which is now decimating our flocks and herds, and depriving thousands of the population of a due supply of one of the chief necesaaries of life. At the last meeting of the Pathological Society of London, specimens were exhibited of the intestines of animals which had died of the prevailing epizootic, showing that the opinions hitherto entertained as to the anatomical character of the disease were incorrect, and that typhoid fever was not the cattle-disease, at least if typhoid fever was defined as a fever characterised by inflammation and ulceration of Peyer's glands. In the morbid specimens exhibited, in fact, these glands, so far from being diseased, were hardly visible at all, and their thickening and enlargement, which was at one time supposed to indicate an unhealthy condition, is found to be a common and probably normal condition in healthy cattle. The opinion, therefore, that the cattle disease is the same as typhoid fever must, we think, be abandoned. We are confirmed in the view we expressed some weeks ago, that the disease more resembles an epidemic influenza, of a very fatal and probably contagious character. While the London Commission is engaged in investigating this important subject, we beg to direct attention to a report, published at p. 294 of the present number, from a Medical Committee appointed at Edinburgh. This report contains some very useful suggestions, and we would allude particularly to that part of it which condemns the indiscriminate slaughter of the animals, and recommends that remedial measures should at least have a fair trial.

MEDICAL FEES.

The subject of Medical fees is naturally one which at all times engages the attention of the Profession, but particularly so at the present time, when the overstocked state of our fraternity, and the difficulty experienced by many in obtaining a livelihood, causes some of our body to overstep the limits of discretion by charging their patients too much, and others to rush into the opposite extreme of charging too little, and of thus bringing Medical services into contempt. In a communication which appears to-day in our pages, signed "Medicus et Chirurgus," and which is from the pen of a most highly esteemed and respected practitioner in the west of Scotland, the inconvenience and the injustice occasioned by the last-named error are very temperately but clearly explained. It might perhaps be scarcely believed that Medical men could be found who would go out to attend patients at the charge of sixpence! a visit, and yet we are informed that such is the case. We hope that the exposure of such conduct, which is wholly indefensible on any score of public expediency, will act as a salutary warning to the offender or offenders, and that their abandonment of their present scale of charges will obviate the necessity of publishing their names, a step which will become inevitable if the present system be continued.

The Paris Faculty of Medicine.—M. Denonvilliers, formerly Professor of Surgical Pathology, has been transferred to the Chair of Operative Surgery vacated by M. Malgaigne on the score of ill-health. The Chair of Surgical Pathology has not as yet been filled up.

International Medical Congress.—At the rising of the French Medical Congress just over at Bordeaux, it was determined to hold the next at Strasbourg, and also to use every endeavour to organise an International Medical Congress to be held in Paris in 1867, the year of the forthcoming International Exhibition.

Medical Students.—From a return just made for the information of the Inspector of Anatomy, it appears that there are no less than 1,014 gentlemen pursuing their Professional studies at the eleven metropolitan hospitals, exclusive of those studying for the Dental Profession; of the former number 321 have commenced this session. The number of students at the different hospitals varies very much; one school has a class of 249, whereas another has only 30, the number of new entries at the former amounting to 80, and at the latter to 9 only. It is stated that about 20 students are pursuing their studies for the diploma of Dental surgeon.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, OCTOBER 17.

DR. PEACOCK, President.

THE PRESIDENT, on taking the chair, said he could not express a better wish for the Society than that the Session which was about to commence might prove equally successful with those which had preceded it. He thought the long list of specimens for exhibition on that occasion afforded every prospect that it would prove so. The Transactions had not been distributed to the members, but some copies had been laid before Council, and he felt satisfied, by the very cursory observation which he had been able to make of this volume, that it would be found fully equal to its predecessors, and evinced equal ability and care on the part of the secretaries who prepared it. While in Germany, during the autumn, he had heard very gratifying testimony to the value attached to the Transactions in that country from Professor Virchow, of Berlin. He then drew the attention of the members of the Society to the rules at the back of the card, and especially to the first and second rules, which render it obligatory that notice of specimens to be exhibited should be given to the secretary before the day of meeting, and that the reports of communications should be sent in immediately after they have been made.

The PRESIDENT then exhibited a specimen of

MALFORMATION OF THE HEART.

which occurred in the practice of Mr. Roper, of Islington, in a boy seven years of age, who had always been cyanotic and liable to syncopic attacks, and who died suddenly. The specimen was an example of the most common form of malformation, in which the orifice of the pulmonary artery is contracted, and the septum of the ventricles deficient; but it was remarkable for the degree to which the orifice of the aorta was displaced, the vessel arising entirely from the right ventricle, through the circumstance that the foramen ovale was entirely closed. The vessels had been cut off too near the heart to show the ductus arteriosus, so that the condition of the duct could not be ascertained.

Mr. SHAW then brought forward the case of a patient who was the subject of

CONGENITAL DISLOCATION AT THE HIP-JOINTS.

The patient was also in attendance in the waiting-room. She was a healthy girl ten years of age. Her mother said that the delivery had been natural, and the child was never known to have been affected until she was put on her feet. It was only two years that disease of both hips had been suspected, and but one year that dislocation had been diagnosed. The position of the bones was nearly the same as in dislocation on the dorsum ilii from violence, but the elevation was greater, and the bones were placed considerably backwards. There was considerable sinking in of the loins and projection backwards of the hips.

Mr. SPENCER WELLS exhibited two

FIBROUS TUMOURS OF THE ROUND LIGAMENT OF THE UTERUS.

One of them he removed more than a year ago from a lady nearly forty years of age. It was the size of a large orange; simply fibrous in structure. Having been covered by a thick layer of fat, great doubt had been expressed by various Surgeons as to its nature. One had ordered a truss, believing it to be an irreducible hernia; some thought it malignant, others glandular, and strong opinions were given that it could not be removed without opening the peritoneal cavity. But as it was painless, freely movable, had been of very slow growth, and the neighbouring parts and glands were healthy, he (Mr. Wells) removed it, and had no difficulty in doing so without exposing the peritoneum. It occupied the right inguinal canal, and was simply an excessive growth of the fibrous tissue of the round ligament. The patient had remained perfectly well. The second tumour was much larger than the first, being about the size and shape of a small cocoa-nut. The patient was nearly fifty years of age. In every respect it resembled the other tumours, it had been easily removed and the patient quickly recovered. Mr. Wells said that he brought these specimens before the Society because he had not been able to find any description of such tumours in any Surgical work which he had been able to consult. He had been told that Scarpa had described them; but on referring to his "Opuscoli di Chirurgia" he could only find a description of the much more common condition known as hydrocele of the round ligament. He had not seen any other examples himself; but if attention were directed to the subject other Surgeons possibly might show that it was not a very rare form of disease.

TWO TUMOURS REMOVED FROM THE LARYNX IN A CASE OF APHONIA OF SIX YEARS, FOLLOWED BY IMMEDIATE SPEECH.

The patient was a single lady, of thirty-eight, who had had a bad throat for six years, the voice being reduced to a croupy whisper. During the first three years she had coughed up pieces of "flesh," one of which was an inch long and the shape of a shrimp. For the greater part of the time she could not lie down at night, from supposed cardiac disease with dyspnœa, and her complexion was very florid. On examination with the laryngoscope in April last, a long, fleshy, somewhat bulbous growth was seen to occupy the greater part of the sub-glottic space, springing from the anterior part of the larynx, below the origin of the true vocal cords, and quite immovable. The larynx in other respects was comparatively healthy, but there was much irritability and spasm of its proper muscles. After six weeks' preparation, Dr. Gibb snared a growth in the loop of wire of his laryngeal écraseur, cut its pedicle, and withdrew it firmly held by a piece of uncut mucous membrane in the retracted loop, in a similar manner to the outer coat of the artery after ligature. He now found a second and larger growth, which had formed the bed of that already removed, and this was snared six days later in a similar manner to the first, the tumour being likewise withdrawn in the retracted wire loop of the écraseur. The voice was immediately restored, for the mechanical obstruction was got rid of. In a few days the little wound cicatrised, no obstruction was visible, the trachea was normal, and the patient left for the North—cured. The composition of the tumours was wholly epithelial cells, and to the naked eye resembled a congeries of small cysts; they were of the size of small beans. The tumours were exhibited with the wires attached to the mucous membrane, and Dr. Gibb remarked that when the loop of the wire was not violently or spasmodically drawn home, the growths invariably were withdrawn with the instrument itself. The case made, he believed, his fifteenth or sixteenth in which he had successfully abstracted growths from the larynx by means of wire loops, and this in their entirety, not in fragments. The shape and position of the tumours in the present instance were well illustrated by a large diagram.

Dr. BEIGEL showed several

PREPARATIONS OF HEALTHY TEETH.

There were seven preparations illustrating several methods of preparation, and showing the different structures of the teeth.

Dr. MURCHISON showed specimens illustrative of the

PATHOLOGY OF THE CATTLE PLAGUE.

He brought forward these specimens chiefly in consequence of the statement recently made that the cattle plague was the pathological equivalent of the typhoid fever of man. In the course of the last autumn he had dissected twenty-seven cattle, and had found essentially the same appearance in all, the differences being those due to different stages only. Speaking generally and briefly, the disease was a catarrhal or croupal inflammation of all the mucous membranes, including even the genito-urinary. The chief point, however, on which he now wished to speak was the condition of the intestines. The mucous membrane was intensely red, and was covered with a gelatinous or puriform mucus, and in extreme cases even with actual lymph. On the condition of Peyer's patches Dr. Murchison dwelt at length, and showed specimens, for the sake of com-

parison and contrast of healthy intestines as well as of intes-ines taken from diseased cattle. He also exhibited portions f intestines from patients who had died on the tenth and wenty-sixth days of typhoid fever. Now, the appearances n these patches in the diseased animals were not like what s seen in typhoid, and, indeed, were exactly the opposite. 'eyer's patches gradually disappeared, so that on passing the nger over the mucous membrane they could not be felt, and n some cases the most careful naked eye examinations failed o detect them : whereas in the healthy animal they were ised the sixth of an inch above the general surface. In ie early stage the gland became full of puriform fluid, hich was easily squeezed out, and the escape of which used collapse of the glands. The condition of the soli-ry glands at first sight might seem to be that of enteric ver, but on examination they were found to consist of a ick external cyst, and were full of cheesy material, tally unlike that of typhoid fever of man. Moreover, is condition of the glands was constantly met with in althy oxen. In not one of the twenty-seven cases dis-cted had there been any submucous deposit or ulceration. he spleen and mesenteric glands were healthy, and in this spect the disease differed from both enteric fever and phus. In the fourth stomach there was seen catarrhal flammation, minute erosions, and patches of extreme ngestion or ecchymoses, and here and there sloughing of e mucous membrane. Dr. Murchison concluded by say-g that Dr. Smart, of Edinburgh, Dr. Aldis, and Mr. arge of London, had found similar apppearances in the ses they had dissected, and had arrived at the same conclu-ons. Dr. Murchison had had the assistance of several hysicians—among others of Dr. A. P. Stewart—and all reed that the disease had no relation whatever to typhoid ver.

PREPARATIONS AND SPECIMENS ILLUSTRATIVE OF THE PATHOLOGY OF THE CATTLE PLAGUE.

Dr. Crisp exhibited thirty wax preparations, as well as e morbid parts in spirits, to show the various phases of ttle plague, and to illustrate his conclusions respecting e nature of the disease. The preparations, Dr. Crisp ought all tended to show the exanthematous nature of ie affection ; among them were examples of ecchymosis of ie endocardium, and extravasation of blood under this embrane ; exanthematous spots in the cæcum and blad-r ; the congested state of the ileo-cæcal valve ; old ulcers the large intestine ; and tubercular elevations uncon-cted with disease. The conclusions were as follows :—1. at the so-called "cattle plague" or typhoid fever bears t slight resemblance, either in its symptoms or morbid pearances, to the typhus or typhoid fever of man. 2. at, looking to the symptoms and pathological changes, l especially to the rapid recovery in many cases, the lady bears a greater resemblance to some exanthematous, eases in the human subject, affecting, in ruminants efly the mucous membranes. 3. That the specific poison his disease alters the condition of the blood, and affects ecially certain parts of the nervous system, paralysing digestive organs, and thus sapping the foundations of . 4. That the disease is attended, in most cases, with a ific eruption, or exanthematous blush, affecting more or a ll the mucous membranes of the body. 5. That an al may be suffering from this disease in its first stage ut the possibility of detecting it, and in this way the se may be disseminated in our fairs and markets to a al extent. 6. That there is no sufficient proof that the of bulls, cows, oxen, and calves, in the first stage of disease, is injurious to human beings that partake of it. That the poison of the cattle plague (with the exception papular eruption on the skin) produces no injurious cts when introduced into the human system, 8. That best means of eradicating the disease is to prevent all ements of cattle and sheep for a month or six weeks ept under special circumstances), and by the establish-t of dead meat markets in all our cities and towns. Dr. P continued: I can fully confirm the statement made Dr. Murchison as to the diminished size of the aggre-glands, or crypts ; but my explanation is different to made by him. We know but little respecting the use of these glands ; but the disease appears to throw some physiological light upon the subject, for here the process of digestion is arrested, and the glands therefore were scarcely perceptible. The term "ulceration" is not warranted, I think, for ulceration seldom occurs in this disease, and when ulcers are met with they are often of old standing. The red patches are not confined to the fourth stomach ; they are even present, in many cases, in the bladder, as the preparations showed. They are probably formed first by liight effusion of serum under the cuticle, then, by the detachment of the cuticle, exposing the red membrane underneath. I have never seen the spleen or liver in an abnormal condition in this disease—another fact, as regards the former organ, that militates strongly against the typhoid nature of the affection. There is a point of great practical importance as regards the pathology of the disease—viz., the rapid disengagement of gas in many parts soon after death, or even during life, renderihg the fat over the kid-neys and under the skin "boggy" and resonant when struck with the hand, but this is not peculiar to cattle plague. I have met with it in many species of ruminants, especially in sheep that are "blown," as it is called, after gorging themselves with clover, coleworts, or other green food. As regards my conclusion respecting the innocuous nature of the cattle plague poison, I have eaten a part of the heart from which this preparation was taken, and which shows extravasation of blood under the endocardium, and I have partaken of other parts of diseased oxen. I tried these experiments upon myself before subjecting the lower animals to them. I fed a hedgehog on the worst part of the intestines of animals dying of cattle plague, and five days since the said animal brought forth four young ones, which are all doing well. I have, moreover, met with a great many men with cuts and scratches on their hands daily engaged in flaying diseased cattle, who have received no injury with the exception of a papulous eruption on the skin.

The President remarked, in reference to Dr. Murchison's communication, that it showed the condition of the aggregate glands of the intestines in the ox that had died of the cattle plague to be quite physiological, the glands being distinct in the healthy animal, and indistinct in the diseased. This corresponded with their condition in the human subject after death from diseases in which the glands were not involved. Some years ago he carefully examined these conditions in a large number of subjects who died of diseases of an acute and chronic character, exclusive of typhoid fever, typhus, &c., in which the glands are found to be diseased, and he arrived at the conclusion that the distinctness of the glands bore a direct relation to the shortness of the period which had elapsed between the actual health and the death of the individual, the glands being distinct when persons were killed or died after short periods of illness, and especially in young subjects, and very imperfectly market, when persons had been ill for longer periods, and especially in the middle-aged or aged. This corresponded also with the appearance of the mucous glands in cases of cholera. When the patient was rapidly cut off, as after six or eight hours' illnes, and especially in young persons, the glands, especially the solitary, were very distinct. On the other hand, when patients died at later periods, as after an illness of six or eight days, and especially if they were middle-aged or aged persons, the glands could often scarcely be detected.

Dr. Schulhof said that on the Continent the pathological appearances of the cattle plague were well known, and that he never heard until recently that it had been considered to be related to typhoid. As to the plan of stopping the spread of the disease by killing the diseased animals, he remarked that the plan might be useful in the Steppes, but in England it could do no good.

INFLAMMATION OF THE EPIGLOTTIS.

Dr. Crisp exhibited the tongue and larynx in wax and in spirits of a boy, eight years of age, who was indisposed for two or three days, when symptoms slightly resembling those of croup made their appearance, and he died rather suddenly. The epiglottis and parts about its base, were found red and swollen, and with this exception the organs of the body were healthy. The case occurred in the prac-

tice of Mr. Hopewell, of Chelsea, with whom Dr. Crisp examined the body.

Dr. GREENHOW then showed a specimen of

MILLSTONE-MAKERS' PHTHISIS.

The lungs were from a stone-worker, who had formerly been a French millstone-maker, and latterly a stonemason. The apices of both lungs were dense, hard, and of a coal-black colour; the bronchial tubes in the consolidated parts were dilated and rigid. The remaining portions of both lungs were denser than normal, and in parts almost black, but for the most part crepitant. Scattered here and there, in the crepitant portions of the lungs, were small, well-defined, hard nodules, 'on section' of a pale colour, which were evidently the products of chronic inflammatory exudation. In the lower lobe of the left lung there was one irregular cavity about two inches in its longest diameter, but there were no other cavities, and nothing bearing any resemblance to true tubercle. The bronchial glands were somewhat enlarged, hard, and black throughout. Some slight recent pericarditis excepted, the other organs were all healthy. Under the microscope the dense portions of black lung in the apices were seen to consist of elastic fibrous tissue, abundantly intermixed with granular exudation cells and black pigment, the latter being arranged partly in the form of small roundish nodules, partly in that of fine granules. Sections of the lungs at the junction of the condensed and crepitant portions, showed thickening of the walls of the air-cells, with a deposit of black pigment in their substance. Small portions of the dense black part of the lungs having been thoroughly incinerated, and subsequently boiled in hydrochloric acid, left a siliceous residue which, under the microscope, consisted of minute, angular-looking particles, which did not polarise light, but were dissipated on exposure to the fumes of hydrofluoric acid.

Dr. BUCHANAN exhibited

TWO SPECIMENS OF THE VOMIT OF YELLOW FEVER.

One was quite black, and had, when first vomited, presented the appearance of grains of black matter suspended in a fluid which itself had little or no colour. Microscopically this black vomit consisted of blood corpuscles, some unaltered, but mostly aggregated into yellow masses or else disintegrated, and of epithelium of the squamous, columnar, and spheroidal varieties. On infiltration the liquid part was nearly colourless, and gave no reaction of bile. This specimen was part of a large quantity vomited by a woman on the third day of yellow fever; she died the same night. The other specimen was vomited by her husband on the day of his death, the second or third day of his attack. It resembled beef-tea grounds, and was of scanty amount. Microscopically it had much the same elements as the other specimens, but much less blood, and a large quantity of torula. Dr. Buchanan expressed his regret that he could not show the Society any of the post-mortem appearances of yellow fever, on account of the repugnance of the people to allow any autopsy to be made. But he might add that the disease at Swansea ha been typical yellow fever of considerable fatality amongst those whom it attacked.

HARVEIAN SOCIETY.

THURSDAY, OCTOBER 19TH.

DR. GREENHOW IN THE CHAIR.

LABORDETTE'S LARYNGOSCOPE.

Dr. C. DRYSDALE exhibited an instrument recently devized by Dr. Labordette, Surgeon to the Hospital of Lisieux, Normandy, for examining the posterior part of the epiglottis and vocal cords by means of direct inspection, using only daylight, and dispensing with the frontal mirror and lamp. This instrument resembles a bivalve speculum vaginæ in all respects, except that it has a small laryngeal mirror at the usual angle at the back. Dr. Drysdale had seen Dr. Labordette use this instrument at the Pitié Hospital of Paris, lately in August, with complete success in cases where the posterior aspect of the epiglottis was much congested as well as the vocal cords. Topical applications were easily made by means of this instrument, as the tongue depressor drew back the epiglottis, and dispensed with the necessity for any great curvation of the probang used. Dr. Drysdale must observe, however, that he thought the instrument was only suited for a limited number of cases, and Dr. Labordette had claimed it as especially adapted to children's laryngeal diseases, such as croup, and he stated that he had saved two lives by the use of the instrument in this dangerous complaint.

Dr. STEWART related a

CASE OF FRACTURE OF THE UPPER CERVICAL VERTEBRÆ,

in which he had made a post-mortem examination. A man had fallen from a tree, and was picked up dead. Dr. Stewart had examined the cranium, but had discovered nothing to account for death. He therefore opened the upper part of the spinal canal, and discovered that the two upper cervical vertebræ had been fractured, and their bodies had been dislocated backwards. Hence there had been pressure on the cord, and death probably ensued from injury of the nerves supplying the heart and lungs.

Mr. DE MERIC had come in contact with similar cases. It was rare indeed that post-mortem examinations of the spinal canal were made, and hence the certificate of death was usually in such cases concussion of the brain. The popular expression "breaking the neck" was really more correct than this, and in many cases no doubt death was caused by the injury done to the medulla in the cervical region, not by the concussion of the brain.

Dr. CAMPS thought we did not know what length of time concussion of the brain would take in order to prove fatal. Hence the importance of examining the spinal cord in such cases.

DISCUSSION ON SYPHILISATION.

The PRESIDENT observed that the Society had hoped to have had the pleasure of seeing Professor Boeck this evening; and as he thought that all present were interested in the subject of syphilisation, he hoped some gentleman present would endeavour to explain to the society what it was and in what its advantages consisted in the treatment of syphilis.

Mr. V. DE MERIC, responding to the call of several members present, said that any remarks he would offer on this subject would be very cautious. One thing he would remark was that we were all very anxious to cure our patients, and, however we may differ as to the means, we ought always to give credit to men of science, when they, like Dr. Boeck, brought forward any novel method for treating any disease. The fact was that the main prop of the doctrine of the Professor was the dislike entertained by many of the Profession to the metal mercury. Dr. Drysdale among others will do anything rather than administer the drug and treats syphilis by expectation. And Dr. Boeck goes further and takes an heroic remedy. But both the expectant advocates and the others must prove—1. That they cure bad cases by their method, and 2. that they cure the disease in a shorter time than the givers of mercury. But on reading over Dr. Boeck's work, he (Dr. de Meric) found that the time required for treatment was three or four months, and, although he could not recollect the figures, he was convinced that if a fair comparison was made between this method and the mercurial treatment, the time of treatment would be found pretty much the same. Relapses take place too, whether you give mercury or not, and it is confessed that this is the case. Consequently on the whole he much preferred the expectant method of treatment to syphilisation, since it had the merit of not doing any harm at least. It must be remarked that after observing this disease for many years, at least twenty-two years, he was quite content with the treatment by mercury, although he did not much cry it up. Still, as the practice of syphilisation was painful, nay he might almost say barbarous, we should expect from it some very wonderful results to compensate for this and overcome the repugnance we naturally felt for it. With regard to the theory and practice of syphilisation—If an individual who is vaccinated is no longer capable of taking small-pox, we may say that he is vaccinized: but the advocates of syphilisation start from an erroneous tenet and ignore the difference

›etween the infecting and non-infecting sore. All the patients acted on are already syphilised, and hence the multiplicity of new sores has nothing to do with the matter. Dr. Boeck says the time comes when the patient becomes saturated. But then another series is commenced until, not the patient but the operator gets tired and then he is declared saturated. But he has only one syphilis all the time and as the operation takes a long time, it gives opportunity for the roseola and mucous tubercles, &c., to disappear, as it is known that they frequently will, spontaneously. The Professor had certainly brought forward all that he advanced most correctly. With respect to the advantage of introducing fresh matter in old tertiary cases, his plan had been long ago made use of by a French surgeon; and no doubt by animating the hopes of the patient it might do good in some cases. Besides which Dr. Boeck gave iodide of potassium often in tertiary cases. Broussais and Rasori, men of great genius, had had their crotchets and thus he could quite imagine how it was that Professor Boeck, a man of the highest scientific reputation, should be enthusiastic in this matter; but he could not help thinking that this crotchet was going rather to far.

Dr. SEMPLE had read Dr. Boeck's remarks in the journals, and he thought that, on his own showing, the results were unsatisfactory. The origin of the disease would prove this, since there were, he believed, two kinds of sores, the hard and the soft, the former of which was not benefited by mercury; but, on the contrary, when the metal was used, phagedæna sometimes arose. If, then, it were admitted that there were two kinds of sores, the soft and the constitutional, what good could we *à priori* expect from syphilisation, since the one disease has nothing to do with the other, and all that we could expect inoculation with the soft chancre to produce would be a series of sores, which would prove of no service in preventing injury from the hard chancre.

Dr. CHARLES DRYSDALE remarked that Mr. De Meric had placed the question in so clear a light that no one present could fail to understand how the debate on the treatment of syphilis stood at present. It was doubtless from the extreme dislike that many of the most eminent men in the Profession felt for the long-continued dosing with what Professor Fergusson lately denominated "a month's slow poisoning by mercury" that plans like that Professor Boeck had been brought forward, in order if possible to do away with such a breach of Medical doctrines that it should be necessary to administer a poisonous metal for six months to a patient because he was ill already. Whatever analogy syphilisation might have to rely on, hardened worshippers of mercury need not boast of analogy in the case of their so-called specific. He was glad to hear Mr. De Meric confess that relapses took place after mercury, and speak so humbly as to its virtues. M. Diday, too, another convert, had lately told the Profession of insanity, dyspepsia, &c., produced by the courses of mercury so fashionable in Paris a little time ago. Although he agreed with Mr. De Meric in preferring the expectant method to syphilisation, he could not return the compliment, for he thought syphilisation, as practised by Boeck, much less dangerous than the mercurial pill or bath. And as to statistics, he was a little tired of repeating them over and over again, but he would just say, that if they were appealed to the mercurialists had no case, since the disease was both simpler and required far less time when treated either by expectation or by syphilisation than by the metal. (*Vide* former debate in this Society.) As to the practice of the high-respected and most eminent Professor Boeck, he believed it was based upon an analogy which that gentleman maintained there existed between syphilis and the exanthemata, a subject which Mr. Hutchinson had recently thrown much light upon in the Hunterian Society. It was taken for granted by Boeck and many others of the London school that there was but one sore, and that the occurrence or not of secondary symptoms depended on the constitution of the recipient. In vaccination it was found that one pustule was not sufficient to saturate the body in many instances, and Professor Boeck's theory was, that the period of the exanthem of syphilis being so much longer than that of its analogue vaccination, it required a much longer period to saturate the system, and thus cure the disease, than in the former. As to his own opinion on the matter, Dr. Drysdale would only say that hitherto he had been inclined to look upon this practice as "un moyen d'expectation," to use the expression of M. Hardy; but he had watched with great interest the proceedings of the eminent and philanthropic man who was at present so zealous in its advocacy.

Mr. J. Z. LAURENCE thought that the diseases which presented the greatest analogies were syphilis, cancer, and pyæmia; syphilis and pyæmia differed only in their mode of origin and the length of time required to run through their phases. There was, he contended, no analogy between syphilis and vaccination. He must say that if we were allowed to use our common sense, there did seem something very abhorrent to the feelings in Professor Boeck's practice.

A VISITOR showed that, according to Boeck's theory, there was only one chancre. He himself had seen five men infected with hard sore by the same woman, who had a hard sore, and within forty days there appeared roseola, &c. The hard sore will not re-inoculate on the same patient.

The PRESIDENT thought it due to Professor Boeck to remark that that gentleman had come over to this country at his own expense to give the English Medical public an opportunity of observing his practice, and that he should suggest that the Council of the Society should invite Mr. Boeck to come soon to the Society, and give them the benefit of his observations.

Dr. SIEVEKING said that the Society should, he thought, endeavour to persuade Dr. Boeck to come before them at an early date. This eminent man, older and with more experience than many of the Medical men in this country, had come over entirely for the sake of clearing up a scientific point, and he thought it was best to hear all he had to say. For his own part, on first hearing of syphilisation, he could not see of what use it could be. Now, however, he had no longer any opinion on the matter, but waited to hear what was to be said in its favour by so eminent and great a physician as Boeck.

Dr. CAMPS also concurred in the advisability of the Council entreating an early visit from the Professor, since it was impossible for anyone to represent his ideas correctly. He thought inoculation for small-pox a better analogy than vaccination in the case of syphilisation.

Mr. DE MERIC agreed that it was almost unfair to broach the subject in the absence of the Professor, but his works were before the Profession, and thus public property. He was glad to hear that the experiments at the Lock Hospital were under the supervision of the Royal Commission; and, as Mr. Lane was taking great care in recording the results, the Profession was certain soon to have a most accurate historical picture of the treatment employed. These were very delicate questions as to whether certain trials ought to be made, and not long ago the Middlesex Medical staff had been censured for allowing experiments to be made on cancer. For his own (Mr. De Meric's) part, he had performed many inoculations, and he would suggest that the experiment should be made by the Professor of inoculating on some part of the head—*e.g.*, behind the ear, in order to find whether what M. Ricord had remarked held good—viz., that all chancres on the head are hard. Phagedæna very rarely takes place in cases of syphilisation, probably because of the counter-irritation of the other sores.

CAMBRIDGE UNIVERSITY.—C. W. T. Overend, from the Liverpool Institute, has just been elected to a Natural Science scholarship, of the value of 40*l.* per annum, at Sidney College. Examinations for Natural Science and other scholarships at this college take place annually in October. They are open to all students who have not entered at the University. There are also similar scholarships at Downing College. Information respecting them may be obtained from the tutors of the respective colleges.

GENERAL CORRESPONDENCE.

MEDICAL FEES.

To the Editor of the Medical Circular.

SIR,—The subject of Medical fees is at the present time apparently engrossing the attention of the Profession. This being the case, we would respectfully call your attention to the grievance of "under-charging," which, in certain districts, especially in the West of Scotland, prevails to an almost alarming extent. We lay the subject before you in the hope that you may suggest some remedy whereby the malpractice may be arrested. We are sure you will agree with us in saying that nothing so much tends to lower the status of our calling; besides it acts most powerfully as a source of discouragment to our junior members, and as a material drawback to most of the senior brethren in our Profession. We address you, Sir, with very disinterested motives, and we feel sure the large majority of our Professional brethren in this district will approve our opening up the subject for investigation, the evil lying only at the door of a very small minority.

We fear you will scarcely credit us when we say that we can produce authentic cases of a registered Glasgow Licentiate charging parties at the rate of sixpence a visit who were not only able, but willing, to pay a fair remuneration for his trouble. This, Sir, is a daily occurrence in a town not much over twenty miles south of Ayr. In this town the services of a surgeon, ripe in years and experience, may be procured for a paltry sixpence—nay more, we can instance a case in which this same practitioner travelled fully half a mile and extracted a grinder from a gentleman, for which he charged his modest sixpence. He premised his visit with a note stating when he should call, all inclusive in his handsome fee. To the credit of his patient be it said, he gave him a more adequate remuneration. Only imagine, Mr. Editor, a duly-qualified surgeon so ignoring the dignity of his Profession as to make such a charge for such an operation, and under such circumstances. We are further credibly informed that this same practitioner is ready at any time (from 12 a.m. to 12 p.m. and *vice versâ*) to drive to a village at least eight miles distant, and play the part of accoucheur for three, or at most four, half-crowns. Ten shillings, we are told, is his highest fee; so, after deducting at the rate of one shilling per mile for his travelling expenses, it leaves a very handsome moiety indeed for his time and anxiety. We could add many like instances, but think it quite unnecessary; suffice to say, matters cannot be much worse than they are at present in this district. A surgeon (now deceased) in a neighbouring village used to remark that parties coming into his parish from this district invariably grudged his Medical fees; while those coming from a town equi-distant paid his fees without a scruple. The cause was obvious. On the one hand, they had been treated to an almost gratuitous attendance; while, on the other, they had always paid their doctor a fair remuneration.

We have exposed so far this grievance, and now leave the subject entirely in your hands, venturing to hope that a little friendly counsel from you, generally directed and personally received, may aid in bringing matters a certain way up to where we should wish to see them. In the district from which you are addressed, the fault lies at the door of a single surgeon. We only wonder that any member of an enlightened body would so far pursue a course which can only tend to degrade the Profession to which he unfortunately belongs. We admit that a practitioner of the class described may be able to gain a fair subsistence while the vigour of manhood remains, dependent, as he is bound to be, on the generosity and donations of the community; but, as old age steals upon him he will, alas! in his sad experience, find that his, indeed, has been a fruitless philanthropy.

We could hear with gratification that any retired Medical man, in the absence of a regular practitioner, had given his counsel or assistance in any case of emergency; but when a Medical man in every-day practice, and in very ordinary circumstances, makes it his daily duty to attend almost gratuitously on any one who may be pleased to ask his advice, thus deliberately making generosity to the public the precedent of injustice to his Profession, we think it then full time for the brotherhood to raise the hue and cry.

The importance of the subject is the plea we urge for thus far trespassing on your valuable space.

We are, &c.,

"MEDICUS ET CHIRURGUS."

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged by your permitting me, through the medium of your journal, again to address the Poor-law Medical Officers, as the time has arrived for me to take their opinion as to the course to be pursued in future.

Nearly ten years have elapsed since I first addressed them on the subject of the Medical relief of the poor, and, as yet, no comprehensive measure of reform has been obtained. Some of the Medical officers, in consequence of the general agitation of the question, have induced their guardians to grant an increase in their salaries, but these instances are, I fear, but exceptions to the rule, and the majority of them remain as they were, a capriciously and underpaid body of men. Some of them have fixed salaries and extra Medical fees, as the order of the Poor-law Board provides; others, have fixed salaries, and no extra Medical fees; others, fixed salaries, and some extra Medical fees; others, fixed salaries, combined with a per case payment. Some have fixed salaries, and find all medicines; others (a few only) fixed salaries, and the guardians find all the medicines, &c., &c. These various modes of payment show too clearly the entire absence of any well-digested plan of Medical relief.

In February, 1861, Parliament appointed a Select Committee on Poor Relief (England), which continued its sittings from time to time until May 31, 1864, when their Report was submitted to Parliament; but as its original proposer never intended the question of Medical relief to come before it (the inquiry was only made to embrace this subject on the motion of an independent member of the House of Commons), it will cause no surprise when I say that it was only on the last day and last hour of the session of 1861 that three Medical men were called upon to give evidence upon a question which actually involved five-ninths of the whole pauperism of England and Wales, thereby proving that the most important part of the relief of the poor was almost totally ignored; and when the Report on this question was made to Parliament, it was founded almost entirely on the evidence of Mr. Cane, a Poor-law Inspector, as is proved by the quotations contained in their Report. That evidence, I unhesitatingly say, was most inaccurate, and given in such a way as to mislead the Select Committee; but still there was a minority on that Committee who were not to be mystified by his statements, as is proved by the adjournments and amendments on this question, and a majority ultimately decided that it was requisite for the benefit of the poor that the guardians should find cod-liver oil, quinine, and other expensive medicines. But it was not until many months had elapsed, and after many importunities, that the Poor-law Board could be induced to issue a circular letter empowering the various Boards of Guardians to carry out the recommendations of the Select Committee; but as this was only a permission and not an order, many Boards of Guardians have refused to carry it out (Weymouth, for instance). Some, however, have allowed their Medical Officers to order a few articles of the druggists, others have permitted them to charge as extras for these articles. Some now find cod-liver oil, and one Board of Guardians (Southampton), have adopted the wise and judicious course of establishing a Dispensary, and now find all medicines, to the great relief of their Medical Officers and benefit to the poor. Some Boards of Guardians still, however, ignore the recommendations of the Select Committee, so far as the poor are concerned, but, in order to obtain a little peace,

ve raised the salaries of their Medical Officers ; but all is is most unsatisfactory, and it is a disgrace to a public dy like the Poor-law Board, to permit Boards of Guardians us capriciously to carry out the recommendations of the lect Committee of the House of Commons.

At the last annual meeting of the British Medical Asso- ition, held August 1, 1865, it was resolved "That a Com- ttee of this Association be appointed to inquire into the sent system of Poor-law Medical Relief, and to ascertain ether any and what alterations are required therein, order to ensure the efficient treatment of the sick poor, l the just remuneration of the Poor-law Medical icers.

"That the Committee be desired to report the result of ir labours to the next annual meeting of the British dical Association, and the report then presented contain, practicable, a complete series of proposals, which may, r adoption by the Association, be urged by it on the islature and on the Poor-law Board."

n accordance with these resolutions it will follow that measure of relief can be laid before Parliament before ruary, 1867. Are the Medical Officers willing to wait ong?

ly own impression is that a deputation should wait n the Poor-law Board before Parliament meets, and e the President to bring in a Bill on the subject of r-law Medical Relief, or make it a part of his proposed r-law Renewal Bill, failing which we should press upon liament, at its meeting in February next, the necessity Reform, which can only be done by preparing a bill laying it before them ; but this must be supported by a rly written pamphlet to each Member of Parliament, wing how the Select Committee arrived at an incorrect sion on the subject ; this must be backed up by repeated tings and private applications to members ; but all this not be done without money. Will the Poor-law Medi- Officers again make an effort and furnish it? Will each em forward to me at the least a 5s. subscription ?

is possible they may consider it would be better that ould retire from my office of chairman to the Associa- and leave it in the hands of the Committee of the ish Medical Association. If so let them send their sub- ption to Dr. Henry, 37 Great Queen street, Lincoln's- Fields, the Secretary of the British Medical Association, e will require funds if he is to act with vigour. If, on other hand, the wish is that I should continue to con- the management of this affair, as a distinct body the British Medical Association, they must send subscriptions to me, and I will take active measures ie subject.

ere never was a better time for doing so. A new ament, and perhaps ere long a new Government, may to us, particularly if the Medical Officers have all ed out to their individual members at the late elec- as was advised, the necessity of reform of the abuses existing in the system of the Medical relief of the

Can anyone have read the reports of the Lancet Sani- Commission for investigating the state of the in- ies of workhouses, without being impressed with the ity of great reform in the union houses? In the s' of Sept. 14, 1865, is a leader on this subject, and ve read :—

useful Act, moreover, was passed, empowering the lians to award pensions to superannuated officers. In ge, the officials of workhouses not uncommonly their days in the workhouse themselves, and in to avoid this fate; they frequently lingered in their when they were unable to discharge their duties. hese measures are so many improvements in the ent of that unhappy class who depend upon the for support. We may be sure that, so far from the n they impose on the country being increased by a liberal and judicious management, it will be dimi- l. Thus, as we have recently had occasion to show, it kness which constitutes the chief problem of pauper- nd a better system of Medical relief would unques- ly have the effect of diminishing the number of rs. According to the returns in the present report, the Medical relief forms but one twenty-sixth part of the total expenditure, although the able-bodied, including men, women, and children, compose even nominally but four- ninths of the whole number of paupers. The question is now, however, being thoroughly considered, and the next few years will no doubt see still more important improve- ments than those we have been reviewing."

After this statement of the 'Times,' will the Medical Officers be silent? I trust not.

The whole system of Poor-law Medical Relief requires revision. The Poor-law Inspectors, with one exception, so far as illness is concerned, are a perfectly useless set of men. They know nothing of sickness nor the requirements of the sick poor, as is proved by the monstrous state of our workhouses, as revealed by the 'Lancet' Sanitary Com- mission. There must be Medical Inspection, and that by Medical Inspectors. Dispensaries ought to be established in all densely populated places (as is the case in Ireland), and where this cannot be done, a separate payment should be made to the Medical Officer for drugs, independent of his salary. The salaries of the Medical Officers should be adjusted on a definite principle, regard being had to the number of patients and distance to be travelled, and then, and not until then, will the guardians ever trouble them- selves as to the class of persons receiving Medical relief. With a fixed salary, they are utterly regardless of the number of patients sent to the Medical Officer. In one union with which I am acquainted, a boy acts for his father, the relieving officer, and gives Medical orders to all who ask for them, and there the midwifery orders to the wives of the artisans are very numerous, and as the guar- dians do not pay any extra Medical fees, they make no inquiry. This I need not say is most unjust to the Medical Officer.

There ought to be a superannuation fund for such of the Medical Officers as are incapable of doing their work, and are in such a pecuniary position that they cannot give up their appointments ; it is a cruelty to the poor to insist on men doing that which they are physically incapable of accomplishing. There are many other points to be con- sidered, but in a letter of this kind sufficient has been said to arouse the thoughts of all men who are desirous of im- proving the Medical relief of the poor.

12 Royal terrace, Weymouth, I am, &c.,
21st October, 1865. Richard Griffin.

PARISIAN MEDICAL NEWS.

Remarks on Fibro-plastic Tissue.

A young man, aged twenty, recently discharged fromthe Artillery, was admitted last year into M. Nélaton's wards at the Hospital of the School of Medicine, for a disease of a serious nature and of frequent occurrence, of which the Professor stated that he met twelve or fifteen instances annually.

Five years ago, the patient noticed for the first time an indolent tumour of the size of a bean, situated in the lum- bar region ; it caused him no particular inconvenience, and remained in the same condition for four years. At the begining of the fifth year, however, the disease changed aspect, and the growth rapidly increased in volume. The surgeons whom the young soldier consulted, performed a crucial incision, but copious venous hæmorrhage supervened and arrested their proceedings. The wound healed, but after a short time the scar gave way and a certain amount of blood escaped. Since that period, no solid cicatrisation took place, hæmorrhage occasionally recurred, and at last the man applied for admission into hospital.

The following was his condition :—In the left lumbar region, and extending slightly over the buttock, lay a tumour fifteen lines in diameter, covered by diseased integu- ment, and ulcerated in one spot, in which was observed a clot of blood.

In its other parts the growth was of irregular and unequal consistency, and attached to the skin. The mass was partly movable, the mobility not extending beyond half an inch in every direction. No sensation of distress,

heat, or weight, was complained of, with the exception of occasional pain at a distance from the tumour, analogous to that sometimes observed in hygroma.

The mass was not, however, a hygroma; neither could it be looked on as syphilitic, nor as a sanguineous growth, an opinion erroneously entertained by the surgeons who had attempted its removal.

The case was one of fibro-plastic tumour, a kind of sarcoma which of late years has given rise to much discussion. Such tumours were at first considered as benignant, and not liable to relapse after extirpation, and not likely to become diffused over the system in the same manner as cancer. In this respect, however the opinion of surgeons is now different, and the disease is not looked on as incapable of becoming malignant.

This view, says M. Nélaton, must not however be exaggerated. The Professor conceives that the surgeon can easily discriminate the cancerous nature of a tumour without reference to histological research. He gives the name of cancer to any growth which displays a tendency to increase indefinitely, and involves the tissues with which it is in contact, which evinces an inclination to ulcerate and poison the system, relapses after extirpation either in the cicatrix or elsewhere, and always terminates fatally.

The diagnosis of this class of tumours can be fairly established without microscopic investigation pointing to the existence of peculiar cells with their nuclei, and from mere clinical observation the surgeon can easily acquire the requisite information. It must, however, be observed that amongst the many varieties of growths which, under the general denomination of cancer, invade and destroy the healthy structures of the body, some are obviously less inclined to run throvgh the course we have delineated, and amongst them we mention the fibro-plastic. In this respect, M. Nélaton opines that histological researches have proved especially useful, in making us acquainted with the kinds of cancer that justify a more favourable prognosis, and in which the presence of certain elements encourages a hope that extirpation may not be followed by a recurrence of the disease.

In conclusion, the Professor considers fibro-plastic growths as cancers, but as cancers possessed of characters of a more favourable description than all others.

Extirpation is the only applicable treatment, but a considerable amount of healthy tissues should be included in the operation. Indeed, these tumours are exceedingly apt to return in the cicatrix or in its immediate vicinity.

It is unnecessary to dwell on the operation performed in the case which suggested the present remarks. In accordance with the precept above alluded to, a large extent of healthy tissue and a portion of the fascia were removed. The wound was dressed with alcohol, and whether the suppuration was decomposed or neutralised by this liquid, or its quantity merely reduced by the application, the wound healed promptly, and almost without the appearance of any morbid secretion.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 12th inst.:—William Parker Hoare, Dartford, diploma of membership dated April 8, 1836; Alexander Charles McLeod, the Queen's Indian Army, November 13, 1840; James Oldham, Brighton, December 10, 1841; and Joseph Bainbridge Fife, Newcastle-on-Tyne, June 25, 1842.

APOTHECARIES' HALL.—Names of the gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, October 12, 1865:—James Mare Taylor, Hanley, Staffordshire; Moses Lyons, Birmingham; William Hixon Arrowsmith, Coleshill, Warwickshire; Sydenham John Knott, St. Mary's Hospital; Thos. James Webster, Conway, North Wales.

THE QUEEN'S UNIVERSITY IN IRELAND.—At a meeting of the University, held in Dublin Castle on Wednesday, the 11th inst., the following Medical and Surgical degrees, &c., were conferred by the Lord Chancellor of Ireland, Vice-Chancellor of the University. The prizes were presented to the successful candidates by His Excellency the Lord-Lieutenant:—*The Degree of M.D.—First Class.*—None.—*Second Class.*—Reuben Bolton, John James Charles, Isaiah De Zouch.—*Third Class.*—None.—*Unclassed.*—William Alexander, Daniel Ambrose, John Bligh, Henry John Brown, Cornelius F. Buckley, Joseph Wallace Chesnut, Henry Comerford, William Alister Catherwood, Alexander Filson, B.A., Joseph Augustine Fitzpatrick, Thomas C. Gilmore, Patrick Heas, Emerson Henry, John Sinclair Holden, Oscar D. Honiball, Ulick Albert Jennings, William B. Jonhstone, Mark Long, James Macartney, Henry J. Madden, Edward M'Crystal, Samuel D. Millar, John Henry Newman, Charles O'Hara, B.A., William John Rankin, Jas. Joseph Louis Ratton, Daniel O'Connell Raye, David S. H. Smith.

The Degree of M.CH.—John Bligh, Reuben Bolton, John James Charles, Henry Comerford, Francis Duffy, M.D., Joseph Augustin e Fitzpatrick, Richard Malcolm Graham, M.D., Patrick Heas, Emerson Henry, Oscar D. Honiball, Ulick Albert Jennings, H. M'Noughton Jones, M.D., William Henry Jones, M.D., Robert Dwyer Joyce, M.D., Patrick F. M'Gloin, M.D., Alex. Hay Hill, M'Murtry, M.D., Samuel D. Millar, Micl. O'Kennedy Morris, M.D., Thomas Ffrench Mullen, M.D., John Henry Newman, Patrick O'Keefe, M.D., Stephen O'Sullivan, M.D., Patrick John Shannon, M.D., George Sigerson, M.D.

THE CATTLE PLAGUE COMMISSION.—We learn with pleasure that the Commission have decided to cause a series of experimental investigations to be conducted on a plan very similar to that which we last week suggested as desirable in the public interest. We are satisfied that the main utility of this Commission will consist in the careful conduct of an extensive experimental investigation. We regret, however, to find that the funds placed at the disposal of the experimental committee of the Commission are utterly inadequate to the object in view. And, strange as it may seem in a matter of great national importance and involving pecuniary interests so considerable, the committee are under the necessity of appealing in a deprecatory form of request, suing almost *in formâ pauperis*, to the distinguished men whose services they wish to engage in the inquiry. This is neither dignified nor fair. We can imagine that it is a source of pain and humiliation to the Medical members of this Commission to be obliged to offer men of great eminence and large engagements a remuneration so small as to require an apology when offering it, and to necessitate an appeal to their public zeal as a supplement. This is what has been done, and we cannot conceive a more undignified position for a Government to assume under such circumstances. We suppose that the treasury of the country is not yet so low but that public services of so much importance should be fairly paid for. We understand that Dr. Bristowe has been requested to undertake a series of post-mortem inspections; Dr. Murchison to report on the pathological relations of the rinderpest to other diseases; Dr. Sanderson, with the co-operation of Professors Varnell and Pritchard of the Veterinary College, on the propagation, the symptoms, and treatment of the disease; Dr. Marcet on the chemistry of the blood and tissues, and the value of disinfectants; Dr. Lionel Beale on the microscopic appearances of the diseased organs; and Prof. Gamgee on sanitary restrictive measures. These inquiries, will, of course, involve a course of original investigation of each of the different subjects allotted. These investigations will be conducted on the premises of the Royal Veterinary College, Camden town, and are to be commenced immediately.—'Lancet.'

ROYAL COLLEGE OF SURGEONS.—A skeleton of that rare and singular animal the aye-aye, or Chiromys, has lately been added to the Hunterian Museum. It is an inhabitant of the island of Madagascar, where it was first discovered by Sonnerat about the year 1780. The specimen brought home by that traveller, and presented by him to the celebrated French naturalist, Buffon, has remained until within a few years the unique representative in Europe of this remark-

›le creature. By Cuvier, and many other zoologists, it as considered as a member of the Rodent order, on account the conformation of its teeth resembling those of the awing animals; but De Blainville, and others, laying ore stress upon the character of the limbs, placed it among e Lemurine-quadrumana, or monkey-like animal. This ew has been completely confirmed by the dissection of a ecimen recently sent to Professor Owen, by Dr. Sandith, a fully illustrated account of which will be found in the Transactions of the Zoological Society' for 1863. A living ample is now in the Regent's Park gardens, but, as it is rely nocturnal in its habits, it is rarely seen by visitors. stuffed specimen has lately been presented to the Univery of Cambridge by Mr. A. Newton. Besides those above entioned, very few examples of this rare animal have as t been received in Europe. The skeleton just added to e College Museum was discovered in the possession of a aler in objects of natural history in Paris, by Mr. Flower, e indefatigable conservator, who at once secured it at an exse of 20*l.* for the collection with which he is so deservedly nnected.

M. Velpeau on the Treatment of Cholera.—At a ent meeting of the French Academy of Sciences, M. lpeau made the following, among other remarks:—To licate efficacious remedies is easy to say, but difficult to lise. The cholera is a malady as yet really little known, l which, like other maladies, is often cured without nedies. Many maladies, gentleman, are cured without nedies. The truth should be told. In 1839 we tried all e means which are at this day again so much spoken of. some instances they were successful; in others they led. Was it because the patient cured himself alone, or s it the remedy that cured him? We do not know. w many persons are sure of their remedy? They speak it confidently, and yet the patient is lost. It is probable t in the first case he cured himself, and that the remedy not do much. This does not prevent every one from ieving that his own receipt is infallible. Every doctor, e every other mortal, has his remedy. There is nothing lificult as to indicate remedies where every one meddles the matter. M. Velpeau then related an anecdote of ais XIV. and his physician, Fagon, exemplifying what had just said, and continued:—I am obliged to avow t it is not always in our power to point out an efficaus remedy. The cholera is no doubt caused by the oduction of a poison into the organism. If the onous element is in small quantity, and the organism ng, it makes no ravages; if the contrary be the case, danger is real. Also when the patient absorbs what is inistered to him, his cure is probable. But sometimes stomach refuses to absorb anything; and in this case urse should be had to external means, which are n insufficient. In a word, the malady almost always mences by characteristic symptoms, such as premonidiarrhœa. The preventive treatment is easy, and it r each person to guard himself. Excess of every kind ld be carefully avoided, and the rules of salubrity tively observed. The means of arresting the malady s outset are very simple. My advice is this—pour three to four drops of laudanum on a lump of sugar swallow it. Repeat in two hours afterwards, and so until the cholic and vomiting pass away. Take also small injections of starch, poppy flowers with six, n, eight, or ten drops of laudanum. This treatment almost always suffice to stop the diarrhœa, and antee against the malady.

HE College Fellowship.—During the last three days xamination in Mathematics, Classics, and French, for Fellowship of the College of Surgeons, has been going The names of the successful candidates cannot be asined until next week.

. Thomas's Hospital.—The work of preparing for erection of St. Thomas's Hospital on its new site by the of the river at Stangate, is already begun.

NIVERSITY College Hospital.—Notice has been re-d of the munificent bequest of 4,000*l.* to the above institution by the late Nathaniel Soames, Esq., of Warwick gardens, Kensington.

Presentation.—The officials employed at the railway stations of Haverfordwest, Clarbeston, Johnstone, and Melford, have presented a beautiful silver inkstand to E. P. Phillips, Esq., Surgeon, for his kind and constant attendance during a late period of severe illness amongst them.

Patent Medicine Licences.—In the year ending March last, the sum of 6,125*l.* was paid to the revenue by 10,922 vendors of patent medicines.

The Warsaw Lunatic Asylum has recently been visited by the police; and of 144 patients, fifty were found to be political offenders, who had used the asylum as a place of refuge. The physicians as well as the offenders were arrested.

Sanitary State of Lincoln.—The inhabitants of Lincoln are now zealously engaged in improving the sanitary state of the city. The mortality is considerably above the average, being nearly 28 per 1,000.

Infanticide.—It was resolved at the Warwickshire Quarter Session this week, "That a memorial be presented from this court to Secretary Sir George Grey, calling attention to the great increase of infanticide and concealment of birth of children, and urging the necessity of some amendment of the law with a view to remedy the evil."

King's College, London.—The Medical Society commenced its sittings on the 12th inst., when an introductory essay was delivered by Dr. H. L. Kempthorne, on the Mutual Relationship of Students. The lecture, which was of a very entertaining as well as instructive character, was listened to with marked attention and applause by a crowded assembly, which included many old pupils of the College. The chair was taken by Mr. Francis Mason, the newly-elected President of the Society.

Bequest to a Physician.—The Duke de Gramont Caderousse, well known on the turf and in the Paris fashionable world, has left the remains of his fortune, which, though impaired by prodigality, is said to be still something considerable, to his physician, Dr. Besclot, with the exception of a legacy of 2,000*l.* to some other person.

A Nice Point of Differential Diagnosis.—M. Gibert lately stated before the Academy of Medicine of Paris that in the diarrhœa premonitory of cholera (miasmatic diarrhœa) the tongue is swollen, pale, moist, white, and covered with a layer of mucus; whilst in bilious or inflammatory diarrhœa the tongue is red, dry, small, and sharp-pointed.

Mr. R. J. Harding, who was elected on the 13th inst., at Sidney Sussex College, Cambridge, to a Senior Taylor Scholarship, is the son of Mr. Wm. Harding, Vice-President of the Medical Society of London. Mr. R. J. Harding was from University College, where he obtained the Mathematical Andrew Scholarship at the end of last session, and where he had previously been Cook Prizeman of the College School.

DEATH.

Williams.—October 21st, of scarlatina, at Killucan, Co. Westmeath, Anne Jane Georgina Sinclair, youngest child of John William Williams, A.M., M.B., F.R.C.S.I., Surgeon Westmeath Rifles, aged one year and eleven months.

APPOINTMENTS FOR THE WEEK.

Wednesday, Oct. 25.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

Thursday, Oct. 26.—*Operations* at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Friday, Oct. 27.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, Oct. 28.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-Cross Hospital, 2 p.m.

Monday, Oct. 30.—*Operations* at St. Mark's Hospital for

Fistula and other Diseases of the Rectum, 1½ p.m, ; Metropolitan Free Hospital, 2 p.m.

TUESDAY, OCT. 31.—*Operations* at Guy's Hospital, 1½ p.m. ; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Lectures, chiefly Clinical. By T. K. Chambers, M.D. Fourth Edition. London : John Churchill and Sons.

Nice and its Climate. By E. Lee, M.D. Second Edition. London : W. J. Adams, 59 Fleet street.

Health Resorts of the South of France. By E. Lee, M.D. London : W. J. Adams.

The Elements of Prognosis in Consumption. By J. E. Pollock, M.D. London : Longman and Co.

NOTICES TO CORRESPONDENTS.

It is requested that all communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

To SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-Cross Post-office.

THE SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY.—The memorial is inserted.

"MEDICUS ET CHIRURGUS."—The letter is inserted.

CANTABRIGICULIS.—The communication is received.

DR. H. S. PURDON.—The paper is inserted.

X. (Manchester).—The best remedy for the itch is sulphur in some form. The cleanest and perhaps the most expeditious plan is the use of a bath containing what is called the liver of sulphur, the *potassa sulphurata* of the British Pharmacopœia. But is our correspondent sure that the complaint is really the itch?

CHEMICUS.—The microscopical and chemical toy, known as "Pharaoh's Serpent," is caused by the slow combination of sulpho-cyanide of mercury mixed with a pastile.

A SUFFERER.—The symptoms are probably nervous, but your best course is to consult some respectable Medical man.

THE TREATMENT OF ESCHARS FROM BURNS.

To the Editor of the Medical Circular.

SIR,—Will you be kind enough to give me your advice (in your corner for answers to querists) in a case which is as follows :—A young unmarried lady applied to me lately for advice on two eschars from a burn, the one about an inch in length under the left eye, and the other about two inches in length, commencing at the angle of the mouth, extending downwards, the latter of which is considerably elevated, both caused by a fall on the fireplace while in a swoon. I have looked over a number of works on Surgery, but cannot find a word on the treatment of eschars. I will, therefore, feel obliged if you will pay attention to the above request.

I am, &c., "LAMBDA."

[Perhaps some of our readers may suggest a mode of treatment.—ED. MED. CIRCULAR.]

MR. G. K. H. PATERSON'S letter will be inserted next week.

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The Medical Circular.

SCIENTIFIC ARTICLES.

A SUCCESSFUL CASE OF EXCISION OF THE HEAD OF THE FEMUR FOR GUN-SHOT FRACTURE.

By George A. Mursick, M.D.,
Brevet Captain and Assistant-Surgeon U. S. Volunteers.

ugh Wright, a private of Co. G., 8th New Jersey Voluners, aged twenty-eight years, married, and of sound conitution, was admitted to the Stanton U. S. A. General ospital, Washington, D. C., May 25th, 1864, he having en wounded in the battles of the Wilderness, Va., May h, by a Minie bullet, which entered the right thigh about e inch to the inner side of the femoral vessels, and two ches below Poupart's ligament, passed backwards and wnwards, shattered the neck and trochanters of the feur, and lodged behind the bone. When admitted the illet had not been extracted. The parts about the seat fracture were much irritated by the rough handling he id received during transportation from the battle-field; herwise he was in good condition.

May 27th.—The local irritation is much diminished, but abscess has formed about the seat of fracture. *Operation.* The patient being etherised, an incision six inches in ngth was made over the trochanter major down to the ne; the fractured splinters, including both trochanters, ere then extracted; the neck of the bone was seized with forceps, and held firmly while the capsule of the joint and e ligamentum teres were divided; the head of the bone as then removed without difficulty. The upper sharp end the femur was sawn off with a chain saw. The bullet, a inie, much battered, was found lying in the abscess, beid the neck of the bone. The quantity of blood lost ring the operation was small; no ligatures were required. e exhibited a good deal of shock, and reaction was slow. e wound was carefully cleansed, dressed with dry lint, d left to heal by granulation. To keep the limb in posin, long bags, filled with sand, were laid on each side of and moderate extension made by means of a weight ached to the leg and suspended over the foot of the bed. Morphiæ sulphat., gr. j., at night.

May 28th.—Has passed a restless night, and exhibits a od deal of nervous agitation; pulse frequent and feeble; gue dry and furred in centre; has some fever. ℞ Spts. gallici, ℥j. every three hours, and Opii pulvis, gr. j. every r hours, with beaf tea ad libitum.

May 29th.—General condition much improved; pulse er and less frequent; wound discharges freely; treatit continued; wound to be dressed with a weak solution ermang. potassa.

June 1st.—Continues to improve; the wound looks well, the character of the suppuration is good. Stimulants uced to ℥iv. daily.

August 1st.—He has continued to do well. The wound filled up with granulations from the bottom, with the eption of a sinus that leads to the bone. It continues to purate quite freely, and some small pieces of dead bone e come away with the discharges. He has gained conrably in flesh, and his health and spirits are good.

Aug. 23rd.—The upper part of the thigh is swelled and ful, and the discharge from the wound has increased in ntity. Yesterday he attempted for the first time to sit in bed, but, owing to the rigidity of the parts and the lutination of the muscles, the pain caused by the sitting posture was so severe that he was soon compelled to lie down again. ℞ Cold evaporating lotions to the thigh.

Aug. 27th.—The swelling of the thigh has increased; the discharge from the wound is very free, thin, and flaky; the surrounding skin is glazed and doughy to the touch. The wound of entrance has reopened, and discharges some thin pus. An abscess has formed on the inner side of the thigh; incised it and evacuated about ℥iv. of thin and flaky pus. He is rather restless, but says he feels well. ℞ Tinct. ferri chloridi, gtts. xx. every six hours, alcoholic stimulants, and a nutritious diet.

Sept. 1st.—The swelling and inflammation of the thigh continue. He complains of nausea and want of appetite. An abscess is forming on the outer side of the thigh. ℞ Flaxseed poultice to abscess.

Sept. 5th.—Incised the abscess and evacuated a large quantity of thin flaky pus, which smells very offensive; has some irritability of stomach, which is controlled by Hoffman's anodyne.

Sept. 6th.—The edges of the incision in the abscess are sloughing. ℞ Acid. nitric, to be applied freely.

Sept. 9th,—Has diarrhœa. ℞ Bismuth. sub. nit., gr. x., Opii pulv., gr. j., every six hours.

Sept 11th.—The slough has cleaned off, the edges of the wound are covered with florid granulations; the discharge from the abscess continues free; diarrhœa continues. ℞ Acid. tannic., gr. v., Opii pulvis, gr. j., three times a day.

Sept. 13th.—The diarrhœa has nearly ceased; his general condition has improved; the wounds look well; the discharge from them continues free, and has improved in quality.

Sept. 25th.—Removed from the wound of operation a large ring-shaped exfoliation, from the upper end of the femur.

Sept. 26th.—Removed another exfoliation from the wound.

Oct. 7th.—Since the exfoliation of the necrosed bone, the swelling of the thigh has subsided; the discharge from the wounds has diminished much in quantity, is improved in quality, and presents the appearance of laudable pus; the diarrhœa has ceased; his general condition has much improved, and he is able to sit up in bed.

Oct. 30th.—A sinus from the wound of operation, and one from where the abscess was, on the outer side of the thigh; leads to the bone, a portion of which is necrosed.

On the 1st of November I left the hospital. I am indebted to Dr. Garland for the following history of the case from that time until Wright was discharged from the hospital.

Nov. 24th.—He continued to do well until this date, when the limb became inflamed and swollen. Cold applications were applied to it, and tonics and stimulants given internally. During the later part of December, another abscess formed on the outer side of the thigh, which was incised, and a quantity of unhealthy pus evacuated. The swelling and inflammation again subsided, and he continued to do well until February 6th, 1865, when another abscess formed in the lower third of the thigh on the outer side; this was incised and the pus evacuated. Several small pieces of dead bone have come away with the discharges from the wound of operation. About the middle of March, 1865, he began to get out of bed, and walk about the ward on crutches. On May 3rd, after getting out of bed, "he let his leg fall, and hurt it;" this was followed by inflammation and swelling of the thigh, and an abscess formed in the lower third of it, on the inner side; this was incised, and a small quantity of pus evacuated. He was now attacked with erysipelas, which extended from knee to the hip. This was combated with tonics and stimulants (iron, quinine, &c.), and it rapidly disappeared. From this time he did well, taking daily exercise about the hospital on crutches. On the 17th of April he left the hospital for his home in New Jersey.

July 18th, 1865.—I saw him at his home in New Jersey, and found his general condition to be as follows:—General

health excellent; the wounds and sinuses have been entirely healed since the beginning of May. The upper end of the femur is firmly attached to the pelvis by ligament, about one and a half inches long; the agglutination of the muscles and the atrophy of the limb have nearly disappeared; he exercises considerable control over the motions of it, and can flex and extend it slightly; the voluntary motions of rotation and abduction are lost; adduction is performed to a limited extent. Motion of the knee-joint is also limited, in consequence of the thickening and consolidation of the surrounding tissues, resulting from the inflammation. He states that, for the last two months, his improvement in the use of the limb has been very decided. When he first commenced to walk about, "the limb felt like a weight attached to his body." This sense of weight has now entirely disappeared. He generally walks with crutches, but can walk with the aid of a cane alone. With a high shoe and a cane, he walked in my presence a distance of over one hundred yards. It is only about two weeks since he commenced to walk without crutches. The progress he has made in that time has been very satisfactory, and he bids fair to have a very useful limb. The shortening of the limb is four and one-half inches.—'New York Medical Journal.'

THE CHOLERA.

FRANCE.

In order to give confidence to the Parisian public, the Emperor Napoleon, on Friday, 21st of October, visited the Hôtel-Dieu, and passed an hour amongst the patients suffering from cholera, speaking to them, inquiring if all their wants were supplied, and giving words of encouragement to the sufferers, and of commendation to the attendants.

The Emperor's visit has greatly increased his popularity among the Paris population. The Empress too has visited the hospitals. The 'Moniteur' gives the following account of the proceedings:—

"Her Majesty, accompanied by Viscountess Aguado, Lady of the Palace; Mademoiselle Bouvet, scarcely yet recovered from the accident at Neuchâtel; the Marquis de Lagrange, her Equerry; and M. Duperré, Orderly Officer to the Emperor, devoted the whole of yesterday to visiting the cholera patients. Notwithstanding a violent cold from which Her Majesty had been suffering for some days, forgetting her own fatigue to occupy herself with the sufferings of others, she went in succession to the Beaujon Hospital, to that of La Riboisière, and lastly, to that of St. Antoine. The Empress visited the cholera wards, and, approaching the bedside of all the patients, asked them questions and encouraged them with the solicitude and devotedness of a Sister of Charity. Her Majesty was rejoiced to find that the number of cures announced a notable amelioration in the course of the epidemic, and she repeatedly testified her satisfaction at the attention paid to the sick and convalescent, and in which all those employed showed a rivalry of zeal. On leaving each of the three hospitals the Empress was greeted by the acclamations of a numerous crowd, who testified in the warmest manner the emotion inspired by the self-devotedness of her Majesty."

The Emperor, from the funds of his privy purse, has transmitted to the Minister of the Interior the sum of 25,000f., to be distributed among the families of the victims of the cholera. To that sum the Empress has added 15,000f., and the Prince Imperial 10,000f. The 'Avenir National' publishes a "communicated" note correcting certain assertions which it had erroneously made. The rectification says:—

"You have announced that the internes of the hospitals had in vain demanded an amelioration in the dietary regulations. You are altogether misinformed, as no demand of that nature has reached the directors either of the hospitals or of public assistance. Ever since the commencement of the epidemic the authorities have taken the initiative in granting exceptional allowances to the pupils charged with the cholera wards, as also to the Sisters, and to all the attendants who are in any way brought in contact with persons attacked by the malady."

The 'Patrie' says—

"It is not impossible to put people too much on their guard against the falsehood or exaggeration of certain reports with respect to the prevailing epidemic and having access to the surest sources of information we are in a position to contradict the rumours which have been current relative to the evacuation of certain colleges and schools in Paris. Unfortunately it is too true that three pupils of the Collège St. Louis have fallen victims to cholera; but the evil has not gone further, as no other case has taken place in any of the establishments of education. That fact was ascertained when the Minister of Public Instruction paid a visit to those institutions, where all hygienic precautions are taken against the invasion of the malady."

It appears that those who have suffered most from the epidemic in Paris are the *chiffonniers*, or ragmen, and the street sweepers. On the former class it has fallen so heavily that there is some intention of suppressing the trade altogether.

A correspondent of the 'Times' writes from Nice:—When the cholera first made its appearance at Marseilles and Toulon, a large proportion of the wealthier classes fled in various directions; as the epidemic gained ground the example was followed by the workmen and artisans, who flock in numbers from every little town and village along the Reviera to the dockyards of Toulon. Crowds of them made their appearance in every train that arrived at Nice, and bivouacked in the open air on the boulevards, squares, and above all in the grand avenue of the Prince Imperial, which leads from the terminus to the Place Masséna. The result of this was that one morning all Nice was alarmed by a report that there had been several cases of Asiatic cholera. On investigation it was found that the persons who had suffered had brought the epidemic with them to Nice. The authorities at once took the promptest measures against the spread of the disease. An unlimited credit was opened by the municipality; the emigrants were met at the station by gendarmes, and there detained till they were ready to proceed to the frontier in carriages and omnibuses, provided for the purpose. In the meantime they were liberally supplied with all the necessaries of life. There was no harshness in this, as, apart from the urgent necessity of self-preservation, the emigrants, though almost exclusively from the dockyards of Toulon, La Seine, and Cassis, were most of them Piedmontese, Genoese, or workmen, from the poor and migratory populations of Ventimiglia, Oneglia, San Remo, Savona, and the Italian towns along the shore of the Mediterranean, A correspondent from St. Dalmas, a village at the foot of the Col di Tenda, writes that many hundreds had found their way over the pass. The villagers everywhere refused to receive them, but supplied them with food and wine, allowing them to bivouac 300 or 400 yards from their homes. There is no doubt that much misery and many lives were saved by the measures adopted by the Mayor of Nice. Had the fugitives not been supplied with the means of getting to the frontier, they would have wandered all over the country, outcasts from every town or village, without means for providing themselves with food or transport. As it was, they were sent on with all speed to the frontier, and their *morals* preserved by just enough discipline to prevent their flight degenerating into a panic rout. An Italian described to me the scene before the Orphan Asylum at Nice, where numbers encamped on their first appearance in the town. He went among them, and observing some of then lying on beds and mattresses, found they had brought them to Nice from their own homes. "Voila, Monsieur," exclaimed one, "le matelas sur lequel mon père est mort du choléra hier au soir." Too much stress cannot be laid upon the fact that of the nine deaths that occurred more than a fortnight since, not a single victim was an inhabitant of the town. The fact is, that Nice has been singularly healthy this summer. The average mortality is 6 5-6ths a day. During three days, when considerable alarm prevailed, the register fell as low as one per diem. The peculiar situation of the town, swept not only by the sea-breezes, but by every

ıth of air that finds its way from the mountains down broad bed of the Paillon, is singularly favourable to the ipation of miasma and epidemic poison. The alarm of lera has moreover had a most wholesome effect on the itary state of Nice. Apart from the temporary precau- s, permanent improvements have been made. A sewer been laid down the whole length of the route de France, the drains trapped and covered, where till this summer ilential streams flowed slowly along the sides of the , and formed stagnant pools of black ooze that reeked simmered under a blazing sun. The buildings in the town have been whitewashed at the public expense, police orders issued for disinfectants to be thrown down lrains of every house. It is almost impossible to get that is not too tough to eat, as the inspection of the tets is so severe that if there be but a suspicion of taint hop is immediately closed. Last week rain fell heavily wo days, and the peaks behind the lower range that in Nice in the north are already white with new- n snow.

ıe following letters are from Naples :—

egret to say that other cases of cholera have occurred ın Giovanni, and, though not numerous, sufficient to e great uneasiness. The authorities, who at first ed the fact, have now been compelled to publish daily tins, and are doing all they possibly can to confine estilence within its present limits. Following out the dage of closing the stable door when the horse has stolen, they have now begun to fill the stagnant pools ater, and to remove or disinfect the pestiferous estab- ments in the neighbourhood. As a matter of pre- on, too, the Bersaglieri, who were quartered in the mili," near San Giovanni, have been sent off to nto. Such are the ignorance and superstition of people, taken advantage of in this time of panic by ical adventurers, that both the municipality and the icians have been exposed to not a little abuse and er. Poison, it is asserted and believed by many, has put into the food, or scattered about in public places I have myself met with those who have declared that saw it poured into the wine in the wine-shops. With people it is impossible to argue. This idea is by no is a new one, having been generally entertained in this try in past times during any prevalent epidemic, and ontinue to be entertained so long as civilisation is at w an ebb. All that can be done is to provide by the e force against any danger which may arise from the ng panics of an ignorant populace. Naples is, I am g to believe, still free from cholera ; two cases were, ver, said to have appeared on Friday—one in the San Loreto, and another in the Quarter of the Stelia. are not so decided, perhaps, as to justify me in ing them to be cholera. Both of the persons attacked of the poorest class, and had arrived from San Gio- . Meanwhile the authorities of the city are making provision for preserving the public health. Com- ners have been appointed to inspect every article of and commit great havoc among the contents of the

In the Quarter of San Ferdinand alone 8,500 loaves irty sacks of flour were destroyed on Thursday, to othing of meat and fish in other parts of Naples. nts continue to arrive of the existence of cholera in astern Provinces, and of its re-appearance in slight tions where it had disappeared, as in Lucena. The reports from Barletta speak of twenty-two deaths in y, and from Brindisi of four. Bitetto, Giovanazzo, Bisceglia had their victims, and Melfi, a town of asilicata, with a population of 10,000 persons had een attacked. If this is confirmed it will be the o be regretted, as it would show a tendency of cholera ls the centre of Southern Italy.

rything is in such a state of uncertainty that it is lt to obtain satisfactory information about the rtine, but up to the present time none has been put ween this city and Rome, travellers being subjected sole inconvenience of fumigation on the frontier. tate of things is not, however, likely to continue long, and some English families, anxious to get to Rome, left in a hurry on Saturday morning. Vessels from Naples to Genoa are subjected to eight days' quarantine, while at Leghorn they are refused ; the same on the coast of Calabria and in Sicily. At the same time, vessels arriving from any part of Italy are received in Naples, while those coming from Southampton, Cardiff, or Swansea are subjected to fifteen day's quarantine.

It is but too true that cholera has at length entered this city, and, though up to the present time its victims can be counted on the fingers, the reminiscences of its former visits are such as to create considerable apprehension. As yet I have not heard of more than four cases—one, of a woman who died in the hospital of San Loreto ; another of a woman who was attacked after drinking a bottle of rum ; another case was that of a man near the Ponte di Maddalena ; and a fourth, that of the Marchesina Auletta. All four resided in the upper part of the city, near the Toledo and the Infrascati ; and in one or two cases certainly death may be traced to intemperance. We are now waiting with anxiety to see what the progress of the malady will be ; it is hoped, say the Medical men that it will not extend much, and that it will soon disappear from amongst us, but hope can do little in such circumstances, except to give moral courage to meet the danger.

Certainly the sanitary conditions of Naples are much better than they were on either of the former occasions when cholera gathered in its harvest, and all who are in authority are acting with admirable prudence and energy ; but the neglect of the past may be expected to be followed by its just consequences, and the absence of any system of sewerage increases the danger which must needs exist at such a time. Of the organisation adopted to meet the necessity of the occasion I have already spoken. A hundred beds have been prepared in the Hospital of Pie-di-Grotta and the Hospitals of Loreto and Pacella are in readiness to receive patients. Lemons, sugar, and linen are stored in every section ; the mills are constantly examined to ascertain the quality of the flour ; in every case of death the houses have been insulated and disinfected, and the clothes of the victims taken to the outside of the city and burnt ; so that all that can be done is being done, and with sobriety, cleanliness, and courage, which are everywhere preached, it is hoped that the malady may be of short duration.

The report from San Giovanni, sent to me by one of the Medical men appointed to watch over San Giovanni, is far from being of an encouraging nature. In four days there had been, he says, thirty cases in a population of 10,000. The disease is of a very violent character, and the great proportion of those attacked succumb. It increases from day to day, especially in a street called Castina della Marchesa, which seems to be the centre of it. A hospital has been established in a convent of the Padri de Cuiesi, and at the moment of my friend's writing, there were seven cases in it under treatment. The Commissioners of Charity, of Health, and of the Municipality, were using great exertions to supply the sick with everything needful ; nevertheless, the disease was spreading rapidly. Great faith has been placed by many in the cleansing and healthy influences of the abundant rains we have had, and also in the great fall of the temperature. It was forgotten, however, that heavy rain, after the long-continued tropical heat we have had, would be followed by decomposition of animal and vegetable matter ; and it seems to have been forgotten also that on its first visitation, in 1837, cholera carried off most victims in the winter. I do not wish, however, to appear as the prophet of evil, and in truth, while the cases are at present few in number, the sanitary conditions of the city are far superior to what they were in the fatal year above mentioned.

The state of the health of those in the Lazzaretto, and of the crews of the ships in quarantine is excellent. Our fleet is still here, but I am told that the admiral is anxious to leave, and one of the officers says that they may be off at twelve hours' notice.

When I last wrote I was uncertain about the reception which travellers would meet with on the southern frontier

of the Papal States, but all doubt was set at rest by a despatch sent to the Spanish Consul, who acts here in the place of the Pontifical Consul, announcing that all travellers from Naples would be refused entrance. As a consequence, therefore, a large train of passengers which left yesterday morning for Rome, on arriving at Ceprano, was sent back, and many an unhappy excursionist is therefore imprisoned in Naples. Marseilles, Genoa, Leghorn, and the Roman States are closed.

We subjoin the following able remarks on the recent epidemic of cholera, by Dr. Letheby in his last report On the Sanitary Condition of the City of London for the quarter ending September, 1865 :—

Cholera, in an epidemic form, has appeared in the towns and villages upon the eastern shores of the Mediterranean; and as most of those places are in frequent communication with the neighbouring ports of Europe, it has been feared that the pestilence would move forward in the usual tracts of commerce, and ere long appear among us. That there are good grounds for such alarm there can be no doubt, and it would be highly imprudent to disregard the proximity of so dangerous an enemy, notwithstanding that the circumstances under which it has manifested itself are not at all like those of former visitations.

It is proper to remember that in the great epidemics of 1831-32, and 1848-49, there were three facts which came prominently before us :—1. There was an unusual outbreak of the disease in India, where it showed itself in an epidemic form; and this lasted for a year or two before its appearance in Europe. 2. The course of the disease was always from India in a north-westerly direction, through Russia and by the Baltic into one or more of our Eastern ports. 3. At the time of its appearance among us there was a large amount of zymotic disease, especially diarrhœa and dysentery.

At present, however, there are none of these significant forewarnings of an approaching epidemic. India has for the last four years been rather less than usually infected with cholera; for although the disease has never been entirely absent from the Indian Peninsula, since its first appearance in the Delta of the Ganges in 1817, and has yearly caused a large mortality not only of our troops but also of the native population, yet it has not assumed an epidemic character since the year 1861.

Again, in both of the former visitations of the disease, the course of it has been from the north-western provinces of India, through Persia, and along the western shores of the Caspian Sea to Astrachan, where it has rested for some time. It has then traversed Russia by the Volga and its tributaries, and has reached Moscow in September. Here it has again halted for the winter; and in the following spring it has moved forward in a north-westerly direction, and has arrived at St. Petersburgh in the months of June or July. It has thence branched off in two directions—north-westerly through Finland, and by the Gulf of Bothnia into the north of Sweden, where it has soon exhausted itself, and south-westerly by the Baltic into Sweden, Prussia and Denmark, and so across the German ocean into one or more of the ports on the eastern coast of England. Its progress along this route has not been rapid, for independently of the time of its existence as a severe epidemic in India, it has taken from two to three years to perform its European journey.

While the epidemic has been thus pursuing its more northerly course from India, it has also been journeying into Europe by a more westerly route through Asia Minor. Starting as before, from its home in the north-western provinces of India, it has coursed along the shores of the Persian Gulf to Bussora, and thence by the Tigris and Euphrates into Asia Minor, spreading southward by the eastern coast of the Mediterranean into Egypt, and northward through Asiatic Turkey to the shores of the Black Sea. Following the coast line of the country from Constantinople, it has soon reached the mouths of the Danube, and has thence passed through European Turkey and Hungary into Austria, and so onward into the smaller states of Germany; while Italy, France, and Spain have been open to its progress by the shores of the Mediterranean.

But although this has been the general course of the cholera epidemics of former years, it has also been noticed that the disease has frequently exhibited the most erratic movements, Sometimes it has turned back upon itself, and reappeared with extraordinary virulence in places where it had almost died out. At other times it has jumped over considerable spaces of territory, and has shown itself, at nearly the same date, in places widely apart; but still with all this apparent capriciousness there have generally been certain well marked laws of its progress which have not only characterised its movements, but have given notice of its visitations.

On the present occasion, however, the course of the epidemic has been confined almost entirely to the eastern shores of the Mediterranean; and it appears to have acquired its virulence among the pilgrims who were assembled at Mecca and upon Mount Ararat, to celebrate the Mussulman festival of Kourban-Bairam, or the festival of Sacrifice. This festival lasts for the first twenty days of May, and it generally brings together from 600,000 to 700,000 persons from all parts of Asia and Africa. The pilgrims are mostly of the very lowest classes of Mahometans; and irrespective of their filthy habits, the very rites of the festival create a condition of things which soon begets disease. Crowded as they are together, feeding on the poorest diet, drinking water polluted with corruption, scattering about them the filth of their camps, and the remains of their animal sacrifices, and living in utter violation of all the rules of hygiene, it is not surprising that there is always an enormous amount of disease and mortality among them; but this year, in addition to the common sickness of the season from fever and diarrhœa, there was an outbreak of cholera, or as the government of the country have very mildly reported it, cholerina. Some of the devotees had journied from India, and had brought with them the germs of the disease. Indeed, it is said, that in one of the ships while off Moculla, on the Arabian coast, as many as eighty of the pilgrims died from cholera. It was thus carried to the Holy places; and it would seem from official reports that not less than 40,000 persons died from it—private accounts say 100,000, but this is perhaps an exaggeration. There is no doubt, however, that the disease was severely fatal, and that it assumed an epidemic character; for soon after the pilgrims began to disperse, it appeared at Alexandria, which is only separated from the northern extremity of the Red Sea by the narrow Isthmus of Suez; indeed it is possible that it may have crossed the Red Sea at Mecca, and have gone down the Nile by its western branch; for contemporaneously with its appearance at Alexandria early in June it showed itself at Rosetta and the neighbouring villages of Tanta and Zagarig. At Alexandria, the outbreak was in the poorest and filthiest quarter of the city, namely, in the north-western suburbs, near to the railway station, where there is a mixed population of Arabs, Turks, and Greeks; and it seems that the city was in a fit condition to welcome the pestilence, for not only was the temperature high, and the filth abundant, but the canal of the Nile from which the city is supplied with water was more than ordinarily polluted. There had been a fatal sickness among the cattle, and their carcases were thrown into the river—as many as seven hundred of them in a state of horrible putrefaction were seen in it at one time. It is, therefore, not surprising that the epidemic increased in violence; although its force was chiefly expended in the crowded and dirty parts of the city, for it barely touched the cleaner quarters in which the Europeans reside. On the 17th of June it had moved inwards by the river to Cairo, and soon afterwards it returned by the eastern arm of the Nile to Damietta, where it was remarkably fatal. It then crossed the eastern extremity of the Mediterranean to Smyrna, which it reached on the 24th of June, and four days afterwards it had turned back upon Cyprus. Early in July, about the 10th, it was at Constantinople and the villages of the Bosphorus; and a little later it was at Ancona, in Italy, and at Malta. From Malta, where it was very

severe, it soon passed to the neighbouring island of Gozo, and thence to Catania, Palermo, and Trapani, which are coast towns of Sicily.

This seems for the present to be nearly the end of its course, for although it has appeared at a few places in Northern Italy, and at Marseilles, Toulon, and Gibraltar, yet its chief manifestations have been to the eastward of the island of Sicily, and has rarely advanced far from the sea-coast to the interior of the country. It may therefore be concluded that for the present the epidemic is confined not only to the basin of the Mediterranean, but chiefly to the Eastern end of it; and that as yet it has shown but little tendency to move northward and westward into Europe. So far then the prospect is hopeful, but it can hardly be said that the danger is altogether past; for if on the return of spring the disease should again appear at Constantinople, and should creep along the Eastern coast of the Black Sea, it may take its usual route by the Danube to Europe, and so reach us from the Western States of Germany. It may also re-appear upon the Northern shores of the Mediterranean, and thence travel into Italy, France or Spain. But if we are thus forewarned by a knowledge of the probable progress of the disease, we may be also forearmed by a knowledge of its invariable habits; for the lesson taught us on the present occasion, is exactly a repetition of what we have learnt from the past: everywhere we perceive that the haunts of cholera, are the haunts of wretchedness and filth—that the strongholds of the disease are in the crowded and ill-conditioned quarters of the poor—that where fever, and plague, and all the exanthemata abound, there also does cholera appear in its greatest force. That in fact, although there is some capriciousness in its manifestations yet it implicitly obeys the law of other epidemics, and strikes hardest where there is poverty and filth, and ignorance and fear. This has been but too fully illustrated by the havoc of the disease in the poorer quarters of Alexandria, Cairo, Smyrna, and Constantinople. It may be that there are no parts of this metropolis like the wretched courts and alleys of those eastern cities, where every rule of sanitary economy has been habitually violated; and yet we are forced to admit, that notwithstanding our large sanitary improvements, there are but too many places among us where there is still enough of want, and ignorance and filth to be a source of danger at the commencement of the disease. Indeed that which especially commands our attention is the necessity for a systematic and repeated examination of these places, so that there may be a constant removal of all exciting causes of disease; for unfortunately the negligence and ignorance of the poor stand so much in the way of sanitary improvement that nothing but a continual supervision of their homes and the exercise of the most peremptory measures, will maintain them in a safe or even moderately wholesome condition.

CYCLOPS' TWENTY-FIFTH LETTER ON PHYSIOLOGY.

To VIGILANS.

SIR,—My last letter contained many important, and not to the general reader, many strange ideas; as well it might be! because they sap the foundation of much of our physiology of the age, that is, the ages's belief in a number of things which it calls physiology, but which has no right whatever to the name, for true physiology will some day be denied of their very association. Present belief in many things, upheld by the powers that be through want of knowledge of natural laws, will sink into nothingness when replaced by more logical and, consequently, more truthful theories. However, let that be. Whatever is new must be tested and pass through the usual ordeal of new error.

Before pursuing the subject with which I terminated my last letter, I must refer to a remark made in a former one, that physiology is based on inquiry and the asking of many questions, not of men, but of Nature. The first, which would strike everybody, is, what becomes of the vast amount of oxygen we consume in every possible way every moment of our lives? for let it be remembered, we are not exhalers of oxygen but consumers. We could not breathe without oxygen, and in chemical and other works, records have been given of what the lungs can do in this way. Well, and if they do all that is said of them, oxygen seems only a natural element to excite respiration, for we see that immediate conversion takes place after every inspiration, and we expire a different gas. All this is as old as the hills, and great is the quantity taken, but it is not a tithe of what is consumed by other parts of the body. We are always swallowing; deglutition of some moisture is always taking place; and if no perfect or actual deglutition occurs, still, there is a constant trickling down the gullet of moisture of some sort. Every mouthful we take we carry down oxygen with it; but let us drink off a tumbler full of water or anything else, it is done in a second sometimes, what a vast amount of oxygen goes down our open throats then! There are times when the body is in a passive condition and consequently in a state of endosmose, so that we absorb it largely. In our ablutions or baths we do the same. I do not believe that any man can calculate the amount absorbed and taken up into the system, though some ingenious men have tried to calculate the radiation or exosmose of matter from their bodies. Well, we naturally ask, what becomes of that which we take, absorb and consume? It cannot remain pure in the system as it is received; therefore, it must be immediately converted to some special purpose and neutralised by some other gas with which it has some great affinity and in this union form some other element. Whichever way it is disposed of, we naturally ask, Well what then becomes of it? Now as Nature herself will answer the question best, I shall leave her to do it:—

"It is a vital agent truly, but animal life requires more than this, I found it was impossible to make animals without much moisture, I made a framework of solid structure, namely, the bones, and surrounded them with muscles or flesh by condensing the fluids, and for the flexibility of these, I made them of the greatest variety of forms and sizes, so that all animals might be capable of using their varied powers according to given laws, but the amount of fluid constantly required for their lubrication was so immense that I had to keep them constantly supplied with it. I made the arteries to carry a regenerative power to structure alone, and when they had done this I required their more fluid residuary elements as diluting agents to those elements formed from the fresh ingesta. I apportioned certain organs to make their own secretions from other sources than the arterial currents, for if these had to make secretions and lubricating fluids as well as organic structure, I should have had no venous blood at all, it would, in fact, have all been consumed in these acts. Therefore, I kept up a balance in these two distinct currents, one going from the heart and the other to it. But, as animals required as much or even more fluid in their systems for their daily use, than is contained in either my arteries or my veins, I provided for this in a manner physiology has not yet pointed out. Living, as I have made all animals and, in fact, all life and everything that has a vital and living principle, in an atmosphere and this atmosphere known to mortals as gaseous, can it be supposed for a moment that I have done this in the contracted and limited manner men have set forth. No, I have a thousand other resources for the formation of fluids as well as uses for them. Mortals have discovered to some extent the ratio in which gases combine with one another, and that in my laws nothing remains the same from one moment to another, but whatever I have made is constantly undergoing some law of metamorphosis. This then is especially applied to the gases and therein you will see my great wonders, for the gases of the body seem to have eluded men's thoughts. It was for this purpose I made the colon to receive the fæces and from these fæces there should be eliminated sufficient hydrogen and other gases for the purposes of combining with the oxygen absorbed into the body and thus supplying it with fluids of such pure and excellent quality and quantity as to form the natural moisture to all the tissues and parts. The design of the colon may now be seen, that it should be always more or

less filled with fæces for this purpose. The amount of hydrogen is therefore regulated by each individual's idiosyncrasy to mix with the quantity of oxygen his system can absorb or use. Some idiosyncrasies absorb oxygen so readily, while at the same time then fæces radiate the hydrogen so quickly that they get by the union of these gases enough fluid elements for the functions and uses of the body generally. In these, the regularity is so perfect that, if the fæces eliminated more hydrogen than was necessary, there would be a want of balance in the system, therefore directly these are accomplished, I dictate the removal of the superfluous fæces from the colon, otherwise excess of hydrogen would be the result, and the health of such a person would necessarilly suffer from their retention. So you see I care not how fæces are made, or what they are made from, as long as they are made and are duly deposited in their proper receptacle. What does it matter to me what food an animal takes, each after its kind, whether carnivorus, graminivorous, or omnivorous. Their organisms are perfect for each and what they like and what agrees with them I, Nature, assert they ought to take, for I have sent all things that are good for all and every one of my creatures If more aliment is taken by any individual and consequently more fæces made than he requires when in health, his natural state gets rid of them oftener, as things that he does not want or has in excess. The hydrogens being so elastic, so volatile, so penetrating and the porous structures of the body so permeable, that the moment they find their way through them they meet with oxygen everywhere, and thus I am enabled to make very many pints of fluids throughout every structure in the body every day, and by this means I lubricate every part with a moisture and a fluid entirely independent of the blood, which is used and exhausted incessantly in a thousand ways. By this means it is, I make the body so plump and round, so full and the form so generally and so well maintained. The artist and the sculptor are more indebted to my gases and independent fluids, than they are to all the arteries and veins, or the plentiful and beautiful currents they convey. Do they delight in painting or sculpturing poor, lean, haggard bodies, frames or faces? No! they prefer those forms which the full benefit of my gases alone can exhibit to them. Look at the beautiful plump, well-rounded figure, with all its graceful proportions, every muscle of the body and feature of the face redundant with my laws of health, produced by regularity in the union of the gases. In a few hours, when a cholera or a severe diarrhœa has removed from the body those gases I designed to resist others, behold then the sunken eyes and cheeks, the flabby muscles, the prostrate frame, presenting an object of pity and disgust rather than admiration. Has bone or flesh or blood ought to do with this? No! all are there, but the oxygen meeting with little or no elements with which to amalgamate, rapidly wears out the very structure it but a short time before was the cause of plumping up and rendering so beautiful. All the elements that made my hydrogens have been removed, and therefore, none can be formed; the skin lies loose, the muscles and tissues having lost their air and moisture; sunken, prostrate and collapsed now lies the frame. Anon, restore all my gases and let them once again unite in all their integrity, and they will again produce their many pints of moisture and fill out the frame once more to all its pristine loveliness. Now, let us take a healthy person and suppose his fæces failed to eliminate a proportionate quantity of hydrogen to the oxygen he consumes, they are then retained for a longer time for the specific purpose of doing so. On the other hand, another may have a regular action of the bowels every day or even twice a day, and this may be accompanied by the best of health. It would be wrong to suppose that a condition of health is in consequence of such regularity; because another individual would not be in health if the same thing took place in him. Such persons have only the best of health when their bowels are more conserved. Therefore, because a large number, having regular daily actions of their bowels are so well, it is no reason why others, equally well with the deferred act, should be brought to their condition. It is just as absurd and hurtful to bring the former class of persons to the condition of the conservative class as the conservative ciass to theirs. This is one of the greatest errors in medication which poor mortals have always committed. It has been their bane for thousands of years, because they have never considered the gases of the body in their proper light. Could it be supposed for one moment that I could have made such a provision as the colon or the fæces, if I had not made the atmosphere. My arrangements would have been entirely different. If oxygen and consequently my atmosphere generally was not what it is, in respect to the individual formed to live in it, what would be his state? Why he would be filled with his own hydrogen so quickly that he would bound up into the air or be like a balloon and every one would be knocking about against his neighbour. But all this I have regulated, if man would only take into consideration my laws. There are so many who blame me, because their choicest and most cherished dogmas fail them; this is not my fault, but rather let them blame themselves, if they act counter to all my proceedings. Their doing so, is because they have not studied and observed my acts in the laws of disease, or my beautiful yet simple processes which sustain life and health. They prefer rather to take the authority of men and books than observe me and my wonders for themselves. I notice a general fear amongst all of differing in opinion from the dogmas of schools and schoolmen, for those that do seem marked out for scorn. But he is both bold and wise who permits no such conduct to influence him. Watch me closely in disease and you will find more wonders in the actions of the colon, my great laboratory, for the vital gases, than you will find elsewhere and you will discover many things of which the schools with all their boasted learning have not yet dreamt of."

Listening thus to what Nature said, and reflecting on the failures a great empiricism has entailed upon our best endeavours to treat the sufferings of our fellow mortals, I will endeavour to illustrate some of her marvellous acts bearing upon the points above alluded to.

I am, &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

THE PROPOSED CHOLERA CONGRESS.

The following is a circular addressed by M. Drouyn de Lhuys to the representives of France abroad:—

"Monsieur,—The recent irruption of the cholera into Egypt, whence the malady has successively spread into several other provinces of the Ottoman Empire, as well as into some portions of Europe, has awakened the solicitude of the different Governments as to the dangers to the public health offered by the present insufficiency of the barriers opposed to the development of the scourge. All these Governments, as well as those whose territories up to the present time preserved, may be subsequently threatened, understand that it is their duty to guard the populations against a calamity doubly formidable by the evils it entails and the disturbance it creates in international relations.

"Each Power has thus adopted, either spontaneously or to satisfy the pressing desire of public opinion, such arrangements as have seemed to it most efficacious to defend its territory against the invasion of the malady; but experience has shown that the preventive measures, taken separately and differing according to the locality, are difficult to reconcile with the customs and wants of our age, impatient of every shackle which fetters the liberty of commercial transactions.

"Struck with the inconvenience of this situation, the Government of the Emperor has asked itself whether, at the same time that means are adopted to arrest the evil in its course, it would not be possible to direct attention, first of all, to attacking it at the fountain-head, by combating it

ıergetically in the very places where it arises by a system
measures concerted with the territorial authorities. To
fect this object the Emperor's Government has considered
was urgent to establish a preliminary agreement among
ıe interested Powers, and for this purpose to bring about
ıe meeting of a Conference, in which, besides delegates
om the different States, men of science thought the best
ted to assist in deliberations by their especial knowledge
ight take their seats.

"The object of this Conference would be to investigate
e primary causes of cholera, to determine its principal
ints of departure, to study its characteristics and its
ırch; lastly, it would have to propose practical means
r confining the disease and stifling it at its origin. It is
t our desire to attempt to mark out in advance the pro-
ımme of its labours; we wish to leave that care to the
tinguished members who will be called upon to partici-
te in it, and who certainly receive sufficiently ample in-
uctions to enable their studies to embrace all the ques-
ns requisite to be examined and resolved. It is, how-
r, already at present perfectly understood that the Con-
ence, while preserving the utmost liberty in its views,
ll not have to interfere in any act of internal adminis-
tion, nor to take the initiative in any proposition, calcu-
ed to obstruct the free exercise of territorial Sovereignty.
e measures whose adoption it might advise would be
able to be put in practice upon the territory of any
ıte otherwise than by the independent authority of that
ıte itself.

"Owing to their geographical position the countries of
e Levant are first attacked by the scourge. The Oriental
vernments, therefore, are particularly interested in the
ıeliorations it is desired to introduce for the general
lfare in the organisation of the sanitary service, and we
y reckon with confidence upon their co-operation in the
asures of which their subjects will be the first to experi-
ce the beneficial effects. It must not be forgotten that
s owing to the preserving assistance of the Porte, to the
cessive improvements it has introduced into the admin-
ration of the public health, that the problem of the sup-
ession of the plague has been happily settled. It is from
ırkey, therefore, that the Conference will be able to find
e most efficacious aid in its labours; it is with her support
ıt it will collect the best elements of practical solution.
ese considerations, the value of which will no doubt be
preciated by the Cabinet of ——, appear to me naturally
point out the city of Constantinople as the seat of the
nference. Brought into more immediate contact in this
ital of the Ottoman Empire with the provinces in
ich the epidemic has its chief centres, the representa-
s of the foreign powers will gain valuable information
n the superior Council of Health, working under the
preme direction of the Porte. These favourable condi-
ns will render easier in that city than anywhere else the
omplishment of the important mission to whose success
administration of the Sultan will consider it an honour
ontribute.

I request you, Sir, to be good enough to communicate
e views to the Cabinet of ——. We shall learn with
ıt satisfaction that it gives its assent to them. In the
nt that, as we are willing to hope, the adhesion of the
erent Powers should allow of the Conference meeting
hin a short period, I shall acquaint you with the choice
le of our delegates.

You will find annexed a copy of the report which, con-
ntly with his Excellency M. le Ministre of Agriculture,
nmerce, and Public Works, I have had the honour to
sent upon this subject to the Emperor, who has deigned
ıpprove its conclusions. This document is not intended
be communicated to the Government to which you are
redited, but you may base upon it the arguments which
port the views set forth in this despatch.

"Receive, &c.,

"Drouyn de Lhuys."

THE DEATH OF LORD PALMERSTON.

The death of Lord Palmerston in its suddenness and the violence of the blow bears a striking analogy to that of the late Prince Consort, and we hope on the scrutiny of competent judges less room will be found for doubts as to the responsibility of our Profession for the result than in the death of the Prince Consort. We would be understood to speak strictly on speculation, and to convey no censure, unless future investigation shall prove that it is deserved; but we cannot but remark that the character and prognosis of the disease seems to have as completely escaped the Medical attendants as it did in the parallel case of Prince Albert. The first public intimation of the Premier's illness is conveyed by the following bulletin, issued at five o'clock in the evening of Tuesday, the 17th:—

"In consequence of having taken cold, Lord Palmerston has been seriously ill: but he has steadily improved during the last three days, and is now much better.

"T. Watson, M.D.
"Protheroe Smith, M.D.

"Brocket Hall, Oct. 17th."

We learned from this notice that Lord Palmerston had been seriously ill for three days, but that his illness was not of such gravity as to justify an earlier bulletin. At six o'clock on the 17th, the physicians in attendance, full of confidence, thought not of the complication which five hours afterwards had not only declared itself but run an alarming course. The symptoms of the opproaching death-stroke had either not shown themselves or had not been even remotely appreciated at six o'clock in the evening, which at twelve had changed the augury from life to death. The second bulletin was issued late on Tuesday night:

"Lord Palmerston's illness has became worse since the morning. Telegraphic messages have been sent to the Queen in Scotland since Sunday, and Sir George Grey has been communicated with through the same medium. Without any desire to cause pain to the friends of the noble Premier, it cannot be disguised that he is very seriously ill."

The rest is known—the treatment which was not anticipated came too late, and the Premier who was declared to be "much improved" at six on Tuesday evening was dead at twelve on Wednesday. We repeat that we desire not to censure. Physician are but men, and a man of eighty-one may die in in a dozen hours of a seizure which had not even been suspected before; but we shall look with painful suspense for some plain and straightforward explanationwhich may serve to wipe off the suspicion of inefficiency or over-confidence certain to remain on the public mind in the absence of further information. What did Lord Palmerston die of? We are simply told that he had "taken cold"—that the secondary complication was "an affection of the bladder"—and that for several hours before death he was comatose. Was the "cold" a chill suppressing perspiration and throwing work on the kidneys which they were unable to discharge and which resulted in uræmic poisoning? If so, the possibility of such a result should not have been left unguarded. In the interests of the Profession we look for some more satisfactorily information than was afforded in the case of the Prince Consort.—'Medical Press.'

(The above strictures, although not altogether uncalled for, are not quite in accordance with the actual facts.—Ed. Med. Circular.)

Marseilles and Toulon.—Both these cities have petitioned the Emperor, praying for restrictive measures when epidemic diseases break out in the East. The petition contains a very touching sketch of the sufferings of the inhabitants, and the havoc occasioned among them by contagious diseases imported by vessels coming from infected countries.

Medical Charities.—The late Nathaniel Soames, Esq., of Warwick gardens, Kensington, has bequeathed to the Great Northern Hospital 4,000*l.*, to University College Hospital 4,000*l.*, and to the West London Hospital, Hammersmith, 2,000*l.*

WEDNESDAY, NOVEMBER 1, 1865.

THE MEDICAL CIRCULAR.

DEATH IN OUR RANKS.

The grave has just closed over one of the most distinguished statesmen who has ever guided the helm of public affairs in Great Britain, and we have nothing to add to the numerous and able eulogies which have been called forth by Lord Palmerston's death, at a ripe old age, and at a time when the deceased was in the enjoyment of the highest honour which the State could confer, and of all the respect which the nation at large could bestow. It is our melancholy duty this week to touch upon a kindred theme, and although of a humbler nature, it is one that more nearly touches ourselves—namely, the losses which death has just inflicted upon our Profession by removing from among us some of its most respected members, two of whom might fairly be said to have met their death in the performance of their duties, and from maladies contracted in their struggles with disease.

The first on the list in point of seniority is Mr. William Newnham, late of Farnham, a gentleman who had attained to a considerable age, and had enjoyed a very extensive practice, but who, for some years past, had been suffering from chronic disease of the brain, and finally sunk under an attack of paralysis, supervening upon, or associated with, the original affection under which he laboured. Mr. Newnham's name will long be recollected by a large circle of professional friends, on account of the geniality and kindness of his disposition, but his memory is more particularly associated with the Medical Benevolent Fund, which he originated, and of which he was for many years the Treasurer, and latterly one of the Vice-Presidents, and always, while his health lasted, one of its most active and efficient supporters. In case any of our readers are unacquainted with the nature and objects of this Fund, we may state that it was founded for the purpose of granting relief to distressed members of our Profession, and that it differs in many respects from any other institution of a similar nature. There are scarcely any expenses of management, indeed, we believe we may almost say that there are none; and relief is afforded, sometime immediately, and always privately, in any necessitous cases properly recommended. With this excellent institution Mr. Newnham was long connected, and its present prosperity has been in no small degree promoted by his constant assistance and advocacy.

The death of Mr. Francis Cooper, of Southampton, is a melancholy instance of an active, zealous, and indefatigable, though shamefully ill-paid public officer, dying at his post, and falling a victim to the very fatal disease he was endeavouring to investigate, and the ravages of which he was doing his best to anticipate and prevent. It is but too well known that Southampton has been distinguished by the inauspicious pre-eminence of being almost the only town in England yet visited, during the present year, by Asiatic cholera, and while he was actually engaged in tracing out the malarious conditions which might generate, or at least propagate the disease, Mr. Cooper appears to have inhaled a fatal dose of the subtle and mysterious epidemic poison, from the effects of which he never rallied. The circumstances of his death lend no support to the doctrines of those who maintain the contagiousness of cholera, for, so far as we know, Mr. Cooper had not been in actual attendance on cholera-patients; but on the other hand, such mere negative evidence does not outweigh the positive statements of those who bring forward actual proof of the propagation of the disease by contagion.

One thing however is certain—namely, that Mr. Cooper, at a time when the cholera-poison was present in the atmosphere or the waters of Southampton, was actively engaged in tracing the origin of the disease and devising means for arresting or preventing its attacks, and while earnestly exerting himself in this humane and beneficent work he fell a sacrifice to his own zeal. The nation which shows so much generous and just sympathy for those who have died in its service in periods of war, ought not to grudge its condolence, and if necessary, its more substantial acknowledgements, to those who have perished while fighting with epidemics in the time of peace. For the dangers are pretty nearly the same, whether the contest is with a visible enemy on the field of battle, or with the equally deadly but invisible foe, which in the form of the pestilence visits us upon the wings of the wind, and spreads death and desolation along its path. It will, perhaps, scarcely be believed that for the arduous services rendered by Mr. Cooper he at first received nothing at all! that afterwards he had a salary of 150*l.* a year, which at the time of his death had been augmented to 200*l.*, and we need hardly add that the salary dies with him.

But the last name we have to record in our present painful list is that of one who has been cut off almost in his prime, and while the field of labour in which he was actively engaged had been only partially worked, and from which a rich harvest might have been reasonably expected to spring up. The death of Dr. Herbert Barker, of Belford, touches more nearly the fountains of our own sympathies than even the decease of the other lamented gentlemen to whom we have paid our brief tribute of sorrow and respect. Dr. Barker had barely passed the middle period of life, but had already attained to some of the highest honorary distinctions which the Profession had to bestow. Like Mr. Cooper, of Southampton, he died from the very disease which he was endeavouring to investigate in order to ward off its attacks from his fellow-countrymen. By a careful examination of all the meteorological conditions of the atmosphere through a long series of years, and by comparing these conditions with the prevalence of disease, Dr. Barker was materially co-operating in the completion of statistical data in reference to epidemics, the exact nature

f which he was still further endeavouring to elucidate by umerous practical observations and chemical experiments. ut the magnitude and extent of his researches, combined ith the incessant demands of a laborious practice, proved o much for a constitution which appeared to be, mentally d corporeally, one of the most robust, and he sunk, ther suddenly and unexpectedly, from an attack of typhoid ver, the crisis of which he was thought to have successfully passed. In another column we have given some w particulars of Dr. Barker's life, of his labours, and of his ath, and we can only add in this place that, as the race not to the swift nor the battle to the strong, Dr. Barker's sition in the Profession was far from being what was erited by his extensive learning and his practical skill in ery department of Medicine and Surgery. The amount work, mental and physical, undertaken by Dr. Barker, as enormous, and we should have been but too well eased if we had seen some adequate rewards conferred on him during life, instead of our recording the language encomium, however sincere, pronounced over his unely grave.

OBITUARY.

DR. HERBERT BARKER, OF BEDFORD.

MONG provincial practitioners few men have held a more nspicuous place than Dr. Barker, and perhaps no one has ssed from us who, for variety of attainment in Medical d general science, has been more honourably distinguished. is barely three months ago since Dr. Barker stood at the eeting of the British Association at Leamington, one of e most active members of that body, and received e Hastings Medal from the founder of the Association. was observed by many on that occasion that Dr. rker did not exhibit his usual power, and that he spoke idently with an effort; but no one took further notice an that he looked wearied, and, like many more of e same assembly, overworked and charged with professnal anxiety. We learn, writes the 'Medical Times and zette,' that he followed his usual active professional engements until about three weeks ago, when he began to fer from headache, with pains in the limbs at night. He d little attention to these symptoms, and tried to shake em off by continuance of work; still they continued, and time excited in his mind considerable apprehension as to condition. Last Friday fortnight he took to his bed, nptoms of typhoid fever having manifested themselves. the following Sunday by his own wish, Dr. Murchison ited him, and had the satisfaction of giving a favourable gnosis, as there was nothing to indicate a severe attack he disease, although its nature was pretty clearly defined. ring the ensuing week the symptoms became more marked, l the exacerbations in the afternoon were very distinct, he continued to take nourishment freely. On the foling Sunday he was again visited by Dr. Murchison, who nd him reduced in strength, but thought that, as he had ched the twentieth day of the attack, the symptoms ild subside—an opinion which his ordinary Medical ndants, his partner Dr. Goldsmith, and his friend neighbour Mr. Couchman, were happy to endorse. He tinued in much the same way until the following Wedday, when the pulse rose rapidly to 112, and he then dually began to sink until Tuesday week, when he ired.

Dr. Barker has been so long and so well known in the lical Profession that the record of his labours requires e comment. His name had, in fact, become a household word among us, especially in reference to the investigation of the type of diseases of the epidemic class, before one of which he succumbed. He was educated at University College, London, was one of the early graduates of the University of London, a Fellow of the College of Surgeons of England, by exam., a Fellow of the Royal Society of Edinburgh, a Member of the Royal Medical and Chirurgical Society of London, of the Medical Society of London, of the British Medical Association, and of the Obstetrical Society. In the year 1859 he obtained the Fothergillian gold medal of the Medical Society for an essay "On Malaria," and this essay was expanded in 1863 into a work on "Malaria and Miasmata and their Influence in the Production of Typhus and Typhoid Fevers, Cholera, and the Exanthemata." It was in this essay that he recorded his well-known series of experiments on the effects of sewer gases on animal life. His last scientific work was the Hastings prize essay, still unpublished, "On Disinfection and Deodorisation," upon which the judges of the prize passed an opinion of the most favourable kind. He contributed also to many other departments of science, and was one of the originators of those series of meteorological observations on which the system of storm signals, devised by Admiral Fitzroy, and now known to be so valuable for the preservation of human life from shipwreck, is based. For his exertionsin meteorology he received a handsome testimonial from numerous scientific friends, at the instance of Dr. Barker, of Worthing, who, though bearing the same name, was not related to him. He contributed further to Medical and Surgical science, having been, we believe, at one time a collaborateur or assistant with Dr. Copland in some parts of his well-known Cyclopædia; and one of the sections of Druitt's "Surgeon's Vade-Mecum," relating to phosphatic calculus, is connected intimately with Barker's name.

"As a practitioner of Medical science," writes the 'Lancet,' "Dr. Barker was essentially a representative man. Making no pretence to special attainments, he knew probably every specialty with a comprehensiveness which would have put many specialists to shame. As a surgical operator he was cool, collected, and skilful; and the writer of this notice has seen him perform many of the most difficult operations with a readiness and brilliancy which in a London hospital theatre would have been applauded to the echo. In obstetric practice he was prepared for every emergency, and as a physician there was nothing that escaped his acute notice. In physical diagnosis his knowledge reached the highest standard; and his treatment was as simple as it was direct and common sense. The above are the qualities which eminently distinguish the Medical practitioner, and are sufficient to make a man great, however unpretending his practice and position; but Dr. Barker added to these a sincere love for general science. He was a physiologist of no common order; and was one of the best meteorologists living. In addition to these scientific works he had a great love of astronomy, and we remember, on one bright starlight night, receiving from him, through the aid of a small equatorial telescope, a lesson on the nebulæ which the Astronomer Royal need not have been ashamed of imparting. Lastly, he indulged in the study of the philosophical history of medicine, and nothing afforded him greater pleasure than to spend a quiet evening in conversation on the great ones of our past history."

At the time of Dr. Barker's illness, he was engaged in writing, concurrently with photographic illustrations, a series of biographical memoirs of eminent Medical men, but only four numbers of the work had appeared. Of the manner in which Dr. Barker's part of the task was executed, we have lately written, in our reviewing columns, in terms of well-merited approbation, and although the plan was warmly denounced in some quarters, we can only repeat what we have before stated, that the manner in which it was carried out up to the time of Dr. Barker's death, was quite unobjectionable. Dr. Barker leaves a widow (his second wife) and six children, and we fear, from the circumstance that his practice was laborious and not very lucrative, that they are not very adequately provided for. If such be the fact,

it will be only the duty of the Profession and of the public to step forward and help the offspring of one who, when alive had "a hand open as day to melting charity," and whose kindness and benevolence were no less conspicuous than his eminent talents and his unwearied industry.

MR. FRANCIS COOPER, OF SOUTHAMPTON.

Mr. Francis Cooper, the Officer of Health for the borough of Southampton, was seized with illness about two o'clock on Saturday week, when he called his servant and requested her to go for some Medical man, as he was taken very ill, and felt he should not be long in this world. Medical assistance was speedily in attendance, and during Saturday nearly every gentleman in the Profession in Southampton saw him, and remedies of all descriptions were successively applied, but it was painfully evident from the first that the attack would in all probability have a fatal termination. His naturally strong constitution struggled manfully against the malignant disease, but, notwithstanding, he gradually sunk under its ravages, and he died twenty-five minutes before one o'clock on Tuesday week, just three days from the commencement of the attack. The deceased had, it appeared, been suffering slightly from diarrhœa for three or four days previously, he having complained of it as long before as on the Monday evening to his friend, Dr. Wiblin, when spending a few hours at his house. So devoted was he, however, to the performance of the arduous duties of his office, that on the evening of Friday he paid a visit of inspection to a cement factory at Northam, to ascertain the effects of a new invention which had been applied to the works with the view of getting rid of a noxious effluvium, previously generated in the manufacture of the cement, and which detrimentally affected the health of the neighbourhood. Mr. Cooper, who was sixty-four years of age, had been in practice as a surgeon in this town about forty years. He was first appointed Officer of Health in 1850, and performed the duties of that office for nearly eighteen months without any salary. As an illustration of the anxious and arduous work devolving upon such an office in a large town like Southampton, it may be mentioned that its duties consist in visiting all the common lodging-houses, slaughter-houses, and nuisances of every kind, some of them of the worst and foulest description. These visits he had himself calculated at sixty per week, making a gross total of 3,120 per year, and frequently before a nuisance could be removed three or four visits were necessary, and an additional one before magistrates, for which he received no additional remuneration, and according to his own calculations he paid to these different localities something like 4,000 visits in all yearly. He had also to inspect the meat and fish shops and markets in the town. The amount of salary paid him for all this heavy work was 150*l.* per annum up to three or four years ago, when it was increased to 200*l.* It is easy to conceive that with such a multiplicity of duties, considerable injury might accrue to the private practice of any Medical man holding the office, and this was what in reality occurred in Mr. Cooper's case. For a week or two before he was seized with this fatal attack, he now and then complained of exhaustion, and he had a careworn appearance, compared with his usual sturdy robustness, the change being attributable, no doubt, to the harassing nature of his duties and the petty annoyances to which he was occasionally subjected, especially during the last few weeks in the discharge of them. Added to this, one of his two sons, thirty-one years of age, died as lately as the 14th ult. at Leith, which circumstance affected him very much. Mr. Cooper was universally held in the highest respect and esteem by his townsmen, and his death, which is deeply regretted, is regarded as a great local calamity.

ARMY MEDICAL EXAMINATIONS.—The next examination of candidates for the Medical Department of the Army will take place in February, and that for admission to the Royal Staff College in July.

"INJUSTICE OF THE 'TIMES.'"

Under the above heading a pamphlet has been recently published by Mr. Hough, Surgeon, of Cambridge, complaining that an attack was allowed to be made on him in the columns of the above-named Journal, but that his reply was refused insertion. Although only one of our Medical contemporaries has alluded to the subject, the 'Pall Mall Gazette,' which has hitherto shown a friendly feeling towards our Profession, thinks that the 'Times' is in the wrong. We give a brief *résumé* of the narrative.

Six weeks have elapsed since a melancholy accident occured at Cambridge. Mr. Purkiss, of Trinity College, a young man of the highest academical distinction and of rare intellectual promise, was drowned while bathing in the Cam. About two o'clock on Sunday afternoon, Sept. 17th, Mr. Hough was hastily summoned to the spot were the accident occurred—the well-known bathing-shed in the Grantchester meadows, upwards of a mile from his house. When he arrived, the body had just been found, after having been immersed in the river about an hour.

He immediately proceeded to carry out the plans which are recommended by the best authorities, among others, the modes of artificial respiration known as Dr. Marshall Hall's and Dr. Sylvester's, following to the letter the advice given by those gentlemen, and continuing the treatment until he was joined by another Medical man, Mr. Temple. When at length all hope of restoring animation by these means failed, they agreed to try tracheotomy as a last resource. Mr. Hough accordingly opened the trachea, and introduced a quill obtained from one of the bystanders. It should be borne in mind that Mr. Hough was in a field at a considerable distance from any house—the nearest surgery whence a suitable tube could have been obtained being his own, and that (as already stated) upwards of a mile off. There was sufficient proof that the operation was justified by the free admission of air into the lungs; but it is for the surgeon to decide in such cases whether the danger of the condition or of the remedy is the greater, and to act accordingly. In the present instance there was no danger to the patient. A Mr. Lewis, writing to the 'Times,' suggests that such a course as Mr. Hough adopted is likely to be pursued by the inexperienced, and he therefore undertakes, at least indirectly, to condemn it. The improbability of any non-professional person attempting such an operation as *tracheotomy* is too great to need argument. "But it is not with Mr. Lewis," writes Mr. Hough "that I have to do. Had his remarks tended only to cast a slur on myself personally, I could have afforded to let them pass unnoticed. But I felt that a great principle was at stake—a principle tacitly acknowledged by the leading article of the 'Times' of Sept. 20th, but openly assailed by a favoured correspondent of that journal. The principle is one which I trust that English Medical men will ever be bold to maintain at all costs: I mean the right to act in critical cases by reason, and not by rule. No code of instructions can be so worded as to meet all the varieties and all the combinations of accident and disease; and while a secretary of a society is, perhaps, most useful when he is most entirely a machine, a Medical man must claim for himself the right to apply, in his practice, the results not merely of extensive reading, but of daily observation, experience, and reflection, and the application of these to the treatment of actual disease." In defence of these principles, Mr. Hough addressed to the 'Times' newspaper the following letter, but it did not appear in the columns of that paper. It was sent a second time with a like result. This constitutes Mr. Hough's first charge of injustice against the managers of the 'Times.'

"To the Editor of the Times.

"SIR,—In a letter which Mr. Lewis, the Secretary of the 'Royal National Life-boat Institution,' has addressed to you in reference to the late melancholy accident at Cambridge, he has thought fit to animadvert upon the mode of treatment which I adopted.

"In ordinary cases, a Medical man might be content to dismiss non-professional criticism with the advice, '*Ne sutor ultra crepidam*;' but Mr. Lewis's official position may give

is remarks undue weight with lay readers, and on this ccount alone they are entitled to notice.

"Without repeating the evidence which I gave at the in-uest, I will merely state that I carried out the instructions ssued by the 'Royal National Life-boat Institution,' as ir as the place and circumstances admitted; and, when ese failed, I resorted to the last expedient for enabling me ore easily to inflate the lungs, by opening the wind-pipe.

"Mr. Lewis tells us, that none of the Medical men con-lted by the Institution of which he is the secretary, recom-ended cutting 'the apparently drowned man's wind-pipe th the view of inflating the lungs.' I should have been rprised had they recommended the performance of this eration in a paper evidently drawn up for the instruction bystanders at an accident, among whom, perhaps, no rgeon might be present. Surely no surgeon is to be ttered by instructions of this kind. Amid the almost inite variety and combinations both of circumstances and nptoms, his best guide will be his professional knowledge l experience, and not the mere letter of any code of tructions, however excellent.

"I am, Sir,

"Your obedient Servant,

"JAMES HOUGH.

"Cambridge, Sept. 21, 1865."

"The above letter" says Mr. Hough, "was despatched *the t time* from Great Malvern, with a private note to the itor, explaining the discrepancy of the date and post-rk. It was subsequently sent direct from Cambridge, t was not inserted in the 'Times.' On my return home, October 3rd, I learnt that Dr. Humphry, had without y comunication with me, addressed a letter to the 'Times' the same subject. This letter like my own, WAS NOT SERTED." It was as follows:—

'TREATMENT OF THE APPARENTLY DROWNED.

'*To the Editor of the Times.*

SIR,—May I be allowed a few words on the letter in to-'s 'Times' of the Secretary to the "Royal National e-boat Institution," in reference to the melancholy event it has recently occured here?

The procedure adopted by Mr. Hough, when all other ans had failed, of opening the windpipe and inserting a ll for the purpose of carrying on artificial respiration, y not have received the recommendation of any of the lical gentlemen consulted by the National Life-boat itution; yet it must not, therefore, be assumed to be er unauthorised or improper. I find it suggested as a *ier resort* in the very first essay on the subject that I r to. The most effectual, indeed in some cases the really effectual means of carrying on artificial respira-(which is the chief thing to be resorted to in asphyxia) e alternate compression of the throat and careful blow-f air into the lungs through a tube inserted into the hea. Blowing into the mouth or nose cannot be relied

Mr. Hough had been provided with a tube which he l have passed through the larynx into the trachea he ld doubtless have endeavoured to avoid cutting into rachea. That he was not so provided may be inferred his using a quill; the only means by which a quill l be rendered available was by a direct opening into rachea. I think, therefore, that when the other means tificial respiration had been tried and failed, Mr. Hough justified in the step he took, indeed is to be commended

Such a proceeding is not likely to be attempted by ut a Medical man, which may be the reason that it was recommended to be included in the "popular instruc-" issued by the Institution.

n these "popular instructions" for restoring the rently drowned, it is stated that "efforts to promote ath and circulation beyond removing the wet clothes drying the skin must not be made until the first arance of natural breathing; for if circulation of the l be induced before breathing has recommenced, the ration to life will be endangered." Now, forasmuch as is one of the great paralysers and is one of the great excitors of the respiratory and other functions dependent upon the nervous system, and forasmuch as external warmth tends to direct the blood to the surface, and so to relieve the internal organs, I think the wisdom of this instruction may fairly be questioned. The sudden impression of cold, it is true, excites breathing, but it is the impression of cold upon a relatively warm surface. Indeed, further on in the instructions to restore breathing, we find it recommended (most wisely, though somewhat in contradiction to the above quotation), that the attendant should "rub the chest and face warm, and dash cold and hot water alternately on them." If the rest of the surface of the body be cold, the application of external warmth to it is surely one of the means to be resorted to.

'The simplest and easiest mode of conducting artificial respiration is to compress firmly with the hands the fore part and sides of the chest, so as to squeeze the air out, the patient being placed on the back with the mouth open and the tongue held forward, then suddenly remit the pressure when the elasticity of the walls of the chest will cause them to return to their position and draw in the air—the process to be repeated every three or four seconds. I believe that I have been permitted to save—why should I not say to restore?—life in more than one instance by this simple process. If it fails, the other means mentioned in the instructions can be resorted to; and if they fail, an attempt may be made to blow air into the lungs with a proper apparatus, or, in want of such apparatus, by a tube inserted directly into the trachea, as was done by Mr. Hough in his laudable anxiety to prevent this sad loss to our University and our country.

'I am, Sir yours obediently,

'G. M. HUMPHRY., M.D., F.R.S.

'Cambridge, September 20th, 1865."

Considering the rubbish relating to Medical matters which has appeared lately in the columns of the 'Times' we think that the conductors of that Journal might have found room for the above letters, as a mere act of justice, if not for the interests of science.

REVIEW OF BOOKS.

A Description of the Diseased Conditions of the Knee-Joint which require Amputation of the Limb, and those Conditions which are favourable to Excision of the Joint: with an Explanation of the Relative Advantages of both Operations as far as can be ascertained by Cases properly Authenticated. By Peter Charles Price, late Surgeon of the Great Northern Hospital. Edited, with a Preface and Memoir of the Author, by Henry Smith, F.R.C.S., Assistant-Surgeon to King's College Hospital. Pp. 192. London: Churchill and Sons. 1865.

The essay which forms the greater part of this volume was written by the late Mr. Price, in order to obtain the Jacksonian Prize, offered by the Royal College of Surgeons, but the prize was not awarded, on the ground, it is stated, that the conditions for the acquisition of the prize had not been fulfilled, and that Mr. Price had written an essay rather on excision of the knee-joint than on the different diseased conditions which might render that or some other operation advisable. Mr. Price was preparing, during his lifetime, to publish the essay, and thus to appeal from the Committee of the College to the great body of the Profession, but his illness and death delayed the project, which has now been carried out by the wish of his family and friends, under the editorship of Mr. Henry Smith, who was one of the author's warmest friends. Mr. Smith is very severe in his remarks upon the College Committee, and he even attributes the aggravation of Mr. Price's illness to his disappointment at the unjust treatment he had received in the rejection of his essay. But this assumption is perhaps gratuitous, as it is known that Mr. Price was

labouring under serious pulmonary disease for some time before he died.

Mr. Price has so recently passed away from among us, that the few incidents which marked his short but brilliant career, must be in the recollection of many of the Profession. It may be sufficient to state that he was the son of Mr. Price, of Margate, who survives him, that he received his Medical education at King's College, where he especially distinguished himself by his zeal and devotion to Surgery, that he afterwards became surgeon to the newly-established Northern Hospital, and subsequently was appointed Assistant-Surgeon to King's College Hospital, and that after trying in vain the influence of change of climate, he sunk under the effects of phthisis, at Ventnor, towards the end of last year.

While Mr. Price was pursuing his Medical studies at King's College, Mr. Fergusson had revived the operation of excision for incurable disease of the knee-joint, and notwithstanding the fatality which attended some of the earlier cases, Mr. Price was convinced that the operation ought to be substituted for amputation in most instances. He therefore investigated the subject with great care, published several papers in explanation and defence of the operation, and performed it several times himself, his position as Surgeon to the Infirmary for Sick Children, at Margate, giving him considerable opportunities for seeing cases of diseased joints. Mr. Henry Smith thinks he may fairly state, "that next to Mr. Fergusson, Mr. Jones, of Jersey, and Dr. Butcher, of Dublin, Mr. Price has contributed most towards the establishment of excision of the knee-joint as a legitimate proceeding in Surgery;" and it appears from the essay itself that Mr. Price performed the operation during his brief career of Professional practice, no less than seven times, with very encouraging results. He was the first surgeon in England, Mr. Smith tells us, to adopt excision for remedying the deformity produced by an anchylosis of the joint, which renders the limb useless, and since he advocated this plan, it has been followed in several instances by Mr. Fergusson, and in two by Mr. Smith, with the result of preserving very useful limbs to the patients.

The first part of Mr. Price's essay is devoted to a description of the anatomy of the knee-joint, and then follows a sketch of the various diseased conditions of the structures comprising the knee-joint, which under certain phases demand a recourse to amputation of the thigh or excision of the articulation. He also gives a history of all the cases in which excision has been performed in England, Germany, France, and America, with an analysis of the fatal cases, and at the end of the essay he describes the varieties of disease of the knee-joint which are to be treated by amputation, and he concludes by giving the results of his own experience. In reference to the state of health of the patient at the time when the operation is proposed, Mr. Price considers that even the existence of phthisis, in its earlier stages, does not so seriously militate against the proceeding as might be supposed.

We should remark that the essay is illustrated by ten very well-executed coloured plates, besides others interspersed among the text; and the volume forms a valuable contribution to a very important department of operative surgery.

Nice and its Climate; with Appended Remarks on the Chief Causes of Pulmonary Consumption, and on the Action of Climate in that Disease. By Edwin Lee, M.D. Second Edition, with Alterations and Additions. Pp. 179. London: Adams. 1865.

The Health Resorts of the South of France. Notices General and Critical, of Hyères, Cannes, Pau, Biarritz, Arcachon, &c. By Edwin Lee, M.D. Second Edition, with Alterations and Additions. Pp. 213. London: Adams. 1865.

The town of Nice which at one time was extensively resorted to by persons labouring under pulmonary disease, has in some measure lost its prestige in the opinions of climatologists; but on the other hand, it has been numerously frequented by those who are attracted by a gay sea-side residence, possessing many intrinsic and extrinsic charms for visitors. Dr. Lee admits that there exist at Nice some conditions unfavourable to pulmonary invalids, but at the same time he thinks that the climate possesses many advantages for cases which are properly discriminated. He enters at considerable length into the therapeutical properties of the climate of Nice as a remedial agent, not only in chest-diseases, but also in dyspepsia, hypochondriasis, gout, rheumatism, and some cases of paralysis.

Dr. Lee's other book is devoted to the health-resorts lying between the eastern and western divisions of the South of France; the former being much more dry than the latter, which are exposed to the Atlantic Ocean. The little town of Arcachon, situated a little to the south of Bordeaux, and which has lately sprung into some notoriety, is now described for the first time among Dr. Lee's French health-resorts.

Contributions to Dermatology. No. III.—On Psoriasis and Lepra. By T. McCall Anderson, M.D.; Physician to the Dispensary for Skin Diseases, Glasgow, &c. Pp. 65. London: Churchill and Sons. 1865.

Dr. Anderson, having previously published some volumes on the "Parasitic Affections of the Skin," and on "Eczema" (in which he includes Lichen, Impetigo, and Prurigo), now continues the series with a contribution on Psoriasis, of which Lepra is only a variety. The characters of psoriasis are generally well-known and can hardly be mistaken, but it is often difficult to distinguish between the non-specific psoriasis and the syphilitic diseases which resemble it, and Dr. Anderson gives some very clear and precise marks by which the two affections may be discriminated from one another. The treatment of the two is very different, arsenic being the most valuable remedy in the one, and mercury in the other, and indeed, the effects of treatment afford some of the best diagnostic indications. Besides arsenic in the non-specific disease, cod-liver oil and iron are given with advantage, but external applications, although much employed in Vienna, are not much relied on by Dr. Anderson, or, as far as we know, by other British practitioners. The frontispiece consists of a representation of a form of psoriasis which Dr. Anderson calls *P. rupioides*, from its resemblance to rupia, from which, however, it differs in leaving no ulcer, after removing the scab.

The present contribution to Dermatology is written with the same clearness as has been shown by Dr. Anderson in his former productions.

Testament der Natur. Offene Klage vor Gericht wider die Imprergiftung in Würtemburg. Beweis Akten von Dr. Nittinger, in Stuttgart.

Testament of Nature. Public Demand for Justice against the Inoculation-Poisoning in Würtemburg. Acts of Impeachment by Dr. Nittinger, in Stuttgard. Leipzig. 1865.

This is a rhapsodical tissue of abuse against the practice of vaccination, which, according to the author, is the cause of almost all the moral and physical evil in Europe. A great number of quotations are made from a variety of authors, but they are almost all introduced unfairly, and are made to bear an interpretation the reverse of what was intended. The book does not deserve serious notice, and the coarseness of its tone places it beyond the pale of criticism.

Photographs, coloured from Life, of the Diseases of the Skin. By Alexander Balmanno Squire, M.B., Lond. No. IX. London: Churchill and Sons.

The present number of this series presents an illustration of a *nævus vascularis*, belonging to the class of Maculæ,

he subject being a girl, aged fifteen, in whom the dis-oloration was noticed immediately after her birth, and emained without any permanent change since then. Of he portrait we can only say that it is life-like, and no higher raise can be offered. Nævi are divided by Mr. Squire nto two kinds, the pigmentary and the vascular, and the tter are again subdivided into those which appear in the rm of stains on a level with the surface of the skin, and ose which present tumours projecting beyond it. The evus of the illustration belongs to the latter variety, and known as the "port wine mark," and is considered by ost authorities as incurable, and in this view Mr. Squire incides, as the plans he has tried to produce a more vourable result have not been successful.

GENERAL CORRESPONDENCE.

ON DIARRHŒA AND CHOLERA AND THEIR TREATMENT.

To the Editor of the Medical Circular.

SIR,—Having perused two articles lately in the MEDICAL RCULAR on the subject of cholera past and present, may presume to offer a few remarks relative to the above d the treatment I have found recently most effective. uring the past hot and dry month of September, in this arter several cases occurred in my practice of diarrhœa, sting two or three days among the young and middle-ed labouring classes who were previously healthy, and who re attacked suddenly without any assignable cause. All of ese I have treated internally with either acidulated or aline mixtures, combined with sedatives, and occa-nally sinapisms of mustard externally according as the ture of the symptoms individually seemed chiefly to indi-te; each becoming well again speedily. Also the lowing case of cholera, occurring in September last, ay not be deemed uninteresting:—

M. J., middle-aged, stout, and generally in good health; ile engaged in the country (September, 1865), felt lan-id and more tired than was usual with him for a few ys before being attacked; when, previous to his supper al, he was seized with severe vomiting and purging, er which, as evening came on, cramp ensued, and a ssenger was sent off instantly to summon my attendance, l the man on delivering his message, said "he feared he uld be dead before I would be able to reach his house." my arrival soon afterwards he was still vomiting and ging, and violently affected with cramp; voice husky; se feeble; skin cold; stools watery and muco-bilious sing. I procured a warm salted bath quickly and placed in it, which was of great service; but afterwards on returning to bed the vomiting and purging and cramp, ugh stayed more or less, did not seem likely to subside, ordered ice to be got in all haste, which was soon ught by the kindness of a neighbouring landed pro-tor. The ice I now applied in a bladder (which latter vered well) often to his spine, still there was no sign peedy or entire relief; *therefore I gave him the ice to internally, and also ordered two individuals present to a lump of the ice in each of their hands, and rub well arts over the seat of the cramp*, after which he gradually n to be more quiet and free from the latter symptom, the motions from his bowels had almost subsided. ertheless, as there was considerable coldness of his , I applied sinapisms of mustard, which soon induced rmal reaction, and he did well.

I am, &c., G. K H. PATERSON,
heggie, near Perth, N.B., L.R.C.P.E. and L.R.C.S.E.
19th Oct., 1865.

APOTHECARIES' HALL.—The following gentleman passed examination in the Science and Practice of Medicine received a certificate to practise, on the 19th inst:—
Mr Alonzo Taylor, Great Barr, near Birmingham.

PARISIAN MEDICAL NEWS.

A SYNOPSIS OF THE CASES OBSERVED IN THE WARDS OF LA CHARITE HOSPITAL DURING THE YEAR 1864-65.

During the last fortnight of the summer session, M. Velpeau is in the habit of presenting a general return of all the patients admitted into his wards in the course of the preceding twelvemonth. All the cases are carefully taken down by the dressers, and collected by the Professor at the end of each month; at the expiration of the year they are condensed and summarised by the Internes, and supply the elements of an analytical and statistical table, which is thus invested with all desirable guarantees of accuracy. The vast experience which has thus accumulated in the course of thirty years, arranged in an imposing mass of methodically-arranged returns, forms the basis of, and imparts a singularly powerful practical interest to M. Velpeau's tuition.

Our confined space prevents us from presenting the reader with a full reproduction of the figures adduced by the Professor, and of his remarks on the annual return recently laid by him before the public, but we shall at least attempt a brief sketch of this important communication.

M. Velpeau's wards include seventy-five beds, and received during the past year 1,155 patients, 259 of whom merely appeared in the wards, and deserve no particular notice. During the preceding year, 1,014 persons were admitted, and the figure once rose to 1,400. If we accept 1,000 as the average, the total number of cases observed in the course of thirty years would reach 30,000.

As usual, the number of men admitted was greater than that of the women—viz., 797 male and 358 female subjects, and setting aside the 259 individuals who merely passed through the wards and underwent no treatment, 523 men and 373 women.

Eight hundred and ninety-six patients, therefore, were placed under treatment, with the following general results:—

Cured	680	viz.,	489	men	191	women.
Improved	101	„	66	„	35	„
Without change	59	„	32	„	27	„
Died	56	„	34	„	22	„

The mortality is proportionately larger than in former years, and especially greater than in the preceding twelvemonth, when the number of deaths was thirty-two only. The difference is referable to the prevalence of erysipelas, and to the admission of a certain number of individuals who were conveyed to hospital in a dying condition.

Adverting to the classification of diseases, we meet in the first place with the section of fractures, a large division always, including for the present year ninety-five cases, twenty of which only were observed in women. In eighty of these patients a complete cure was effected, ten left the hospital with imperfect consolidation, and five died from the effects of concomitant organic disease. Eleven of these subjects were affected with fracture of the thigh—viz., five fractures of the shaft, and six of the neck of the femur. These eleven cases, together with those observed in previous years, illustrate the good effects of the moderate degree of permanent extension, to which M. Velpeau resorts, not for the unattainable object of restoring the limb to its natural length, but in order to preserve its proper direction. The patient is placed on his back, the thigh extended, and the knee slightly bent, and supported by a cushion. A perineal band passing round the groin, and secured to the head of the bed effects counter-extension, and permanent extension is obtained by bands attached to the malleoli and tied to the foot of the bed. No mechanical contrivance answers the purpose better than this simple apparatus, or is so free from disadvantages. Surgeons are not aware that the lameness consequent on these injuries is less frequently referable to shortening of the limb than to the stiffness and chronic irritation of the joints. During the present year, two or three patients were admitted into M. Velpeau's wards, who presented no lameness, although old fractures had induced a shortening of twelve and fifteen lines. By a remarkable contrivance of

Nature, the pelvis accommodates itself to the change, and no lameness is perceptible. If the lameness persists, it is not, in general, caused by the shortening of the extremity, but by the stiffness of the joints, which can be averted but by the use, for as short a time as possible, of the simplest kinds of apparatus.

These remarks also apply to fractures of both bones of the leg. All the systems of bandaging devised with a view to counteract the action of the muscular textures of the calf of the leg are unavailing and cannot prevent shortening, but this, we repeat, is a fact of secondary importance. M. Velpeau adduced in illustration the case of a man who was badly wounded in the leg by a musket-ball in 1848. The patient recovered with a shortening of two inches; for a long time he limped, but is now no longer lame. The starch-bandage was the only apparatus employed.

A small number of cases of fracture of the clavicle were observed during the past year. Fifteen are mentioned in M. Velpeau's returns, and in all a cure was effected in a fortnight or three weeks. This injury always leaves after it some degree of deformity, and it is therefore unnecessary to inflict on the patients the inconvenience of tight bandages. As the consequent shortening of the bone does not materially interfere with the functions of the limb, a good cure may be obtained by wearing for a few days the arm slung in a handkerchief, and afterwards by the application of a starch-bandage around the chest, the hand of the injured side reposing on the opposite shoulder.

Six cases of fracture of the arm were admitted into the wards, With regard to injuries of the shaft of the humerus, M. Velpeau remarks that they are especially liable to non-consolidation, on account of the facility of displacement, the bone being thickly covered with muscles, and isolated between movable joints, such as the shoulder and elbow, which readily impart slight movements to the fragments. These fractures should therefore be closely watched.

The mode of treatment formerly adopted in fractures of the lower extremity of the radius frequently induced protracted loss of power of the hand. Those who have witnessed the effects of Dupuytren's bent split are aware that incomplete ankylosis of the wrist was often the consequence. Nothing of the kind now occurs, thanks to a mode of reduction, the invention of which M. Velpeau ascribes to a Danish surgeon; this plan, slightly modified, yields excellent results.

M. Velpeau effects reduction by grasping and powerfully extending the hand, placed in a prone position, and bent at right angles on the fore arm. The flexor tendons are thus brought to bear on the displaced fragments, and facilitate reduction. The limb is then secured in this position with a roller; a padded compress is laid along the extensor side of the forearm and hand; wet pasteboard splints are applied on the anterior and on the posterior aspects of the limb; and a starch-bandage is rolled over all. During the desiccation of the starch, the surgeon should carefully watch the hand, and prevent it straightening, which can easily be done by provisionlly fixing it with tape-ribbons.

This apparatus was used in the ten cases of fracture of the lower extremity of the radius noted in M. Velpeau's returns, and the use of the hand and fingers were, in every instance, restored in less than two months.

A case of fracture of the olecranon suggested to the Professor a parallel between this bone and the patella, and he remarked that ligamentous union of the fragments was perfectly sufficient to secure the restoration of the functions of the limb; and therefore, instead of using a system of tight bandaging liable to induce mortification, he conceives it sufficient to apply merely a figure 8 roller, and in a month or six weeks a satisfactory result is attained.

With regard to dislocations, we may confine ourselves to the statement that, eight cases of a simple character were observed—viz., six luxations of the shoulder, and two of the elbow.

Seventeen cases of sprain are recorded, in all of which the treatment resorted to consisted in entire repose and resolutive dressings. M. Velpeau is not systematically opposed to the use of shampooing in these injuries, but he protests against the incautious and indiscriminate application of the method by ignorant quacks.

Forty-five cases of arthritis were treated with success by antiphlogistic measures, extensive blisters, and especially by immobility of the joints, which is more certainly obtained by the use of the dextrine or starch bandage than by the most ingeniously devised mechanical apparatus.

In nine instances of hydarthrosis the innocuity and advantages of the iodine injections were again fully displayed.

In thirteen cases of disease of serous bursæ, and tendinous sheaths, Mr. Velpeau resorted to incision in the acute stage, and to the iodine injection in the chronic period. M. Velpeau unhesitatingly recommends the injection even when the bursæ are in communication with a joint.

Seven cases of anthrax, and two of extensive carbuncle were relieved by deep radiated incisions. Anthrax is a formidable affection, the progress of which can be arrested but by a liberal use of the knife.

M. Velpeau's return contains no less than 135 cases of phlegmonous inflammation of the cellular layer, which assumes a different aspect in the various parts of the body according to the density of the structures involved. In compact and closely-connected tissue inflammatory action progresses slowly and is confined within narrow limits, but in looser textures it spreads so rapidly that when four days have elapsed, neither pressure nor local applications can be expected to afford any satisfactory results, and extensive incisions only can check the disease. In the palm of the hand the synovial grooves greatly add to the dangers of inflammation, and when it arises beneath the callosities occasionally observed at the base of the fingers, the irritation displays a tendency to spread to the dorsal aspect of the hand, where it meets with looser tissues, and the incision should always be performed in the palm of the hand.

The Professor presented interesting remarks on inflammation of the lymphatics. Thirteen instances of *Angioleucitis* were observed, two of the patients only being women. The affection is especially formidable because it promotes the development of other forms of disease. It arises in ulceration of the skin, but deep-seated affections doubtless occasion in the lymphatic vessels disturbances, the intimate nature of which escapes the observer, and might perhaps afford an explanation for many obscure pains. Angioleucitis should be carefully distinguished from phlegmon and phlebitis, and more especially from erysipelas, which is more dangerous to life, and an affection in which the entire system obviously participates. Erysipelas sometimes does not arise from any local injury, and extends in all directions, away from its original seat, never induces suppuration, and follows its course regardless of every effort of treatment; angioleucitis, on the contrary, invariably has its origin in one spot, which it never altogether abandons, even when it has invaded the glands, often causes suppuration, and in almost every instance yields to depletion, blisters and local remedies. Cellulo-cutaneous phlegmon spreads around a central spot, runs rapidly to suppuration, and induces mortification of the cellular tissue; angioleucitis extends in patches, suppurates slowly, and yields a scanty puriform secretion. In addition, it can readily be discriminated from phlebitis, which can be felt but is not seen, whereas angioleucitis is more easily seen than felt.—JUST LUCAS CHAMPIONIERE.

THORACENTESIS.

The question of Thoracentesis is still being discussed at the Academy of Medicine, where the voice of M. Beau will no longer be heard. We may therefore be permitted briefly to reproduce the late Professor's remarks on a case of pleuritic effusion which occurred last year in his wards.

The patient was a woman, a native of Brittany, of mature years, and, like her country people, very obstinate. When admitted into hospital, she presented the symptoms of effusion in the *left* side of the chest. We purposely italicise the word, because the effusion was as complete as possible, and because it is on that side that the morbid secretion is usually

and so copious as to fill the cavity of the pleura. The spnœa was extremely intense, and as every means of treatent, save thoracentesis, had already been resorted to, that eration was decided on at once, and was performed accordg to the rules laid down by Reybard.

The division of the skin with a lancet previously to the ertion of a trochar is, to say the least, unnecessary. In ne cases the excessive distension of the walls of the chest œdema of the parietes, resulting from the protracted eral recumbent posture, renders the discovery of the ercostal spaces somewhat difficult, and may cause some barrassment to the operator. All doubt, however, can dily be removed by a very simple plan resorted to by M. au. Depressing with the left forefinger one of the intertal spaces, he marked with the edges of the finger the pective situation of the superior and inferior ribs, and s ascertained that the axis of the finger corresponded cisely with the central line of the interval between the . He then drew back the skin, in order that the superal and deep-seated apertures might not directly corresd, and boldly inserted the trochar into the chest in front the middle part of the nail, thus averting all chance of blade striking against the bone instead of penetrating the cavity, and also the risk of injuring an artery or of nitting air into the chest.

After the withdrawal of the blade, the fluid flows through canula in varying quantities; the surgeon must not ext to be able to remove it to the last drop, which, more-r, is unnecessary. M. Beau once effected a cure in a in which only a few ounces escaped; sometimes, on contrary, large quantities of liquid are drawn off. By ans of thoracentesis (said the Professor), a kind of *post-tem* examination is made in a living subject. The liquid tained in the pleura is not merely serous, but sero-fibrin-, and, on cooling, deposits a considerable amount of in, a fact which implies and demonstrates its inflammaorigin.

n some instances the fluid escapes freely, and the immee object of the operation is attained, but in others, e or no liquid flows from the canula; a circumstance of isappointing nature, and due to the presence of false nbranes instead of a fluid secretion in the chest. It is y desirable to avoid this occurrence, which it would be air to impute to want of skill in the operator. To guard inst the contingency alluded to, M. Beau trusted to the wing stethoscopic signs:—When absolute absence of nance on percussion coincided with distinct tubar respion, he considered the existence of a liquid secretion in the pleura as clearly demonstrated; a fact which in y instances he was enabled to test by the immediate rn of vesicular murmur after the performance of thoraesis. He thus acquired the conviction that the souffle eurisy is always referrible to the presence of a fluid in the thorax; when, on the contrary, no tubar or chial souffle is audible, he conceived it equally certain the secretion was chiefly pseudo-membranous, and but little liquid would escape from the canula. Some-s a semi-solid pus oozed from the tube; and therefore bsence of bronchial souffle should not absolutely deter urgeon from the operation, but in such cases he should the precaution of mentioning beforehand the probable t of the puncture.

he possibility of penetrating into the abdomen through liaphragm has been alluded to. If any doubt exists as e spot in which the aperture should be made, it is a practice to puncture the chest high up, more especially is now conceded that the removal of the whole of the d is not imperatively required.

he operation should not be instituted only as a curative ure. Thoracentesis is easily performed, and when cauly resorted to is attended with little peril; in addition, eviates the sufferings of patients who otherwise must ptly perish. It should, therefore, be viewed as a valuable tive, and as the procedure sometimes effects a cure, is ctly unobjectionable.

is not easy to explain the curative action of thoracenit would seem that after the puncture, the vacuum formed in the pleura should have a tendency to promote a fresh accumulation of morbid secretion; a relapse is indeed occasionally observed, but not invariably, and the patient often recovers. In this case, the secretive power of the membrane is, in all probability, exhausted.

If after an interval of a few days the extent of the dulness on percussion does not increase, a favourable issue may legitimately be expected. But if dyspnœa recurs, together with increased dulness of sound, the case will almost always prove fatal. M. Beau has never observed an instance of recovery from acute pleurisy with effusion, when it was necessary to repeat the operation. At Hospital Cochin, thoracentesis was five times repeated in the same subject, at his own urgent request; a fact which shows that the procedure is not in itself very formidable to the patient. The two first operations yielded a fluid which promptly coagulated: when the chest was tapped for the third time, serum escaped at first, and subsequently pus, but no fibrinous matter; hence it would seem that the latter had supplied the materials of the purulent secretion, and that such is the mode of transformation of these varieties of interminable pleurisy.

In the case which suggested the present remarks, a small amount of tubar respiration was audible; the puncture was performed in the manner we have described, and gave issue to a large amount of fluid. The patient was doing well, and sanguine hopes of her recovery were entertained, when, in spite of every remonstrance, she went into the garden and took cold; a relapse followed, with fatal results.

We may, however, infer from the above remarks, that if M. Beau's precepts are not departed from,—Firstly, the operation may be performed with entire safety; secondly, that it is possible easily to foresee its immediate results; and, thirdly, also to ascertain with equal facility after a few days' interval what will be its ultimate consequences.—Just. Lucas Championniere.

Good Effects of Veratria in Rheumatic Fever.

Rheumatic affections, unconnected with scarlatina, have of late, extensively prevailed in Paris among young children. The disease observed has chiefly been simple rheumatic fever, precisely similar to that which occurs in adults, and liable to the same complications. In ten cases of the kind admitted into M. Bouchut's wards at the Hospital for Infancy, the rheumatic affection was aggravated by the coincidence of pneumonia, pleurisy, endocarditis, and more frequently pericarditis.

M. Bouchut adverted especially to the case of a child aged eight years, who, when conveyed to the hospital, was suffering from fever and rheumatic pains in the ankles, and who, after an interval of a few days, became affected with pneumonia of the left lung, and subsequently pericarditis, with much præcordial bulging, and increased dulness on percussion in the cardiac region. Death followed, and on dissection the lung was found in a state of hepatisation; and on either side pleurisy was present. The valvular structures of the heart were thickened, and the pericardium contained a large amount of liquid and of false membranes.

During life it is often more difficult to ascertain the presence of endocarditis than that of pericarditis, the signs of which render the characteristics of the former more obscure. It is nevertheless of frequent occurrence, and a well-marked instance was observed in M. Bouchut's wards in January, 1865. The patient was a lad of fourteen, who had suffered from exposure to a storm of rain and snow. Two days afterwards, oppressive dyspnœa supervened, together with much præcordial pain, palpitation, swelling of the face, and œdema of the feet, hands, and scrotum, but without albuminuria. The dulness over the region of the heart did not exceed two square inches; the sounds of the organ were remote and indistinct, &c. Those symptoms were promptly relieved by cupping, and were followed by the development of no organic disease.

With regard to myocarditis, which M. Bouchut views as a necessary consequence of the existence of endo-pericarditis, the Professor remarked that the great irregularity of the action of the heart is in all probability the result of spasmodic action of the viscus, occasioned by a rheumatic condition of its muscular fibres.

Active treatment is required in rheumatic fever occurring in infancy, on account of the possible contingency of subsequent disease of the heart or other important organs. Depletion, however, should, if possible, be avoided in lymphatic subjects, and this quinine and veratria supply us with the means of doing.

M. Bouchut prefers the latter drug, because sulphate of quinine not unfrequently induces vertigo and permanent injury to the organs of sight and hearing, and because veratria is an inexpensive medicine.

We described, three years ago, the mode of administration of this substance, which is still adopted by M. Bouchut. He prescribes:

℞ Extr. opii, Veratriæ, } ā gr. j.

Divide into twelve pills, silvered, each containing one-tenth of a grain of the active ingredient. Two pills are exhibited on the first day, three on the second, four on the third, and so on, as far as seven at most in the course of the day. Anodyne enemas are administered each morning in order to relieve the bowels, and prevent colic and diarrhœa. If vomiting supervenes, the medicine should be discontinued.

The feverishness, in general, very promptly yields to this treatment, the pains subside, and convalescence soon sets in. M. Bouchut has never noted any ill-effects whatever from the use of this valuable remedy.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows, held on Oct. 23rd, the following Member of the College was duly admitted a Fellow of the same;—Benjamin Ward Richardson, M.D. St. Andrews, Hinde-street, Manchester-square.

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practice Physic as Licentiates of the College:—Alexander Bruce, Albert Terrace; Frederick John Burge, junior.' Marlborough Villas, New-road' Hammersmith; George Gregory, Moses-gate, Bolton; Henry William Larking, Bilston; Richard John Lupton, Stanhope-street, Hampstead-road; James Grosvenor Mackinlay, Isleworth, Middlesex; Thomas Hall Redwood, L.M. Durham, Rhymney; George Henry Savage, Doddington-grove, Kennington; Richard Burford Searle, St. Just, Cornwall; Charles Smith, Richmond-street, St. George's road, Southwark; Francis Thomas Tayler, Brunswick-place, Lewisham-road, New Cross; Alfred Edward Wilmot, Nelson-square, Blackfriars-road.

The following were reported by the Examiners to have passed their Primary Examination for the Licence of the College:—William Edmund Cant, St. George's Hospital; Louis Marc Le Grand, University College; Augustin Le Rossignol, Stratford, Essex; William F. B. Pollard, King's College; W. Wilberforce Smith, Middlesex Hospital, Frederick W. Young, University College.

A SUCCESSFUL CASE OF OVARIOTOMY IN PARIS.—M. Labbé introduced to the notice of the Academy of Medicine a patient twenty-nine years of age, on whom he had performed ovariotomy three months before. Suffering from pains and enlargement of the abdomen for seven or eight years, the tumour had only began to assume a large size eight months prior to the operation, the cyst on its extraction containing twenty-one kilogrammes of liquid. The operation was performed, with M. Gosselin's assistance, at a *maison de santé* situate in a large garden. The contents of the multilocular cyst were gelatinous, but there being no adhesions the removal was easily accomplished with the aid of Mutthieu's clamp, the "*toilette du péritoine*" being most carefully performed by means of fine new sponges. Thirteen points of twisted metallic suture were applied, the peritoneum being included in the suture,—a point to which M. Labbé attaches great importance as a means of preventing the purulent fluids issuing during the healing of the wound gaining access to the peritoneum. The operation was performed slowly, lasting "seven quarters of an hour," the patient being under the influence of chloroform. It was executed on the 19th of July, the patient being able to walk on the 10th of August, and she was presented to the Academy on the 17th of October.

A DISGUSTING EXHIBITION IN DUBLIN.—We have been honoured with a special invitation to inspect the person of an individual named Jean Baptista dos Santos, who is desirous of turning a disgusting malformation, of which he is the subject, to financial account. We have not availed ourselves of the complimentary card lest we should be assumed by our presence to imply approbation or gratification at the publication of such obscene details, but we have seen a photograph of the deformity—a sufficiently disgusting *exposé* without the display of the original. The deformity is, as far as we could see, completely devoid of scientific interest, and unworthy of any more exalted interest than morbid curiosity for such filthy displays. In any case, no other motive can attract the non-professional visitors whom dos Santos invites to pay their money, and we hope few will be found to do so. It is an abominable abuse that the "Private Levees for Gentlemen only" of this person should stare the public, who want to know nothing of his disgusting deficiences or redundancies, on every dead wall in Dublin, and it would be better for the victim of such affliction to regard them as a something to be ashamed of instead of placarding his disgusting degradations.—'Medical Press.'

SUPERVISION OF EXAMINATIONS.—The English Branch Council has practically acted upon the resolution of the last general meeting of the Medical Council as to visitation of examinations by appointing visitors to the English licensing bodies. The resolution adopted is, that the President and Dr. Alderson be deputed to visit the examinations held by the University of London; that Dr. Sharpey, Mr. Cooper, and Dr. Parkes be deputed to visit the examinations held by the Royal College of Surgeons of England; that Dr. Parkes, Dr. Quain, and Mr. Rumsey be deputed to visit the examinations held by the Society of Apothecaries of London; that Dr. Paget and Dr. Quain be deputed to visit the examinations held by the University of Oxford; that Dr. Acland and Dr. Embleton be deputed to visit the examinations held by the University of Cambridge; and that Dr. Storrar and Mr. Cæsar Hawkins be deputed to visit the examinations held by the Royal College of Physicians of London. No examinations will be held for the University of Durham before June, 1866, and therefore no visitors have been appointed.

ROYAL COLLEGE OF SURGEONS.—At a special meeting of the Council, on the 26th inst., convened for electing two members of the Court of Examiners in the vacancies occasioned by the resignation of Mr. Joseph Hodgson, F.R.S., and of Mr. F. C. Skey, F.R.S., whose term of office had expired, Mr. Frederick Carpenter Skey, F.R.S., of St. Bartholomew's Hospital, was re-elected, and Mr. Richard Quain, F.R.S., University College Hospital, was elected examiner for the next five years, in the vacancy occasioned by the resignation of Mr. Hodgson, who still retains his seat at the Council table. At the same meeting of the Council, Mr. William Anthony Harrison, of Keppel street, Russell square, a Fellow of the College, was elected a member of the Dental Board, in the vacancy occasioned by the resignation of Mr. Thomas Bell, F.R.S.

YELLOW FEVER AT SWANSEA.—The disease has entirely disappeared from the town, which is at present in an unusually healthy state.

A SUCCESSFUL CASE OF OVARIOTOMY IN FRANCE.—M. Labbé, a hospital surgeon of Paris, presented (Oct. 17th) to the members of the Surgical Society, a woman, aged twenty-nine, in a perfect state of health, upon whom he had performed ovariotomy three months before.

WE have to record the death of three Medical gentlemen well known to the Profession—Prof. Alquié, highly respected, at Montpellier; Prof. Remak (whose microscopic researches have been so valuable), at Kissingen, of anthrax; and Prof. Cerioli, at Cremona, at the advanced age of eighty-four.

BEQUEST.—The late Mr. Nathaniel Soames, of Warwick ardens, Kensington, has just bequeathed 10,000*l.* to the llowing metropolitan hospitals :—2,000*l.* to the West ondon, at Hammersmith ; 4,000*l.* to the Great Northern ledonian road ; and 4,000*l.* to the North Lonndo Hospital ower street.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At a eeting held on the 18th ult., the following office-bearers re elected for the ensuing year :—President : Dr. James nsmure. Secretary : Dr. James Simson. Treasurer : John Gairdner. Librarian : Dr. Archibald Inglis. sident's Council : Drs. James S. Combe, Andrew Wood, bert Omond, Benjamin Bell, James D. Gillespie, Mr. nes Spence, and Dr. John Gairdner, *ex. off.* Examiners : s. James Simpson, Richard Huie, William Dumbreck, chibald Inglis, Andrew Wood, Robert Omond, James nsmure, Peter D. Handyside, James D. Gillespie, Henry Littlejohn, Patrick H. Watson, and David Wilson. essors to Examiners : Dr. James S. Combe, Messrs. les Syme, William Brown, and James Spence. Con- ator of Museum and Register of Students' Tickets : William R. Sanders. Officer : Mr. John Dickie.

EDICAL VICTIMS TO THE CHOLERA.—M. Cacciaguerra, edical student attached to the St. Antoine Hospital, of s, caught the disease whilst attending cholera patients, died very rapidly. Several other students are lying tricken by the epidemic. We learn that M. Mocquot, of these excellent young men, has just died. The wing medical practitioners have recently died at na whilst attending cholera patients. We find the n the 'Imparziale,' of Florence ; and hope, with the r, that the Italian Government will not forget the ws and orphans. In fact, nothing less than great ality towards the relicts and the children can be ted by the medical body as a recognition of the sm of these men, Drs. Jacobi, Persichelti, Stefanini, oli, Marchetti, Piccinini, Polloni, Corbisier, Pederzolli, onetti.

ESENTATION.—Mr. Hartley, a well-known and highly- ned Surgeon, who has practised for the last twenty at Ivybridge, Devon, and who has lately left that has been presented by 170 of the principal inhabi- of Ivybridge and its neighbourhood with a handsome ionial in the shape of a valuable silver salver. The ionial was presented at a meeting presided over by the bent of Ivybridge. The salver bears the following tion :—" Presented to Mr. and Mrs. E. Hartley, as a of the esteem and regard in which they have been y their numerous friends during a residence of nearly years in Ivybridge ; to the former for his valuable mpt services rendered in time of need, particularly poor ; and to the latter for her sympathy in affliction fulness in every good and Christian work.—Oct. 21,

CAL VISITORS TO LICENSED LUNATIC ASYLUMS.— late Wilts and Gloucester Quarter Sessions it was l, that if any Medical visitor were, by order of the required to make extra visits to the licensed Luna- um, he should be remunerated for the same beyond fixed for his ordinary attendance as Medical visitor.

CHOLERA IN PARIS.—During the last week the has been on the increase in Paris, and has exceeded idable number of 300 deaths per diem, reckoning ind hospital patients. While at some hospitals a on in the number of admissions has been observed ; these have increased, so that the St. Antoine and ité now receive more than the Hôtel-Dieu ; but it is e practice that the increase is chiefly observed ; ny of the patients who were already in the various for other complaints prior to the outbreak have tims to it. It has been noted that of 210 deaths ; in a certain quarter of the town, 90 of the indivi- upied the *rez de chaussée* (ground-floor), 43 of this eing *concierges* (door-porters), and the remainder fruiterers, charcoal sellers, &c., pointing with evi- onstration to the effects of an insufficient supply of efective ventilation. According to a communica- tion of M. Guyot, one in three of the patients received at the Hôtel-Dieu and the Lariboisière recover, some of the cases having reached a very advanced stage on their recep- tion. At both these Hospitals a favourite tisane for the purpose of inducing reaction is the rum tea, 125 parts of rum to 875 of tea, the *elixir de la Chartreuse* being also given with success. When there is much vomiting, ipecac. in doses of from ten to thirty grains is also given, and bis- muth when the diarrhœa is persistent.—'Medical Times and Gazette.'

ROYAL PRESENT OF PLAYTHINGS FOR SICK CHILDREN. —The little patients under treatment in the Hospital for Sick Children in Great Ormond street, have again been the objects of Her Majesty's kind and thoughtful regard. The hearts of these suffering little ones were last week gladdened by another present of toys from the Queen. A large pack- ing-case full of articles selected by Her Majesty as suitable for distribution among the children arrived from Coburg. These toys are given to the patients, who highly prize them, and carry them away when they leave the hospital. Num- berless small mementos of Royal consideration thus find their way into some of the holes and corners of the poor in London and the country, as this hospital receives patients from all parts of the land.

THE CATTLE DISEASE.—We have been informed, says the 'British Medical Journal,' on good authority, that the number of cattle that have died in this country of the rinderpest does not exceed 1,700 up to the present time. Not a single sheep has yet been reported as killed by the disease. The rise in the price of butcher's meat is, there- fore, in no way fairly attributable to the destruction by dis- ease of animal life.

DEATH OF PROFESSOR MALGAIGNE.—This eminent sur- geon died a few days since, at Paris, of cerebral apoplexy. This was the third attack, and for the last six months he had been unable to attend to any of his duties. It will be recollected that M. Malgaigne was first seized about nine months ago, when presiding over the Academy of Medicine of Paris, of which for many years he had been one of the most eloquent members. The deceased was of humble origin, and had reached the highest position by his natural gifts and indo- mitable industry. His edition of Ambrose Paré, his Opera- tive Surgery, and his treatise on Fractures and Luxations, are known to surgeons of all countries. Prof. Malgaigne was accompanied to the grave by deputations of the Medical Institutions of which he as a member ; and talented as well touching discourses were delivered on the occasion. Among these we should single out M. Velpeau's, which is a model of oratory.—'Lancet.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, Nov. 1.—*Operations* at Middlesex Hospital, 1 p.m. ; St. Mary's Hospital, 1½ p.m. ; St. Bartholomew's Hospital, 1½ p.m. ; Great Northern Hospital, 2 p.m. ; University College Hospital, 2 p.m. ; London Hospital, 2 p.m. ; Obstetrical Society.—Dr. Marion Sims, "On Prodicentia Uteri ;" Mr. Roper, "On Embryotomy," and other papers.

THURSDAY, Nov. 2.—*Operations* at the Central London Oph- thalmic Hospital, 1 p.m. ; St. George's Hospital, 1 p.m. ; London Surgical Home, 2 p.m. ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m. ; Harveian Society, 8 p.m.—Dr. Tilbury Fox, "Remarks on the Cholera in Egypt" King's College Medical Society.—Mr. Herbert, "On Smells in Relation to Disease."

FRIDAY, Nov. 3.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m. ; Western Medical and Surgical Society of London, 8 p.m.—Practical Evening for the Narration of Cases and the Exhibition of Specimens."

SATURDAY, Nov. 4.—*Operations* at St. Thomas's Hospital, 1 p.m. ; St. Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m. ; Charing- Cross Hospital, 2 p.m.

MONDAY, Nov. 6.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m, ; Metro- politan Free Hospital, 2 p.m.

TUESDAY, Nov. 7.—*Operations* at Guy's Hospital, 1½ p.m. ; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Photographs of Diseases of the Skin. By B. Squire, M.B. Class IX.: Maculæ. London: John Churchill and Sons, New Burlington street.

The Antecedents of Cancer. By C. H. Moore, F.R.C.S. London: T. Richards, 37 Great Queen street.

Epileptics: their Mental Condition. By W. A. F. Browne. London: J. E. Adlard, Bartholomew Close.

Report on the Sanitary Condition of the City of London for the Quarter ending Sept. 1865. By H. Letheby, M.B., &c. London: M. Lownds, Fenchurch street.

On Epidemic Cholera and Diarrhœa; their Prevention and Treatment by Sulphur. By John Grove, M.D., &c. Third Edition. London: R. Hardwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

It is requested that all communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

To SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-Cross Post-office.

THE TREATMENT OF ESCHARS FROM BURNS.

To the Editor of the Medical Circular.

SIR,—Take ung. hydr. nitrico.-oxydi., ung. zinci., ung. flor. sambucæ., of each two drachms; when well incorporated, add liq. plumbi. diacetatis, ℥xxv. This is to be mixed by raising the mass up by the end of the spatula, and stirring it after the manner of making yeast dumplings. This ointment is to be applied thickly by the spatula or finger on to the eschars, and perfectly excluding them from sight. Place on this a piece of gutta-percha, and over it about two or three thicknesses of lint which have been well saturated in cold water. Bind them up and let each remain for twelve, eighteen, or twenty-four hours. The rationale is this:—Exosmosis takes place under the eschar, and the ointment finds its way there. When the dressing is removed, and the eschar found to be loose enough, remove it entirely; but if it still adheres too tightly repeat the process. When the eschar is removed apply the ointment again, but instead of the gutta-percha put on the lint well wetted as before. In the first place, the gutta-percha prevents any ointment being removed from the eschar; and in the second, the wetted lint absorbs it only partially. These eschars should only be dressed once in twenty-four hours, and the *golden rule attended to of never allowing them to form again.* Both eschars will yield to this treatment, but will leave their indelible white marks when healed, owing to the total destruction of the cellular tissue beneath them. The same treatment is applicable to all this class; of rupia, scabies, eschars, and many forms of the porrigo and scalp diseases. The great philosophy of the treatment is their speedy removal, and never allowing them to scab again, which they cannot do if proper care is taken under the process above stated. "LAMBDA" should publish the result.

I am, &c., "CYCLOPS."

THE OBSTETRICAL SOCIETY.—The notice has been received.

THE HARVEIAN SOCIETY.—The card has been received.

ST. PETER'S HOSPITAL.—The notice has been received.

MR. N. C.—We cannot at present give a decided opinion upon the value of hypodermic injections, as the subject is now undergoing investigation at the hands of a committee of competent observers, and their report will materially affect the decision arrived at by the Profession.

DR. T.—The paper has not yet reached us.

AGATHOS.—We received the newspaper, but as there was no mark to indicate the passages to which it was intended to direct our attention, we were unable to make use of the information.

G. N. (Sheffield.)—The gentleman in question was in practice before the year 1815.

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The Medical Circular.

OPENING OF THE DUBLIN SCHOOLS OF MEDICINE.

The Introductory Address to the Medical Session of the ater Misericordiæ Hospital was delivered Oct. 31st, in the cture hall of the hospital, by Francis Richard Cruise, Esq., D.

Dr. Cruise proceeded to deliver his Inaugural Address as llows:—I have been requested to address a few words to e hospital class upon the occasion of opening the coming ssion—the fifth in the history of the Mater Misericordiæ ospital. The great importance and boundless extent of e subject upon which I am expected to address you con- itute difficulties almost insurmountable to any one, and ubly so to me, whose lack of years and scanty experience ve afforded but little opportunity for reflection, either for y own guidance or for the direction of others. Compelled I am to select from the vast field before me a theme for is morning's discourse, I have resolved to address myself the few minutes at my disposal to the junior portion of y audience. For their especial benefit I shall endeavour draw, in all truthfulness, a brief sketch of the profession ey are about to adopt—to portray, so far as my own preciations enable me, its difficulties, its attractions, its als and penalties, its pleasures and rewards. I shall, reover, so far as lies in my power, indicate those means ereby it may best be learned, and the errors to be avoided its pursuit. If in this attempt I shall prove fortunate ugh to assist any one of my young student friends, in furtherance and successful attainment of the grand un- taking before him, I shall consider myself amply recom- ased, even for my temerity in trespassing upon the valued ie of those distinguished and respected hearers by whom m surrounded. On the threshold, let me remind you, ing gentlemen, that, although placed here as a lecturer, n no less a student than the youngest present; that the advantage I can be supposed to enjoy over you is the erience of a few years, devoted to the study you are now oaching; the utmost gain you can reap from my words; w hints to guide your first labours in the profession of choice. I believe that I may take it for granted that first and most indispensable requisite for success in any rtaking to which we may devote ourselves is to com- e with a thorough comprehension of its nature and t. This enables and inclines us to fix the attention the more essential points, and guards the mind from ting hither and thither with every passing distrac-

I shall, therefore, commence this morning's ad- with a short exposition of the nature and objects ie study of Medicine. Taken in its most ex- d signification, this study includes all the various hes of human knowledge which, united, enable us to nise the countless forms of morbid action that menace estruction of organised life—which instruct us to pre- nd understand the course and final termination of those an phases of evil—and which arm us to protect, to and to comfort suffering nature in the combat with myriad ills which descend as heirlooms to her fallen

A brief reflection analyses these motley elements of ledge into three leading groups in accordance with final purposes—namely, first, those which qualify for cognition of abnormal conditions, or for what is tech- y termed diagnosis; secondly, those which appertain nature and history of morbid states, or pathology; y, those which instruct us to avert, so far as may be le, the impending evils of disease, or therapeutics. ing this analysis to the most practical application pos- et us reflect for a moment upon the three grand ques- tions, which the physician must answer whenever he stands by the bed of sickness:—first, what is the disease? secondly, how will it result if left alone? thirdly, what assistance can be rendered, and how?—I shall endeavour to point out as succinctly as possible the means whereby you may attain the grand end of answering these questions with justified confidence. In the first place, as regards diagnosis, if you would acquire the power of accurately recognising disease, you must, in the commencement, gentlemen, devote yourselves to the investigation of the structure and functions of the human body in health, and then to their contemplation in disease. In a word, you must begin with the study of anatomy and physiology, and subsequently pass on to that of pathology. Anatomy and physiology claim our first attention, inasmuch as they constitute the foundation of all Medical science. The truth of this statement scarcely needs illustration. In order to ascertain the seat and nature of any defect which may befal a complex piece of mechanism, it is necessary to be acquainted with the structure, relative position, and use of all its constituent parts. The human body is the complicated and delicate machine, to cure whose derangements the physician's aid is sought; and the first and most essential qualification on his part is a full knowledge of the wondrous fabric in all its minutest details. Without this he is unable to recognise the situation, amount, or nature of the disorder. To learn anatomy then, gentlemen, is the first portion of the great task which awaits you. I shall endeavour to place before you the means by which this can be accomplished. Not to dishearten, but, rather for the purpose of stimulating you to early and strenuous exertion in this department of your studies, I may premise that the work is one of great difficulty. Begin it, then, forthwith, and follow it up with perseverance and method. Commence by learning, with the aid of your manuals and of a set of bones, the anatomy of the human skeleton; thence pass on systematically through the ligaments, joints, muscles, vascular systems, brain, nerves, and viscera; study them over and over, day and night, until you have stored your memory with a good general knowledge of the subject. It is a much disputed point whether anatomical plates are serviceable to the pupil or not. I have no hesitation in stating my conviction of their great advantage, when properly used. They are no substitute for dissection, but in a course of anatomical reading I believe them to be invaluable in guiding the student and rescuing him from almost overwhelming and inextricable confusion. At the same time, attend the lectures and demonstrations, noting what you see and hear; occupy a portion of your evenings in writing out these notes, correcting and condensing them; finally, endeavour, either alone or with the assistance of others, to reduce your knowledge to the form of question and answer. This conveys quickness of thought, and facility of expression—affords opportunities for the removal of misconceptions, and the elucidations of obscure points. A system, such as I now lay down, will prepare you to dissect with ease and advantage, and will save you from the heavy, discouraging task of groping after parts whose name, position, course, and relations, are alike new and unknown. I am fully aware that many censure resort to the artificial aid I now suggest, maintaining that dissection alone is the means to proficiency. I admit the statement, and would merely qualify it by reiterating my conviction, derived from experience and observation, that, to dissect to good purpose, the student must be prepared beforehand by a course similar to that I recommend. On such a foundation let him rear the superstructure of practical anatomical facility, acquired by repeated investigation of every portion of the human body. Let him see and feel, separately, and in all their relations, every part of which he has read. This will give him habits of precision and certainty in this all-important science, like unto that of the practised musician whose fingers, almost unconsciously to himself, fall upon the notes he seeks. On the subject of *Dissection*, I can scarcely speak with adequate emphasis. This is the focus to which all your previous exertions must converge. To suit youselves for it, is the end and object of the laborious preparation I have advised. It is the solitary means whereby a useful knowledge can be

obtained, the only school in which dexterity and certainty in operation can possibly be acquired. Practice it incessantly; sacrifice everything for it, save hospital attendance. If you are juniors, seek the assistance of those more advanced; if you are seniors, dissect for those who are beginning. Be convinced that every hour so spent will abundantly repay you in the fulness of time. To learn anatomy is unquestionably a stupendous work; yet it is far from impossible; there is no obstacle which perseverance cannot surmount. After a little patient attention, the obscurity and perplexity which at first render it so unattractive, clears away and reveal to contemplation a science which, of itself, would amply repay the time and labour expended, even were it not, as we consider it to-day, a means to the grander end of aiding the physician to heal. Great and ever-increasing must be your gratification as you unravel the marvels of God's power and goodness in the structure of his last, most perfect creation. Still greater pleasure awaits you when a knowledge of physiology is superadded to your store, enabling you to interpret the wonders of construction by their exquisite adaptations to function. To dilate upon this subject would occupy us interminably. Time forbids that I should even briefly allude to the numberless illustrations I might select:—to the ear, as an acoustic instrument, so admirably contrived to gather and convey to the centre of sensation the faintest vibrations of the atmosphere—to the eye as a masterpiece of optical construction—to the arm, elbow-joint, hand, as the perfection of mechanism. Nay, were I even to analyse my present act of speech, I could scarcely within an hour trace and describe its phenomena. Therefore, we must needs pass on to other matters bearing more closely upon the subject of this morning's discourse. Viewing anatomy solely in relation to Medicine, we find it occupying a place sufficiently important to render it worthy of all the labour it demands. We have already seen how and why it forms the groundwork of all Medical knowledge, and it is scarcely necessary for me to illustrate here its constant relation to the practice of our art. Without a perfect acquaintance with the skeleton, no surgeon can recognise the various forms of fracture. Unless he intimately knows the structure and movements of the joints, dislocations may be overlooked, and left unreduced—monuments to his disgrace—life-long reproaches to his ignorance. Without a knowledge of the muscles, the various displacements which occur in fractures and luxations cannot be understood or remedied. To anticipate and explain the course of abscesses, aneurisms, and other tumours, the fasciæ in all their inflexions must be traced. A minute knowledge of the nervous system is the only key to unravel the perplexity of symptoms, more especially in what is commonly termed Medical disease. Of the vital importance of a knowledge of the vascular system, we have incessant proof, and that knowledge must be perfect and ready at all times. Which of us can foretel the hour when we may be summoned to a case of hæmorrhage, the life of a fellow-creature depending on the rapidity with which a ligature is cast around the bleeding vessel—all this, moreover, without one moment of time to obtain assistance, or refresh the memory with books or plates? If any of you intend to become army surgeons, or to practise in the country, remote, perchance, from other Medical aid, how can you predict the hour at which you, in like manner, may be summoned to operate for strangulated hernia, to open the trachea, to cut down upon abscesses deeply situated in the neck, axilla, or other important and intricate regions. And yet, not one of these operations can be attempted with safety to the life of the patient, with due regard to the peace of mind and reputation of the surgeon, without a masterly knowledge of anatomy. It is a common enough delusion to imagine that a general knowledge of anatomy suffices for practical purposes. This is a fundamental error, replete with danger to the safety and welfare of mankind. If we aspire to follow Medicine as a science, to benefit others and ourselves, our knowledge of it cannot be too minute or too accurate. You may ask, "How much knowledge of anatomy is absolutely requisite?" The question is difficult to answer. If I must give a precise reply, I would do so in the words of the illustrious Beclard:—"The surgeon should understand anatomy so thoroughly and perfectly, that, when he plunges his scalpel into any region of the body, he should be able to strike the part he seeks, and avoid whatever may be endangered, with as much certainty as though all were transparent, and his gaze fixed upon the point of the knife." Allow me, then, once more to urge upon you the necessity for industry in the prosecution of this, the first division of our labour. Let no sophistry damp your ardour—no pleasures mislead—no fears deter you. Use the means, and the end must come. Even if at first you are unable to perceive your advance, be not discouraged. Set forth with the conviction present to your minds that anatomy and physiology constitute the tree of Medical science, and you will feel that the earlier and deeper its roots strike, the more abundantly will its flowers and fruit bloom forth in season. By an easy step we pass from the contemplation of normal structure and function to consider the several perverted conditions to which these are liable—in other words, to the study of disease or pathology. In the prosecution of this division of our labour, it is wholly unnecessary for me to call upon you for increasing vigour and application. The end and object of your study is to enable yourselves to combat and alleviate disease. To do so you must first learn to understand its nature, causes, effects, and tendencies. How is this knowledge to be obtained? Whosoever of you hopes to win it must begin, as I have already set forth, by the study of anatomy and physiology, wherein alone are found standards with which to compare altered structures and functions, and measure the amount of their aberration from health. Thus prepared, you must industriously investigate and patiently analyse disease itself by the bedside, and in the dead-room. Allow me to impress upon you the truth, that in proportion as you excel in the knowledge of normal structure and function, will you become acute in your discrimination of deviations therefrom; verifying the words of Marshall Hall, who tells us that to become good physicians we must become good physiologists. Of all the special means whereby to acquire a reliable and intimate knowledge of disease, there is none equal to the habit of recording notes of the various cases which come under view. There are many and great advantages peculiar to this much-neglected practice. In the first place, the mere fact of committing to writing the details of cases from their commencement to their termination, implies an amount of attention never bestowed under other circumstances. Of the necessity for this concentration of the mind upon the subjects of study I should scarcely venture to speak, were I not convinced that no error is more common among students than of confounding attendance at hospital with attention to the cases. Let me assure you, gentlemen, that the first without the second is mere waste of time. Again, the natural desire to render the history as faithful a representation as possible of the case in point, educates and refines the power of observation, and gives quickness and accuracy to this, of all faculties, the most indispensable in the investigations of natural science. To comprehend fully its utility, bear in mind that in the several branches of natural science, the mode of advance contrasts directly with that in mathematics. While in the latter we start with a few principles, and argue and construct from these, in the former we must begin by observing ultimate facts, then by reflection reduce them to classes, and thus arrive at general laws. It would be difficult for me to lay sufficient emphasis upon the incalculable importance of cultivating a reasoning and fruitful power of observation in the study of our Profession. The sooner you acquire it, the more profitable your labours will become. Remember that it will avail you little merely to see phenomena of health and disease. You must also learn to perceive their import. It is hardly needful to quote illustrations in corroboration of what I state. The whole history of the advance of Medical science is but a record of the reflective observation of its wisest followers. Nearly six thousand years had rolled by from the creation of man; through ages and ages hundreds had dissected and beheld the structure of the human body; and yet it remained for the acute perception of William Harvey to discover in

the uniform direction of the valves in the nervous system—a starting-point from whence to reason out and demonstrate the circulation of the blood. What an amount of accurate knowledge of disease previously unnoticed, has been contributed within the last half century by the labours of the keenest observers, who have shed the lustre of their genius upon Medicine, such, for example, as the researches of Laennec and Stokes upon affections of the lungs; of Corrigan upon cardiac diseases; of Graves on exophalmic goitre; of Bright on renal degenerations; of Addison on melasma; of Brown-Séquard on nervous affections; and of a countless host of labourers in the same field of usefulness. For all this, and other progress, we are indebted to the simple fact, that these distinguished men perceived and profited by what others saw and passed unheeded for centuries untold. The habit of case-noting possesses many advantages in addition to those already enhanced. It exercises constant personal familiarity with disease, engraves its lineaments indelibly upon the memory, and soon accumulates a mass of valuable experience for reference and assistance in difficulty. The late Mr. Colles was remarkable for his extraordinary knowledge of disease—so much so, that patients often were astonished at the accuracy with which he was able to recount their symptoms. To this he attributed to his habits of case-taking. The late Sir Benjamin Brodie and Trousseau tell us emphatically, that the records of cases noted during their practice, have proved throughout their long and eminently successful lives constant and faithful guides in circumstances of perplexity and doubt. There are a few practical suggestions relative to case-taking, which I think may prove useful and which I will therefore venture to offer for your option. In the first place, in order to simplify matters, always commence by the description of the case, just as it presents itself. Thence proceed to track out the past history, and conclude with details of treatment and progress. Again, make it your rule seldom or never to seek assistance of others in the task. When finished, submit the whole to the correction of your clinical teachers, but during the process depend rather upon yourselves—on your own judgment and observation—and upon the evidence of your own senses—even if at first your trouble be great, and success questionable, persevere in this self-reliant course, confide as little as possible in the prompting of others. Do not for a moment misunderstand me, suppose that I undervalue the information you may gain from your clinical teachers, from your lectures, and from books. Far otherwise. I would only caution you against misjudge its value, or imagine that useful and practical knowledge of science can be obtained by any other means than personal labour. Bear in mind the words of the illustrious Harvey, who expresses himself so happily upon this point:—"If we content ourselves," he says, "with the observations of others, the sprightly edge of our wits will languish, and we extinguish the lamp which they lighted to our hands. It is those who follow Nature's conduct with their own eyes (sometimes through a perverted yet faithful tract), who attain the highest pitch of all." "Let us blush," he adds, "in this so ample and wonderful field of nature, where performance still exceeds what is promised, to credit other men's traditions only. Nature must be our adviser, the path she chalks must be the walk. While we confer with our own eyes, and turn our eyes from meaner things to higher, we shall at length be received into her closet secrets." I have endeavoured to make clearly before you the great advantages which you must infallibly derive from the practice of case-noting, in the cultivation of pathological science. But, you will ask, is there no other description of study advisable? Unquestionably there is. Experience, however valuable as a means, avails itself without system and thought. Beyond the accumulation of a heterogeneous mass of information, there is obviously something needed to satisfy the scientific investigator, and impress a philisophic character upon the whole it—in a word, the deduction of fundamental principles and the construction of general laws, from reflection on numerable ultimate facts. Here we are, doubtless, arrested by serious difficulties, and for a reason sufficiently obvious. The astronomer may push back his generalisations to the very law of gravitation, but in it, though incomprehensible, he finds something unchanging and constant. On the other hand, we seek to force back our explanations to final causes, and there we are encountered by the protean meteor, "vital force," which, wavering with each case, everchanging, casts before us a fresh mystery, which neither physician can unravel, nor chemist analyze, nor philosopher understand. Still, though our embarrassments be disheartening, we must not lose our courage, but labour hard to generalize what we can, remembering that, in proportion as we elucidate principles of comprehensive scope, we enhance the versatility of our resources to confront the various phases of disease. Therapeutics, the last portion of our task, still remains to be considered. Of its importance you will form a just estimate on reflecting that your other studies are but means to this end. You learn anatomy and physiology to prepare yourselves for the study of pathology. The sole utility of comprehending disease is to enable you to treat it upon a rational foundation. How, then, may a sound knowledge of therapeutics be acquired? As anatomy and physiology lead the way to pathology, so the latter prepares for therapeutics. In a word, we must add to a comprehensive knowledge of disease a versatile acquaintance with the power and use of remedies. The brief time at my disposal renders it impossible to enter now, at any length, upon this all-important subject. Therefore, at most I can but roughly sketch an outline of your course, and we must postpone the rest until our clinical conferences give time and opportunity for more complete investigation. Above all things, if you would make your therapeutics scientific and really useful, study their true relation to disease. Master the natural history of all the diseases that come beneath your observation, and learn to see in disease rather a vital condition than an entity. Ponder upon the efforts of Nature to heal, and ascertain the tendencies of various morbid states to cure or death. Thus prepared, reverently, but courageously, wait upon Nature; try to learn her mind, and obey it; be her pupil always—her master never. Humbly take to heart her great lessons, as mere apprentices, indentured to her to assist and imitate her restless task of reparation. Falter not because your office is subservient, but think only of all the good you may accomplish. Medicine and surgery have before them a magnificent future; all things tend to show that, as years pass, it will be their glorious task, more by standing out of Nature's light than by kindling candles of their own to diminish pain and lengthen life. A few hundred years ago, childbirth was three times more fatal than now; small-pox decimated continents; plague, black sickness, and leprosy raged in Europe. How different now! Life is longer in every grade than formerly—small-pox is virtually annihilated as an epidemic—the plague is never heard of—and chloroform, that fairy-gift of chemistry, has robbed the surgeon's knife of all its terror. I would I might pursue this theme, but I must not trespass on your patience, and, therefore, hasten to conclude. It is no portion of my duty, gentlemen, to arraign the faulty system of education—preliminary and special—to which you are subjected. It is not my place to do so, and it could serve no useful purpose. Beyond doubt you have opportunities enough of learning your Profession, provided only you choose to take advantage of them. I conceive, however, that it is incumbent on me to point out, so far as I am able, those erroneous and mischievous impressions against which you should struggle in the prosecution of your studies. Of all the evil influences which overshadow the education of the modern physician, none, I am satisfied, is comparable to the almost universal neglect of extra-professional mental culture. The licensing bodies at large, with a few honourable exceptions, vie with each other in setting at naught the general education of the student. Probably we owe this serious error, in great measure, to the utilitarian character of the age; but, surely, law-givers should stand above such an influence where so much is at stake. I allude to this point in order to impress upon your minds the means of prosecuting, on your own account,

the cultivation of your intellectual powers, outside your special studies, if you desire to attain superiority in the Profession of Medicine. It requires but little reflection to understand the force of what I state—a mere glance exhibits the necessity, indirect and direct, of an enlarged education for success in the pursuits of our Profession. If, indeed, its subject-matter were definite and limited, it might, with some plausibility, be urged that general education was not so indispensably requisite. But, as I have endeavoured to show you, the physician is engaged in a struggle to master a subject, which, from its very nature, is partly beyond his comprehension, and over which his control must be proportionate to the extent of his sagacity and the perfection of his mental training and resource. Moreover, he is in direct need of a most liberal education to fit him for the acquirement of that portion of knowledge which is actually within his command. Without an acquaintance with classics and modern languages, the very phraseology of the Profession is unintelligible, and many of the richest sources of information are cut off. Without the cultivation of the reasoning faculties it is very difficult to attain that logical precision of thought which saves from error, and guides in the search for truth. Without a competent acquaintance with physics, mathematical and experimental, it is not possible to appreciate or profit by the characteristic improvements of modern Medicine. If time permitted, I might here profitably enter upon the consideration of the remarkable effects which applied physics have produced in the science of Medicine within the last fifty years, illustrating my theme by pointing out the services rendered, and likely to be yet rendered, by various scientific aids and appliances, such, for example, as chemistry, the stethoscope, laryngoscope, endoscope, and ophthalmoscope—each one of which, in its proper department, has rendered diagnosis more or less completely matter of demonstration, certain in place of inductive and speculative. I am confident I cannot better enforce the drift of my argument than by quoting for you the following sentences from Dr. Stokes' memorable address on Medical Education:—"Let us, then, labour as we best may, to diminish the lets and hindrances which beset the study of Medicine. Let us labour to place the teaching of Medicine in its true position. Let us emancipate the student, and give him time and opportunity for the cultivation of his mind, so that in his pupilage he shall not be a puppet in the hands of others, but rather a self-relying and reflecting being. Let us ever foster the general education in preference to the special training, not ignoring the latter, but seeing that it be not thrust upon a mind uncultivated or degraded. Let us strive to encourage every means of large and liberal education in the true sense of the term, and so help to place and sustain our noble Profession in the position which it ought to occupy." It may, perhaps, be thought by some here present that the study of Medicine, such as I have dimly shadowed it out, and such as I conscientiously believe it to be, is an undertaking too discouraging to attempt—too hazardous to embark in. Be not disheartened by the magnitude of the task before you, but simply take the lesson to your advantage, by reflecting on the necessity and omnipotence of the work—life-long, well-directed work—which alone can help you to the goal at which you aim. Others have done what you seek to accomplish, and which needs only a stern will and a brave heart. Remember that the famous Dr. Arnold, of Rugby School, has stated that, in his experience, the difference in men was not in ability, but rather in energy. Gentlemen, I have now, to the best of my ability, completed a task which I undertook with reluctance, feeling its importance and my own inadequacy. I have submitted to your consideration those views of the nature and objects of the Profession of Medicine, as well as the proper means for attaining a knowledge thereof, which, in my humble judgment, are most just, and capable of guiding you safely through your arduous undertaking. I feel that it is time to be silent, and only regret my discourse has not been more profitable. Gentlemen, I have no inclination to inflict upon you the customary moral lecture, nor to tell you what conduct becomes you as students of Medicine. Suffice it if I can succeed in making you feel the dignity and charity of your calling, and all that I could add follows, though unspoken. Then, it will be needless to remind you of the kindness, gentleness, and delicacy with which you should treat the poor sufferers in the hospital wards, as those stricken by poverty, affliction, and suffering—as God's chosen ones—as your brethren—and as the living books from which you must learn all that will bring you success and distinction in after life. Remember, once for all, your mission is "the mission of Mercy," even like unto that of the good sisters who surround us in this hospital of the Queen of Mercy. If you cannot emulate their disinterested and exalted motives, at least take pattern from their gentle ways. Imitate their kindly devotion, their untiring patience, their dauntless courage. I hardly like to touch, even in passing, upon the fancied drawbacks which are at times supposed to detract from the worth of our noble calling. If I must only allude to them at all, it shall be briefly, and to disabuse your minds of prejudices which a little time, without my aid, must dissipate. It is a not uncommon practice, with a certain class of the public, and even of the educated, flippantly to depreciate the Profession of Medicine, urging that it is wanting in scientific basis, evil in its tendencies, and of doubtful social position. We, who understand better, can afford to bear such aspersions, in pity rather than in anger; for all who take the trouble to understand it, apart from its practical art, Medicine is a science, and the grandest of sciences. Day after day brings to light new proofs of the truth of its general laws, and of their co-relation and intimate connection with the dogmata of physics in general. Medicine is none the less a science, because being inductive, we have no universal axioms from which to deduce the individual facts of disease; because we are obliged to elucidate its laws synthetically by the comparisons of a host of particular instances, and in many cases are forced to reason by analogy and hypothesis. Neither is it the less a true science, because it is an imperfect one, perplexed and confused by the intermixture of vital with physical phenomena—in a word, by the immediate contact of the spiritual with the material. The variations in the practice we adopt at different times, in all diseases bearing the like names, has in ages excited the ridicule of the weak-minded, and constituted, for the ignorant and superficial, a ground of bitter attack. You will understand most thoroughly the value of such observations when sufficiently advanced in the study of your Profession to appreciate the doctrine I have endeavoured to inculcate—namely, that disease is not so much an entity as a vital condition—that it is not the name of the malady, but the state of the patient, you should seek to treat. Nay, more, when you shall have arrived at comprehending the extraordinary change of type that disease has undergone within the last forty years—that change so exhaustively demonstrated by Alison, Watson, Christison, Graves, Stokes, and others—you will come to perceive that the very alteration of treatment quoted in ridicule of the supposed inconsistency of Medicine, actually constitutes the most overwhelming vindication of the fixity of its principles. If Medicine, dealing with fluctuating vital conditions pursued through all an unvarying line of practice, then, indeed, it might justly be arraigned for inconsistency. I shall not delay to consider the slanders occasionally uttered against our Profession in common with other branches of natural sciences—namely, that its tendency is irreligious—that it disposes to materialism and antagonism with revelation. The imputation is empty and groundless so far as science is concerned, and can only refer to the just judgment which sometimes overtakes that pride of intellect to which St. Paul alludes when speaking of the "knowledge which puffeth up and perisheth." The truths of nature are the truths of nature's God, and surely, we may in all humility expect, and patiently await the hour when a more expanded comprehension of physics shall clear away all seeming contradictions, and annihilate such cavils in the obvious conformity of science with revealed religion. I shall not here dilate upon the social position of the Profession of Medicine. Unfortunately, it is too true that many influences, some difficult, if not impossible, to

remedy—some painful event to think of—have depressed it below the just standard. So far as this consideration is at stake, I think we shall act most wisely by accepting our calling for its own sake ; by struggling, each one according to his ability, to elevate it in the estimation of those around us. For ourselves we need have no misgivings—most assuredly, if our Profession has disadvantages, it also has grand attractions. That which can only be the occasional luxury of others—the relief of pain—the mission of mercy, above all distinctions—is our daily task. That which is the recreation of few, save the rich and leisurely, the wondrous operations of nature, it is our constant business to study and commune with ; we follow no dubious principles of right and wrong ; we are harassed by no scruples of mind on conscience ; we truckle to no caprices, acknowledge no worldly dependency but follow in freedom a life at once useful and bounteous to others—elevating and independent for ourselves. If our Profession offers no great chances of emolument on the other hand, it seldom, I believe I may say never, fails to procure a competency. If honours and public distinctions come to it like angel's visits, the blessings of both rich and poor fall thick as the showers of Heaven. If our toils are great and slavish—if for success we must defy fatigue, exposure, risk, and danger to our very lives—still there are rewards amply sufficient to recompense us. Our vocation is a sacred one, not a means to an end, but the end itself. Neither should we ever waver from its prosecution to follow that glittering apple, which once was thrown before Atalanta, and ever since has let and hindered the course of those who stooped to pick it up. Worldly prosperity is an incident, not an essential, to our calling, but our true honoraire is the memory of insufferable pain relieved, the rescue of valued lives from premature death, the restoration of fathers and mothers to their helpless families, and the saving to the hearth the limbs of little ones that seemed doomed to die. For all this the physician may reap innumerable thanks, inexpressible gratitude ; for his he may earn a name, if not renowned, at least beloved. And when, in the inscrutable ways of Providence, his toils prove vain, his efforts void, even still though baffled the true physician is not wholly at a disadvantage. That man must die is an inevitable truth, and who can know it better than he who so oft looks on, the unwilling witness of the sombre visits of "That shadow cloaked from head to foot, who *holds* the key of all the creeds"—that shadow which, certain as existence, one day or other lays its relentless hand on every child of Adam ; sometimes tearing from life with all the apparent cruelty of an avenging spirit ; sometimes gently wooing by mild decay : or sometimes so stealthily gliding upon the unsuspecting victim, and, as it were purifying dissolution from all its more revolting aspects, that the very soul itself, dazzled by approaching immortality, fails to recognise or understand the emancipation at hand. Bystander at these scenes, and fully conscious of all that is passing before him, the physician holds office of thankless responsibility, for good or evil. He can whisper, when needful—the moment when earthly hopes are waning and when it is time for the poor sufferer to bid farewell to all that is human—and thus he may oft bestow a blessing in comparison with which all passing aid is indeed as nothing. For himself he can take a thousand lessons, each more precious than the other. From aught that is sudden and untimely in the fate of others, he may learn in his own case, the worth of timely wisdom. From the magnificence and gorgeous harmony of the little he can see and understand, he may seek to picture the wonders of those circumstances and phases of being which outstrip his present knowledge, to realise the truth that the beauty of life is overwhelmed by the grandeur of death, which, so far from being the mere defeat of human skill, or end of existence, but in the expressive language of the ancients, but the portal of life undying." And when he stands by the death-bed scene, where sorrowing friends weep and mourn the spirit of one they love, just disenthralled from its earthly tenement, wings its way to the realms of eternity, he may seek, in mind, to follow its path, and elevating his soul beyond the paltry cares and passions of his mortal career, may learn to hope and long for the day when the brightness of infinite truth shall penetrate the mists that encircle and overshadow his intelligence, and merge all doubts, all uncertainties, all speculations, all theories in the fulness of the knowledge of the Almighty Creator and his wondrous works.

STEEVEN'S HOSPITAL—DISTRIBUTION OF PRIZES.

The annual distribution of prizes to the successful students at Steeven's Hospital for the Session of 1864-5 took place in the theatre of the hospital. George Woods Maunsell, Esq., presided.

Mr. E. Hamilton, Honorary Secretary, read the report, after which the Chairman presented the prizes and honours, and then addressed the meeting. He said after the report which had been read, it became his duty to address a few words to those present, and he thought he would best discharge that duty by calling attention shortly to the position of Medical Education, and to touch upon those points with which a layman might appropriately busy himself. There were many reasons connected with the Medical Profession why it should be the pride and the object of every one that this Medical school should be found equal to itself in proudly sustaining the reputation which was gathering round the head of the Profession generally. They believed that the Medical school connected with Steeven's Hospital was second to none in the United Kingdom. (Applause.) They found year after year a growing zeal amongst the students, and the competition which had been evinced this year in contending for those distinctions which are awarded at the close of the session indicated the industry and the capability of the gentlemen whom he saw around and before him. He thought he would not be treating them nor the question with the respect to which it was entitled if he ventured to enter on it without first giving the subject proper consideration. He had, therefore, put on paper such ideas as occurred to him. Mr. Maunsell then referred to the duties and responsibilities of the Medical Profession, than which no profession exercised a greater influence on the social relations of life, and for these reasons it was of the last importance that the members should be properly qualified for the discharge of their important duties. He referred to the measures which had been taken to relieve the Medical Profession from monopolies, leaving it to depend solely upon its merits. He argued that it was plainly the duty of the State to take care that proper qualifications were obtained by those entering the Medical Profession. (Hear, hear.) It was in pursuit of the honourable qualifications for the practice of their Profession that the students were present that day, and to secure these qualifications, general education in the first place, should be extensive and could not be too liberal, to impress this principle on them he could not do better than quote the language of one of the highest ornaments of the Profession in this city, Dr. Corrigan, who, on speaking of this subject, said "that Medical pupils being permitted to commence with a low preparatory education the deficiency could never afterwards be supplied. Medical students often commenced their Professional studies without being able to spell—without knowing the rudiments of Greek or Latin, and incapable of writing out a description of the cases that might come under their notice in hospital. These students were afterwards rejected at the military, naval, and civil service examinations ; their Profession was a failure, and their hopes in life were blasted. They suffered the penalty but the fault was not theirs, but lay with the universities and colleges in admitting these students to commence without previous preliminary examination, and with the legislature in permitting it." That statement, coming from one of the most eminent of the body, was deserving of great weight with those whom it most concerned. To extend their general education should be the great object of every student, and here it was that Dublin presented so many advantages in her public libraries, museums, laboratories, galleries, &c., all of which were storehouses of general instruction, easily accessible to all ; still, their chief business there lay with the technical and more strictly Professional

education, towards which reading and anatomical lectures would do much ; but true knowledge of disease and its mode of treatment was best attained by diligent attendance in the hospital wards, every bed of which had a story that he who ran might read. He referred to the great public services which Steeven's Hospital had rendered humanity in attending to the wants of the sick poor. The endowments of the hospital, as had been stated by Mr. Cheyne Brady, fell far short of its requirements. There were 250 beds in the hospital, but the means at the disposal of the institution would not allow the maintenance of more, on an average, than 180. In reference to the proposed improvement in the building, he said that they were still deficient of several thousand pounds in the sum necessary to carry them out. These were the days, he said, when philanthropy was active, and when, if wealth was piled up, it was, in many noble instances, bountifully distributed, and he hoped they would yet see the day when some one would walk in the steps of the previous benefactors of the hospital—the Steevens, the Cusacks, the Bowens, the Parnells, &c., and afford the means to make that great institution what it was intended to be. (Hear, hear.) They should not forget that, side by side with the princely foundations of London—St. Bartholomew's, Thomas', Christ's Hospital—two merchants of London had raised an hospital that stood equal to any. There aspirations here were more humble, but their career was not less known. They might suffer somewhat by delay, but he had faith in the ultimate success of a good cause fairly stated, and he trusted that most, if not all of them, would live to see funds contributed, the work done, and Steeven's hospital presenting a perfect arrangement from top to bottom, of which its friends and the country might feel justly proud. (Applause.) He trusted the observations he had made might not be deemed presumptuous from one who had devoted some study to the matter. If they should be the means of drawing the attention of his young friends to those important subjects which might hereafter effect their progress in life, he would feel that their time had not been unprofitably employed.

THE LEDWICH SCHOOL OF MEDICINE.

The Inaugural Address at the opening of the Session 1865-66 in this School of Medicine was delivered in the lecture theatre, by T. P. Mason, M.B., F.R.C.S.I.

We subjoin an abstract of Dr. Mason's discourse.

"Medicine, as practised at the present time, may be ranked as one of the highest of the inductive sciences. It has for its object and aim the lessening of human suffering, the alleviation of pain, and the lengthening the span of life. It thus ministers to the holiest aspirations of the human heart, and calls forth the highest efforts of intellect to relieve suffering humanity. Our purpose here is to treat disease, to raise from the bed of sickness to the full powers of life and intellect the stricken in every degree, alike extending our aid to the poor in their wretched abodes as well as to the wealthy in their luxurious dwellings—for the primary object of the true physician is not personal gain; the end and aim of this science is to confer on mankind the highest benefits, not only in curing disease, but also in diminishing the susceptibility to its destructive influences. To achieve those ameliorating results such men as Jenner and Hunter have lived. For those purposes has Medicine been raised to its present lofty position by successive labourers, some of whom have spent the best years of their lives without any adequate reward except the conciousness of having done their duty ; whilst others have freely laid down their lives in their efforts to rescue the sufferer from the grasp of death, as the annals of the plague and typhus fever can testify. Medicine, as practised in the earlier ages, was degraded to the level of a mere mechanical art, or so clothed by mysticism (as practitioners either arrogated to themselves, or were supposed to possess, supernatural powers), that few were disposed either to study the Profession or respect the professors. The impediments which I believe chiefly prevented the progress of our science in ancient times were—first, the defect of elementary information, especially in anatomy and physiology, through the horror which existed as to human dissections, so that men were not only ignorant of the healthy structures and functions, but knew nothing of those organic changes on which symptoms depend. Directly arising from this state of things were false theories. Vain men form imaginary laws in their closets, and attempt to bind Nature to them; theories and their founders pass away, whilst those immutable attributes which the great Creator has indelibly impressed on humanity remain for ever unchanged. To learn those laws by patient investigation becomes our duty. With the cultivation of anatomy Medicine at length emancipated itself from its long night of darkness. Anatomy may thus be said to be the alphabet of Medicine ; it is the guide which enables the surgeon safely to use the knife for the removal of deformity, for the suppression of hæmorrhage, by a bold and timely operation, to save life. Apart from these higher gifts which anatomy confers on the surgeon, a knowledge of it is essentially necessary to the proper understanding of surgical disease. . . . Let me, therefore, impress on the junior student the necessity of a continuous study of practical anatomy, inasmuch as it gives the key to the knowledge of the structure of the complex machine he will be called on by-and-bye to treat. . . . You must work for yourselves individually ; you must unravel each separate region, and dissect out and trace to their several terminations the large arteries and nerves of the body. . . . Your business is to observe the phenomena of life; and there can be no better mode of educating your minds to observe facts, and follow them up by exact reasonings, than by adopting the preliminary method of making yourselves acquainted with the relative positions and normal structure of the different parts of the body. Anatomical study thus apprentices your minds to strict Medical observation. . . Physiology is the science which explains the natural processes and endeavours to account for them. This science may be considered as a modern one. The labours of Haller, Harvey, Bichat, and other illustrious workers in the same field have laid the foundation of a correct science. The vague generalities of Hahl, Hoffman, and Boerhaave have disappeared, and more precise theories of the actions of life have taken their place. Physiological science has received an immense impetus by microscopic investigation and the discoveries of organic chemistry. . . . I would not think so meanly of any of you as to imagine for a single moment that you would be content with an inferior place in your Profession; for I am firmly convinced that the true road to Professional fame and competence is by your possessing within yourself all the attributes which the dignity of your Profession and the public good demand from you as educated Practitioners, equally ready to treat a case of fracture or of typhus fever. To attain this useful and honourable position it is necessary that each of you should work, and should take advantage of the means so amply provided for you to cultivate your minds in order to develop those qualities calculated to render you successful practitioners. The elements which are said to be necessary to eminence in our Profession are a capability of minute observation of facts, an attentive investigation of disease, and an accurate inspection of the dead body. Those are the attributes which are most likely to ensure you success and eminence, and the cultivation of them becomes an imperative duty which you owe to society. Anatomy, physiology, and pathology form thus the ground-work of Medical science; but in order that the knowledge they confer may be made available in the treatment of disease, there is a branch of your studies which never should be neglected—I allude to hospital practice. . . . Your attendance at hospital should be constant, never omitting a morning. Each individual case should be carefully observed and thought over, the results carefully registered in your minds. By properly noting a number of cases, the course, treatment, and termination of which you have personally observed will confer a fund of positive experience on which you can always safely draw in the future difficulties of practice. . . . There is no profession which demands from its members higher or purer principles of honour. Our practice should ever be governed by principles of the highest rectitude,

oth in our intercourse with society and with our Profes-ional brethren. Our minds should ever be under the ;verest discipline, lest at any moment an unguarded obser-ation might escape our lips which would be the means of eating domestic misery, or of breaking that confidence hich had been reposed in us. . . . On the her hand, whilst by every honourable means you en-avour to gain the confidence of your patients as a means more perfectly treating their diseases, never fawn upon, nder, or cringe to them. Never either feed their credu-y, or prey upon their fears as a stepping stone in some ercenary or other dishonourable object. Well may the ofession cry shame on such mean and dishonest acts. nduct such as this lowers us in the estimation of all right and honourable men, and robs us of the fame ich is the common property of all. . . Oppor-nities are constantly arising when we might, by looks or rds. injure the character or Professional fame of a brother ictitioner, when he in reality does not deserve it. In those cases a high principle of honour should guide us. r conduct should be governed by the common but beau-il Christian rule, 'do unto others as you would they ould do unto you.' By thus rendering to every one what his due and exacting from others your due, you will omplish the object of supporting the general stock of ofessional character. . . . The tutorial tem has for its object an intimate union between pupil l teacher whereby the latter is enabled to direct the mer, in his course of reading, to select the most judicious oks for study and point out on all occasions the best de of overcoming the difficulties which the student ets in its progress. It facilitates the student on his lsome path and smooths those difficulties which might pede his onward march. Whilst the teacher does his ty by you it is necessary that you should second his orts, and by earnest application repay, in part, the tious care and early training you have each received m fond parents. By diligence in improving the means thin your reach show your appreciation of the early sons you have received from maternal lips, and deavour to realise those hopes and expectations ich are centred in you—work with constant and un-ing energy for the noble prize which is within your sp and your efforts will be crowned with success, adopt-; as your motto those fine lines of Longfellow :—

'The star of the unconquered will
He rises in my breast,
Serene and resolute and still,
And calm and self-possessed.' "

CHMOND SCHOOL OF SURGERY AND MEDICINE.

he Introductory Lecture in connection with the Rich-nd, Whitworth, and Hardwick Hospital School of licine, North Brunswick street, was delivered in the ture Theatre of the Richmond Hospital by Dr. J. T. ks.

he lecturer commenced by endeavouring to impress on Medical students before him the importance of giving ious consideration to the choice of a profession. He sed them to consider well whether they were prepared ursue a Profession which called for so much research heir part, and was attended with so much labour. y should also consider whether they had adopted Profession hastily, or whether they had any tion for it. They had also to ask themselves whether had received an education of a nature suited to lop their reasoning powers, and such an education as essential to success in the Medical Profession. Educa-for this Profession should be at least equal to that re-ed for the sister professions. An intimate acquaintance classical literature was all important. Education, no er how it was acquired, was valuable, but the lecturer cipally valued an university education. An acquaint-both with ancient and modern languages was most ssary. To become a scholarly physician or surgeon, the practitioner should be able to read with ease continental literature, and especially those standard Medical works, so many of which were written in the French and German languages. The lecturer, having dwelt at considerable length on the subject of education, condemned those licencing bodies which too readily granted licenses to practise Medicine and Surgery to the half-educated and unskilled persons, but said that he was happy to state there were some honourable exceptions. The Dublin University and the University of Oxford were pre-eminently distinguished for the high standard of education which they required from those who sought to become members of the Medical Profession. He considered that Cambridge did not study the credit of the Profession when it resolved to grant licences to those whose education did not exceed "the little go," or half the course. The learned lecturer then spoke of the value of the study of chemistry and anatomy, and said that the cure of disease was only to be learned in the wards of the hospitals. Nor could those intended to become surgeons neglect the Medicine wards. Medicine and surgery were inseparable, and the study of Medical diseases was one which those who were intended for the army or navy could not neglect. It appeared that out of 200,000 of the French army who entered French hospitals, 150,000 suffered from Medical diseases, and only 50,000 from wounds. Dr. Banks then directed attention to the study of Irish typhus, and the diseases of the mind. After referring to the prospects which Medical men had under the Poor-law Board and in the army and navy; the learned lecturer expressed his great satisfaction at being able to state that the Medical officers of the army had, in proportion to their numbers, compared with "combatant" officers, obtained more rewards for personal valour. Not only did they well perform their duties in the hospital, but on the field of battle they showed so much courage that many of them obtained the Victoria Cross.

THE CATHOLIC UNIVERSITY SCHOOL OF MEDICINE.

The Inaugural Address for the winter session 1865-6 of the Catholic University School of Medicine was delivered in the Lecture Theatre, Cecilia street, by Dr. Haydn, one of the physicians of the faculty. The chair was taken by the Roman Catholic Archbishop of Dublin.

Dr. Haydn came forward and delivered the following address :—I feel on the present occasion the difficulties incidental to addressing a mixed audience. I see before me on the one hand several gentlemen not of our Profession, who have honoured us with their presence, and expect to hear something interesting, if not instructive to them ; and, on the other hand, those distinguished and respected seniors of Medicine, whose presence here to-day is a testimony that this school at whose inception ten years ago many of them assisted, has not disappointed their expectations, or failed to win by earnest labour and honourable means, a position of equality with the many excellent institutions of a similar kind in our city ; in the same category, because also enlightened in Medicine, are the senior students who have nearly completed their period of study, or rather of their pupilage, because study is equally an inheritance of all practitioners and pupils alike. To these, or such of them as have fulfilled the obligation they owe to themselves and to society, I would address a word of congratulation on time well spent, and the immediate prospect of emerging from the stage of embryo Professional existence into active Professional life, and of encouragement to persevere in a course which will ensure them a clear conscience and an honourable competency, if not always an independence. But to those senior students who have misspent their time, who have wasted their means, and learned nothing save habits of indolence and dissipation, I would say, even now at the eleventh hour try and repair, by redoubled energy, the losses you have inflicted on yourselves, of time, of money, of moral character, and self-respect, and what, to a Professional man, is a

(Continued at page 335.)

NOTICE.—*Complaints having reached us of the non-delivery to Subscribers of the copies of the* MEDICAL CIRCULAR, *we have instituted inquiries as to the cause thereof, and have made such arrangements as will prevent the possibility of a repetition of the same. Any gentleman not having received his copy as usual during the last three weeks, will be kind enough to intimate the same to the Publisher.*

WEDNESDAY, NOVEMBER 8, 1865.

THE MEDICAL CIRCULAR.

POOR-LAW MEDICAL REFORM.

The Poor-law Medical Reform question may now, we think, be truly said to be approaching a new and improved phase of its existence. Hitherto the abuses connected with the management of the sick poor have been discussed almost entirely in the pages of the Medical Journals, and even in most of these, it must be confessed that the exposures of the existing system have been few and far between, and that the cause of the Medical officers has been but feebly advocated. Such, in fact, was the petty tyranny exercised by the Boards of Guardians towards their Medical officers, such was the supineness of the Poor-law Board, and such was the disunion among the Profession itself, that any fair and honest discussion on the grievances complained of was almost impossible. Any Medical officer who candidly set forth his own annoyances, and demanded investigation at the hands of some competent tribunal was shelved as soon as possible, and all inquiry as to his complaints was refused by official inertness. Rather than endure the continued insolence of the local Boards, many of the most efficient Poor-law Medical officers threw up their appointments, but their places were immediately supplied, and the object of the Guardians was equally accomplished—namely, to get rid of honest men who advocated the interests of the sick poor. Those who maintained their position against the Guardians were refused a hearing by the Poor-law Board, and those who resigned in disgust contemptuously left their successors to fight the battles in which they themselves declined to engage. Thus, from a variety of causes, the prospects of Poor-law Medical Reform have until lately been very gloomy; the Medical Profession has suffered in silence, and the Guardians, under the protection of the Poor-law Board, have had everything their own way. The horrible dens in which the sick poor have been huddled together, the gloomy Bastiles in which many of our suffering fellow-creatures are perennially immured, have been carefully concealed from public inspection, while the disgraceful mode in which the sick were accommodated and nursed was known only to the Medical Officers, who, as we have just remarked, had the best reasons possible for keeping the knowledge to themselves.

But a new and unexpected light has been thrown upon these dreary abodes, and upon the treatment of their inmates, by some casual and accidental circumstances which have recently transpired. One or two Coroner's Inquests upon cases of death occurring in workhouses found their way into the general newspapers; and although the cases themselves were far from being of an extraordinary character, being, in fact, of no intrinsic importance whatever, yet they served, during a season of dearth in political excitement, to stimulate the curiosity of the public, and to open its eyes towards abuses which had long existed, and against which the Medical Officers had over and over again remonstrated in vain. It was then discovered, as if for the first time, that the pauper, instead of being a creature of inferior importance to a dog, or a horse, or a pig, was a human mortal like ourselves, and that the suffering he endured in illness, and the treatment he experienced at the hands of the Guardians, might become our own lot if we should perchance fall into poverty, destitution, and disease.

Great was the exultation of the 'Times' at this notable discovery, and all the smaller luminaries of the Press echoed the sentiments of their leading organ, and as might be expected, a great share of the blame of the existing arrangements was actually laid at the door of the Medical Officers! and one of the newspapers seriously suggested that the surgeon of the workhouse, in one of the cases to which we allude, should be indicted for manslaughter! These pretended guides of public opinion knew perfectly well that the fatalities brought to light were only the necessary results of a vicious system, and yet they endeavoured to shift off the responsibility from those who perpetuated and defended the abuses, on to the shoulders of those who were themselves the slaves and the victims of Poor-law mismanagement. But this attempt to lay the burden of guilt upon the unfortunate workhouse surgeons recoiled upon itself, and the further discovery was eventually made that the Medical Officers, like the miserable sick paupers, were actually objects of public sympathy rather than of blame and vituperation. Then our contemporary the 'Lancet,' inflamed by sudden zeal, published *in extenso* the results of some visits to metropolitan workhouses, and although the facts it communicated were quite well known, or might have been known, by anyone who took the trouble to inquire, yet the revelations as to the diet, ventilation, nursing, and other accommodation or want of accommodation afforded to the sick paupers, came upon the public with the air of novelty; the sensibilities of the multitude were shocked at the details, and people asked, not unnaturally, what the Poor-law Board were doing to allow such enormities to exist?

Now, the attitude of the Poor-law Board may be easily explained, although the explanation is by no means creditable to that body. The Board at Whitehall has an absolute control over the whole of the working of the Poor-law system, and although some of the workhouses are not actually included in the unions, they are all subjected alike to the central authority. The Inspectors of the Board have a legal right (which they exercise whenever they please), to visit and report upon all the workhouses, and we assert that all the abuses which have been recently

rought to light were perfectly well known to the Board, nd yet they took hardly any steps to rectify them. The uthorities of the Board defend themselves on the plea of eir unwillingness to interfere with the local Guardians, rgetting that they are constituted for the express purpose f standing between the weak and the strong, and of en-ring to the pauper his legitimate rights as a member of e commonwealth. Sheltered by this miserable plea of pediency, the Poor-law Board has winked at, if it has t positively encouraged, the misdeeds of the Guardians; s suffered the continuance of those miserable dungeons which the sick poor are confined; has sanctioned the gradation of the Poor-law Medical Officers, and has con-ibuted to the neglect of the sick and the helpless.

Now, however, because the newspapers have taken p the matter, the Poor-law Board rubs its eyes, and akes a pretence of zeal on behalf of the poor; and we nd, instead of the former policy of truckling to the uardians, that the Inspectors of the Board are threat-ning the local authorities, in case of disobedience to s mandates, to put in force the provisions of an Act which ey are expressly appointed to administer! This out-irst, however, is like the awakening of Rip van Winkle ter his twenty years' sleep, and causes the greater tonishment from the lethargic slumber by which it was receded.

But whatever the cause may be, the present aspect of fairs is favourable to Poor-law Medical Reform, and we rdially recommend our brethren to rally round Mr. riffin, who has proved himself a true friend of the Pro-ssion.

SUMMARY OF THE WEEK.

THE NATIONAL TEMPERANCE LEAGUE.

On Friday evening last, the Lord Mayor of London vited a number of gentlemen, many of whom were of e Medical Profession, to partake of tea and coffee at the nsion House, and afterwards to meet a deputation from ociety called "The National Temperance League," and to ar an exposition of the objects of that body. Accor-ngly a pretty large meeting, including seventy-one of e leading physicians and surgeons of the metropolis, embled on the occasion; and after an economical distri-tion of refreshments, the guests were entertained with eries of speeches, embodying most of the exaggerations, s-statements, and false conclusions which are usually lulged in on similar occasions. It is only right to men-n, however, that the leaders of the total abstinence move-nt appear to be actuated by a sincere and honest desire improve the morals of the community by discouraging, far as they can, the immoderate use of fermented liquors, d it must be admitted that in recommending and practising eir system they are doing themselves no harm, and e probably effecting some amount of good. But when ey leave their legitimate sphere of operations, and begin attack the Medical Profession as being the advocates of e use of strong drinks, and when they accuse us of couraging drunkenness by recommending the thera-peutical employment of alcoholic fluids in certain cases of disease, it is quite time for some one like Dr. Webster, who spoke on Friday last, to point out the fallacy of their arguments, and the mischief which may follow from the adoption of their doctrines in the extreme degree in which they are propounded. For ourselves, we regard alcohol as a blessing or a curse, according to the manner in which it is employed; and as much may be said of many other moral and physical agents or weapons which may be handled by mankind. There is no doubt that drunkenness is one of the great evils of the age, and it has been an evil ever since the origin of man as a rational being, and in nearly all countries of the globe; but no person in his senses can deny that the drinking habits which prevailed in England in even recent times are very much reformed, owing to the improved manners of the present day. Again, although it is quite true that the use of alcoholic drinks does often lead to disease, and all Medical men would readily indorse such a statement, yet it is also true that multitudes of the destitute and even hard-working poor of England become ill from the want of food and a moderate amount of stimulants, and that the same want prevents them from getting well when they are ill. Take a thousand people of the lower classes who are made ill by alcoholic drinks, and Medical men (especially those who see much of dispensary and hospital and pauper practice) can probably point out a thousand others, especially women and children, who are starving or half-starving on weak tea and bread and butter, and for whom a glass of good beer and a modicum of meat would be the best medicine to be administered. It is quite true that the beer may be replaced by bread, meat, milk, or soup; but on economical grounds we are induced to think that a pennyworth of sound porter is about as good an investment of a penny as a working man or woman can make in the way of food.

THE HIGH PRICE OF MEAT.

Among the advantages possessed by those who live under free institutions, there is one disadvantage—namely, that the price of articles of food is never regulated or interfered with by the Government. If such interference were permissible at the present moment, it would probably be found that while the community in general are suffering most grievously from the high price of meat, there are persons behind the scenes who are really reaping large gains from the scarcity, or pretended scarcity, which the nation is called upon to deplore. The existence of disease at present among cattle is undeniable; but if we are correctly informed, the prime cost of meat in the market is the same now as it has been for some months or years; the supplies from abroad are abundant, and some people, we suspect, have reason to pray for a continuance of the cattle-plague, instead of its disappearance.

CYCLOPS' TWENTY-SIXTH LETTER ON PHYSIOLOGY.

To Vigilans.

Sir,—Proceeding from my last letter, let us consider the physiology of "The Lion and the Cow." The former is an animal full of muscular strength, on which his very existence depends. He is ever watchful and vigilant, for his powers may be called upon at any moment for attack or defence. He is exposed to the air night and day, in his natural state, and is incessantly on the alert like all this class of animals who have to provide for themselves. He is no doubt often greatly pressed for food, yet does not seek it till he feels the pangs of hunger, and then he has often to wait some time before he can get it. Now we naturally ask how he gets his powers of endurance and his strength,

for often from the climate, which is his habitat, the lack of water forms one great feature. What could prevent these animals from fevers and sometimes total annihilation, considering the immense amount of oxygen which they must consume. When in the extremest hunger, they have seized their prey, they suck its blood and devour the more juicy parts, then, having gorged to their full extent, they slink away to their lairs in the deepest recesses, simply because they should not be disturbed. A child with a club might approach and kill them at such a moment; but empty and hungry, and full of muscular and fierce strength, a giant (without a rifle) is no match for them. Here, then, we see a carnivorous animal, living in a tropical climate, often pressed for food and water, yet strong, and all his muscles well lubricated with fluid. Besides which, he is able to make an immense amount of the salivary juices, of bile and other secretions, to be used again in the system, and which are absolutely necessary for the digestion of his immense meals, which we see he gets only when he actually wants them, and these at longer or shorter intervals. We are then told that he does not have an evacuation of his bowels oftener than once a month, and then he deposits the smallest portions of mere earthy matter, scarcely worthy even to be called fæces. Can the arterial blood supply him with more than structure? Can the venous blood supply him with more than diluents for his new ingesta, and for the necessary and immense proportion of bile such a creature requires? Where are all the other lubricating fluids to come from, as well as the vital secretions necessary for such a brute, living in such a manner? Here, then, we see Nature's bountiful provision in supplying hydrogen to the very utmost extent from his fæces, because otherwise we cannot account for the immense quantity of fæces he must make from such meals as his, compared with the small amount he actually gets rid of. Now, one of two things must occur, if the hydrogen was not generated, and when generated have oxygen to combine with it in sufficient quantities, and thus furnish to this animal very many pints of fluid in every twenty-four hours. The hydrogen would either poison him, or the oxygen would wear out all his tissues, and from his natural caloric and carbon he would be subject to fever, and so be burnt up. Can any other physiological law explain why his colon is so conservative an organ, or how all these vital powers are maintained in their integrity, except in the way I have now propounded.

Let me put the case of a gentleman in juxtaposition with the lion; one who lived for more than twenty years in the driest and most arid part of Mexico. In that time he saw Europeans out of number consigned to their parent earth. Fevers, dysenteries, diarrhœas in all their forms, carried them off, while he never had an illness. He was one of those men who were satisfied to be in health under his peculiar idiosyncrasy of insuperable constipation. He never suffered from thirst as others did; he never had a fever the whole time he was there. His constitution is even now entirely unaffected from his long residence in such a place, and he had sense enough to guard him from the pest of Medical empiricism, cathartics. But every two or three weeks he had his little scybalous action of the bowels. He thus preserved the moisture in his system, provided by Nature by the union of the hydrogens he generated himself and the oxygen of the air, in which he lived, independent of what he drank; while he saw that the Europeans, who insisted on having their bowels relieved, sink around him, and those that had any tendency to looseness, unless they could get away in time, would soon die, and there was not the slightest hope for anyone who had dysentery. Yet these things are happening everywhere, and physiologists take no notice of them.

Now, let us take the cow. What is she? A large mass of indolent aggregation of fluids; she lives only to make them. Her powers are totally opposite to those of the lion. She has not to provide her food by her own exertions; she is a helpless, stupid animal, only fitted for what she is, to graze from morning till night in the fattest pasturages; to be loose in all her muscular fibre; to carry a large proportion of fat and bulk; to have intestines highly distended; to drink largely; to increase her species at every available period, and from the constant action of large milk glands, to yield their fluid to the greatest extent. This milk is no secretion from her blood. Is there a physiologist adventurous enough to say that the milk is a product of the blood? It is enough that her arterial currents supply structure, for her venous currents are far greater in proportion to them. From what she must consume, we must infer that her own secretions are immense. Her colon is large, and though she may have a semi-fluid motion every hour, still it is always full. We must therefore infer that hydrogen in its purest form, unmixed with much sulphur or phosphorus, is the gas alone which is eliminated from her excrements. Living as she does, or ought to do for health, almost always in the atmosphere, the oxygen she consumes is necessarily large. The union of these gases supply her flabby tissues with many pints of fluid in every twenty-four hours. Kept in this moistened state, she is what we see her, and could only be this quiet, docile animal, yielding quarts of milk daily. If cows are kept as they are in London in sheds, and never from the time they go into them to the time they are past the uses which man can make of them, to be fed and milked, fed and milked, night and morning for years, our only wonder is they remain in health at all. Nothing but their inert natures, the undisturbed serenity of their peculiar characters, with just sufficient oxygen to combine with the hydrogen they themselves make, with only the commonest care though often unwisely kept in half-cleaned stalls. Yet still they live and furnish, though not so largely, their fair proportion of milk. The healthy balance of their secretions is due only to those unerring laws of Nature, the union of their gases, but being free to a great extent from those which the carnivora and omnivora generate in the colon, they are less susceptible to disease from morbid conditions of their secretions generally. The thin, lean cow soon fails in all her duties and usefulness to man. Her poor appearance being due to the two causes, of not making hydrogen sufficient for the oxygen she consumes, and therefore with less power to resist the atmosphere in which she lives. Can any one, viewing these two animals in their separate and distinct natures and modes of living, come to any other conclusion but that conservatism of the fæces in the one, and a constant semi-fluid condition of them in the other are the result of natural laws, and that to reduce either to the condition of the other, would do violence to both. We see the one, the king of the forest, wiry and above all, carrying no flesh or fat. His whole frame, well and firmly knit together, muscles, more like a mass of tendinous fibres, lithe and lissom and ponderously elastic, with a brain power endowed with instincts on which his life depends; the other, all the reverse, with scarcely an instinct for her own preservation. The life and powers of the one dependent more on the conservatism and value of his fæces than on his food; that of the other, in respect to her usefulness to man on her succulent food, but on the constant discharge of her fæces, because excess of other gases than hydrogen should never occur, and so reduce her value and the general purity of her body.

From all these facts we can deduce a law of idiosyncrasy in those individuals who have their regular daily motions, and those who have conservative habits. The various epochs which this conservatism takes vary from every other day to two months. Since I first investigated this subject some twenty years ago, I have known many hundreds of individuals and very many entire families who had no regular actions of their bowels, but with habits varying from a week to a fortnight or three weeks. Where observation has once been put on the track, information of these apparently remarkable conditions of the system accompanied by the highest state of health, have been brought to me. An intelligent chemist in the country told me a countryman came to him for something to act on his wife's bowels, for she had been put to bed with a child six weeks ago and had had no motion since. He was so alarmed that he told the man he had better go to his doctor. "That's no use, he knows all about it," said the man, "his wife always went six weeks." Again, a friend of mine had the following fact from the best

uthority: An old gentleman in the country who was nety-seven years of age, had never, since he was sixty, ore than six motions a year, one every two months, nd would always joke with the doctors, and say they ould have killed him years ago if they had had eir way. I have heard of a colonel in the army ho did not have a motion sometimes for six months, nd then nothing to signify. Probably like the lion, some ry earthy matter. Let then, physiologists be once put on the right scent in all these matters, and they will me to the conclusion I have arrived at for many years—amely, that the value of the fæces as fæces in the body as been overlooked; that the very anatomy of the colon, s I have shown in previous letters, clearly indicates that ature has resigned it to be conservative at important eriods of everyone's existence. That if we take all the ost valuable secretions of the body which are made by it be used again, such as the saliva, gastric juice, the muco-embranous secretions, the bile and a thousand others—k e, I say, all these from every source and combine them, ey are not then half so valuable as the fæces. These pply all the organisms with those gases which Nature equires to resist the atmospheric elements and pressure in hich they are destined to live. It is not only the resisting owers which are offered by these, but the fluid elements hich are generated from their combination with their posites, and that all our brain power, as men, are due to em; so that though the fæces are not used as other elements of the body, they yield from their whole mass throughout the whole length of tube, they have to pass through ul from the constant opposition offered to their passage, st amounts of gases of the most important and necessary aracter, and vital to the whole bodily and mental structure. As all these are matters of health, regulated according to the idiosyncrasy of every individual, I shall conclude is, and in my next will show the beneficial action of conservatism of the fæces in disease. I am, &c.,

CYCLOPS.

The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

OPENING OF THE DUBLIN SCHOOLS OF MEDICINE.

(Continued from page 331.)

rcely less misfortune, the vitiation of the habits of gularity and application to duty. To the junior students, wever, I would principally direct my observations, as y stand most in need of advice and guidance. I would them to bear in mind what Medicine is, the spirit in ich they should embark in its cultivation; the means which success in the study and practice of Medicine is be attained, and the discourageme its inseparable from s, as from all other human pursuits. Medicine does not sist in the discovery and administration of "specifics," which there are and can be but few, because there are paratively few diseases of the nature of morbid poisons. ore Medicine was properly understood, and even still mgst the unenlightened, the idea prevailed that disease in all cases a separate entity, possessing a distinct ividuality and objective existence. Advancing knowge, however, shows that the number of diseases that it this distinction is comparatively small; and within own time several to which this dignity had been rded have been reduced to the commonplace level of rdered nutrition, deranged function, or their consence, the production of hybrid tissue or compounds. have a good illustration of this in rheumatism, a ase not long since supposed to be objective in its aracter, but now well understood to consist in a group of ngements, the consequence of retention or accumulation he blood of one of the transitional products of the version of starchy substances. The immediate cause of retention has not been made out, but, doubtless it mately will be; and then it may be said that our wledge of rheumatism has attained to the level of being scientific. Long, however, before this knowledge shall have been arrived at, the "art" of Medicine, as distinct from the science, may minister effectively to the relief of rheumatics. In this consists empiricism, which in so far as it represents the supplementing of defective knowledge by experience and sagacity, is entitled to the respect and attention of Medical practitioners—not only because it contributes something, however little, to the relief of suffering and the cure of disease, but because it may afford a clue to the ultimate discovery of the precise nature of the affection, and the proper mode of treating it. Many other examples might be given to illustrate the doctrine that disease is essentially derangement of function, arising from or resulting in impairment and deterioration of the organs and fluids of the body. From this the inference is plain, that the first step in the study of Medicine, without which no progress can be made, consists in the acquisition of an intimate knowledge of the structure and functions in the state of health, of the several organs and tissues of the body; of the composition and purpose of its various fluids, nutrient, digestive, and excretory. In other words, anatomy and physiology in the broadest sense, including not only general or descriptive, but likewise structural or microscopic anatomy, and the growth, chemical constitution, and disintegration of the solid and fluid elements of the body, from the essential basis of Medicine as a science. In the disease known as leukhmia, the white blood—corpuscles (exhibits diagram), are in excess; this change in the constitution of the blood it were impossible to discover without the aid of the microscope, and even when observed, the change could not be identified, or its significancy appreciated, without a previous knowledge of the relative numerical proportions in which the red and white corpuscles normally exist in the blood, and of the important purposes which the former subserve in the economy as the passive agents in the oxydation of the tissues, the stimulation to functional activity of the nerve-centres and muscles, and of the conduction and distribution of animal heat. Fatty degeneration of muscular organs affords another example of disease, sometimes of a most formidable character, of which Medicine would have remained ignorant were it not for the aid of the microscope. As regards general anatomy, it seems unnecessary to point out the importance of forming an early acquaintance with its various details. The ardour with which this department of Medical study is cultivated in the several Medical schools of Dublin, shows that students are fully sensible of its importance, and renders any arguments to enforce it quite superfluous. Not so, however, microscopic anatomy, which, I regret to say, is not as much cultivated by the students of the Dublin school as the few examples above given suffice to show it deserves to be. In the London and other schools, a microscope is held to be a necessary appendage of the students' dissecting apparatus. In this school, from its foundation, microscopic anatomy has been perseveringly taught; and, besides two class prizes, a University gold medal and an exhibition of 20*l.* have been founded with the view to encourage the cultivation of it, in conjunction with physiology and chemistry. Medicine, then, being a rational science, based upon demonstrable truths and admitted postulates to an extent quite sufficient to entitle it to that designation, it behoves those who would acquire a knowledge of it, such as this practical age and enlightened period of the world's history will alone admit to be competent, to enter upon the study of it with earnestness of purpose, and with minds free from bias in favour of any of the exclusive and exploded theories of a former period, or the Medical heresies of modern times, and to pursue it in a methodical manner, and with close and intelligent application, as in other departments of human knowledge. But Medicine is also a progressive science, and in this lies at once its difficulty and its charm. We are constantly reminded of certain forms of disease which Medicine is unable to cope with, and not unfrequently even to explain. These have been reproachfully termed the *opprobria medicinæ;* but to those who indulge in such ungenerous reflections the answer may be given—Medicine is a composite and progressive science; the phenomena with which it has to deal

are partly physical and partly vital. The former, by far the more numerous, lie within the domain of physical investigation, and have been in great part examined and made a portion of certain knowledge. In the elucidation of these most of the physical sciences have been engaged, and where failure has resulted, it is to be attributed to the imperfection of those sciences, and not to any backwardness in the votaries of Medicine itself as a distinct subject of inquiry. For example, the precise agency by which an interchange is effected in the lungs between the carbonic acid suspended in the venous blood and the oxygen of the inspired air, has not been even yet fully made out, notwithstanding that physicists as well as physicians have been engaged in the inquiry from the time of Lavoisier and Laplace to the present. Similarly, the apparently simply and purely physical phenomenon of the first sound of the heart, though repeatedly investigated by some of the ablest philosophers of the last two centuries, from Harvey to Lænnec, and from Lænnec to Skoda, is still one upon the precise causation of which the widest divergencies of opinion exist. In regard to the action and changes due to the principle of life or purelyvital phenomena,the difficulty of interpretation is still greater, because here science can aid us only to the extent of registering the operation of an unknown agent; but even here much has been, and yet more may be, done—for example, the precise nature of nerve force, though in many particulars resembling electricity, still remains, and probably always will remain, a mystery. Helmholtz has, nevertheless, measured its transmission in the fog, which he has found to be at the rate of eighty to ninety feet in the second; and in man, making allowance for the difference in his nervous organisation, he concludes the nerve current travels at the rate of about 160 feet per second. If there be, then, so much difficulty in the interpretation of physical and vital phenomena in the normal state, or under the operation of physical and vital laws, how formidable must not that difficulty be in regard to the same phenomena under the disturbing and ever varying influence of disease? As regards morbid action, in the extensive and fatal class of zymotic affections, although the actual discovery of the nature and qualities of the morbific agent has not been achieved, owing, no doubt, to its subtlety, still, considerable progress has been made in that direction, as evinced by our recently acquired knowledge of its genesis, diffusibility, and the mode of its prevention. Of a similar tendency is the evidence afforded by the remarkable discovery made by Sigri and Pasteur, of the existence in organic fluids undergoing fermentation or decomposition of innumerable minute infusorial animalcules, termed backteria; and the subsequent discovery by Devaine of baccerides in the blood of sheep suffering from carbuncular disease or splenic apoplexy, and the communication of this disease to healthy animals by innoculating them with fresh blood taken from those infected. I have selected these examples to show that Medicine is not stationary—that it is steadily advancing, notwithstanding the great difficulties that oppose its progress, difficulties mainly due to the complex nature of the inquiry, and the extensive and practical acquaintance with physical science, which those must possess who would be its pioneers. But all, or even the greater number, cannot take a foremost place; there is, however, work for all to do—the work of the good Samaritan and the good physician. Those who have not a heart to feel as well as a hand to execute, and the knowledge to guide it, are not fit to practice the noble and humane profession of Medicine. I cannot envy the man who would treat his suffering brethren as so much inanimate matter, forgetting that the patient and practitioner are alike endued with sensibility, and that gentleness of manner and sympathy contribute in no slight degree to alleviate pain and promote the action of remedial agents. You will, then, labour in the first place to acquire a knowledge of your Profession, prosecuting your studies systematically and assiduously under the guidance of your teachers, commencing with anatomy and chemistry, which make you acquainted with the form, relative position, and general structure of the various parts of the body, and the properties and laws of combination of matter. Having acquired this elementary knowledge, you should next proceed to the development and application of it in the higher departments of structural or minute anatomy, physiology, and practical chemistry. At the same time, that is, in the first year, you should study botany, or the classification, structure, and functions of plants, as an introduction to the study of their properties, and therapeutic agency, which will be taught you by the Professor of Materia Medica. And now, having acquainted yourselves with anatomy, physiology, chemistry, botany, materia medica, and forensic medicine, or the mode of inquiring into or reporting upon the cause of death, you will be prepared to enter with profit upon the study of surgery, practice of medicine and obstetrics, in which is taught the application of the knowledge previously acquired. You should diligently attend hospital from the commencement of your studies, if only to become acquainted with the physiognomy of disease; but even whilst junior students you will learn much more than this, which is in itself of great value—you will be taught the method, and will acquire the habit, of investigating and distinguishing disease in its various forms; you will observe the signs of improvement or retrogression under different modes of treatment, and as your knowledge increases so likewise will your practical acquaintance with the objects upon which it is to be subsequently exercised. If possessing an average ability, you pursue the course here pointed out, systematically and perseveringly, you need have no fear of the final ordeal of examination. I would warn you against the evil of neglecting your studies in the early period of your course, in the erroneous conviction that you can "pull up" further on. This is a fatal mistake, because the basis for a scientific knowledge of your Profession, if not laid in the first years of your studentship, is never laid at all, and subsequently, under the pressure of approaching examination, and entirely possessed by its terrors, you will acquire only a wordy knowledge which, "like the baseless fabric of a vision, leaves not a rack behind." The incentives to the study of Medicine are chiefly the attractions inherent in the subject itself, which affords so wide a field for observation and discovery, and in which each important addition to knowledge made by us may be the means not only of alleviating pain and prolonging human life, but likewise of bringing wealth and distinction to ourselves. In the words of Mr. Paget—"The wages of student's work are not paid in his student's life, but they are most surely paid in after life; for the more knowledge he gains the more able he will be for practice, and the more able he is in practice the better will be his reward; so that on every ground, whether of duty or of interest, the only rule I can lay down is, get all the knowledge you can." But there is a reward even higher than this, which those can best estimate who have been the victims of remorse for duties ill-performed, or confidence misplaced—it is that of a satisfied conscience, and the happiness even here below derived from the hope of a future and better recompense. Young practitioners should be prepared for a certain amount of discouragement and disappointment. Professional success does not follow, as a logical consequence, from Professional merit; tact, punctuality, upright and honourable conduct, and gentlemanly demeanour, are important accessories to Professional knowledge, and the want of them will neutralise the highest Professional attainments. I would urge you, therefore, from the outset to make these by habit, as it were, a part of your nature. Mr. Paget, in the admirable lecture from which I have already quoted, says truly—"If a man will be always impracticable, always uncourteous and ungenerous in his estimate of others, always self-willed and self-complacent, it is no wonder if he does not succeed in his Profession, or if he requires for success more, much more, knowledge than is necessary for a better temporal rival—if a man will be always unpunctual, inconsiderate of the inconvenience of others, indifferent to the welfare and comfort of his patients, and indifferent to his engagements, it is no wonder if his Professional ability is not compensated by a proportionate amount of success. There is

othing unfair in all this ; it is not a property of our Pro-ssion alone, for the same mental defects spoil the good sults of knowledge in every other calling." By a recent gulation of the Medical Council, the first step has been ken towards raising the standard of education amongst edical students. This is as it should be, for most suredly the interests of the Profession, and of each mem-r of it, are alike promoted by requiring that every person lding a diploma shall be an educated gentleman. enceforward no person can commence the study of edicine till he has given satisfactory evidence before a urt of examiners that he has received a liberal education. e is then "registered" as qualified to study Medicine, and the end of four years from that date, having gone through e necessary course of education, he is admitted to amination for license to practise. The Medical Coun- recommends, and the recommendation has been gene-lly adopted by the colleges and other licensing bodies, at after October, 1869, no candidate shall be ad-itted to final examination who has not been pre-ously registered; but as registration marks the com-encement of Professional education, and the latter ust extend over four years, it is clear that a period ual to this must intervene between registration and final amination. It has, furthermore, been ruled that no stu-nt can be registered later than fifteen days after the com-encement of the session. Hence students commencing eir studies should bear in mind—Firstly, that they must ss a preliminary examination before they can register, d secondly, that in order to have credit for this year's dy, they must enter their names for lectures, and regis-on or before the 17th of November. It is to be regretted at just grounds of complaint exist on the part of the icers of the army and navy Medical services. No doubt ese services have undergone considerable improvement, d present many inducements and advantages ; still there ems no justification for the exceptional manner in which ese gentlemen had been treated in regard to rank, promo-n, and allowances, and, above all, by the cancelling of e warrants of 1858 and 1859, which placed them in a sition of equality with combatant officers. It has never en pretended that the Medical officers of the army and vy have failed as a body in their duties. On the con-ary, it has been repeatedly admitted that they have been variably distinguished by devotion to duty and fearless llantry, under the most trying circumstances. It is to hoped that when their grievances are better understood, they are soon likely to be, from such able and temperate blications as the pamphlet of Mr. Brown, of Rochester, ich I hold in my hand, they will be promptly redressed the force of public opinion, and that a body of gentle-n of whom the country ought to be proud, and of whom rly fifty have been educated in this school, will be ated with the consideration to which their education, ir Profession, and their eminent public services entitle m. There is another question which has recently en-ed public attention, and upon which a person occupying place I now do may be expected to make some definite nouncement for the information of students, and because settlement of it must, in some degree, affect the interests his school as an integral portion of the Catholic Univer-of Ireland. On this subject, and representing not only Medical department of our University, I will merely erve that we seek for no monopoly, and, as has been truly erved on a late occasion by a high authority, this school s not stand in need of it. We ask only for equality, we should be content with nothing less. Our desire is uphold and to advance education, and the means which e been, and still are found useful elsewhere in affecting t object—namely, the right of supervising, at least a tion of the education of their graduates—we think it not easonable to require that we, too, should be allowed to rcise. We have reason to believe that this just demand not be resisted, and that when we next meet our friends his place we shall be in a position to report the success-operation of the first instalment of justice and equality he matter of education conceded by a liberal and en-tened government to the claims of a much injured and long-suffering people. And why should it be otherwise? The intellect of Ireland is a mine to those who will work it, and the cultivated intellect of catholics, who constitute the vast majority of our people, is no less valuable to the State than of their fellow countrymen of any other form of religious belief. Let there be, then, equality, political and educational, and harmony, peace, and progress, will be the result.

SAVORY AND MOORE'S FOOD.

The principles on which Baron Liebig suggested a New Infant's Food were first made known in England by a paper in 'Hardwicke's Popular Science Review,' but the preparation of the food involved considerable time and trouble, until Messrs. Savory and Moore made it available for general use by presenting it in a form in which the different materials are so blended together, that the addition of water and boiling milk is all that is required to make it suitable for consumption. The articles prepared by Messrs. Savory and Moore are Liebig's Extract of Beef and his Food for Infants. The former was intended by Baron Liebig to be added to and consumed with vegetable food, as it is deficient in albumen, fibrin, fat, and gelatine, although it contains several other animal principles and salts. The Food for Infants consists of the same ingredients and in the same proportions as those recommended by Baron Liebig, including even potash, and the only difference consists in the malt-flour being more finely ground, the wheat-flour lightly baked, and the temperature in cooking being carefully observed; the boiling and straining being consequently avoided, as recommended by Dr. Hassall. In the original formula given for Liebig's Food, both these operations were enjoined ; but it occurred to Dr. Hassall that they might both be omitted without any detriment to the food, and the boiling was proved to be unnecessary by reference to the fact, that at a temperature of about 150° Fahr. the starch-granules, when in water or milk, swell up, burst, and are in fact cooked.

OBITUARY.

JOHN LINDLEY, Ph.D., F.R.S.

We regret to announce the death of Dr. Lindley, whose name has for many years past been intimately associated with the progress of botanical science. Although not a Medical man, he contributed largely, though indirectly, to the progress of Medical science by his great attainments as a teacher of botany, and as a writer on that subject. He was born at Catton, near Norwich, in 1799, and was the son of a nursery gardener. After leaving the Grammar School of Norwich, he devoted his attention to practical botany; but in 1819 he published a translation of 'Richard's Analyse du Fruit,' and in 1820 a work entitled 'Monographia Rosarum,' in which he described several new kinds of roses. About the same period he contributed to the "Transactions of the Linnæan Society" various papers on botanical subjects. Some time afterwards he proceeded to London, where he became Assistant-Secretary to the Horticultural Society, and was engaged by Mr. Loudon to write the descriptive portion of his 'Encyclopædia of Plants,' the merit of which, as a botanical work, was entirely due to him, as was stated in the Preface. The 'Encyclopædia' was completed in 1829. In the same year he was appointed Professor of Botany at the then London University, and was the first Professor of Botany in that institution. At that period the Linnæan system was almost universally followed by English botanists, and it is one of the chief merits of Dr. Lindley that he early saw the necessity of superseding the artificial by the natural classification of plants. In an essay on this subject, published in his 'Introduction to the Natural System of Botany,' published in 1830, he showed what the advantages of this system were, and thus paved the way for its general adoption in England. Two years later he published his 'Introduction to Systematic and Physiological Botany,' and a 'Synopsis of the British Flora,' in which

latter our indigenous plants were arranged and described for the first time according to the natural system. In his 'Natural System of Botany,' published in 1836, Dr. Lindley took new views of botanical classification, and proposed a new nomenclature for the families of plants. Ten years later, his great work 'The Vegetable Kingdom,' was published. This work, the most elaborate that had appeared on systematic botany, gave a description of all the families of plants. It gave very extended lists of the genera and was generally recognised as one of the most important contributions which had at that time appeared on the classification of the vegetable world. While engaged in writing these works, Dr. Lindley was most diligently employed, as a practical botanist, in describing new species, on which he wrote a large number of papers contributed to botanical publications. For more than a quarter of a century, Dr. Lindley filled the chair of botany at University College, London (the former London University), and in 1860 was appointed examiner in the present University of London. He was a Doctor of Philosophy of the University of Munich, Fellow of the Royal, Linnæan, and Geological Societies, and corresponding member of many continental and American learned bodies. In 1858, he received the medal of the Royal Society in reward of his services to modern science. Dr. Lindley had edited the horticultural department of the 'Gardener's Chronicle' from its commencement in January, 1841, to the present time—within two months of twenty-five years.

[Dr. Lindley was one of the most successful teachers of botany in the present day, and through the medium of the numerous classes who attended his lectures at University College, London, and elsewhere, he diffused a knowledge of that science over a great portion of the globe. His style of lecturing was entirely free from ornament, but was concise and luminous, and no person could listen to his instructions without thoroughly comprehending the subject of his discourses. He was utterly destitute of imagination or fancy, and had little eloquence, but he went straight to the mark, and simplified his matter in such a masterly way, as to lead from the most commonplace part of his subject to its most profound philosophy. He was in great measure a self-taught man, and the laborious industry with which he acquired his own knowledge made him the more capable of appreciating the difficulties which might be encountered by others, and at the same time enabled him the better to smooth the student's path. His extensive knowledge of botany, in all its ramifications and applications, may be estimated by his published works, which, as it has justly been observed, form almost a library in themselves, and they testify to the enormous labour involved in their composition. One of the great merits of his earlier works was that they familiarized the public mind with some of the continental researches on physiological and systematic botany, although, to say the truth, he was far from being profoundly acquainted himself with continental languages. An instance of this occurs in one of his books, where in alluding to the researches of Schwann and Schleiden on cell-development, he translates the words *wie ein Uhrglas auf einer Uhr* (like a watch-glass on a watch) "like an hour-glass!" He was a vehement opponent of the Linnæan or artificial system of botany, and took infinite pains to promote the progress of the natural system; but he was unjust to the memory of Linnæus, who was one of the most illustrious cultivators of natural history whom the world has ever produced, and who expressly declared that his artificial system of botany was only a temporary expedient, to be laid aside when a natural system could be substituted, of which he himself actually laid the foundation. The enormous difficulties of establishing a natural system of botany on definite principles may be estimated by the facts that none has yet been universally received, and that Dr. Lindley's own excellent and learned classification is very far from being perfect. The imperfection, however, is not the fault of the author, but is inherent in the very nature of the subject. Dr. Lindley also endeavoured to show that there existed a uniform correspondence between the external forms of plants and their properties and uses, but in this attempt he was only partially successful. In order to illustrate the Medical uses of plants, he published a book called the *Flora Medica*, in which the above views were enforced, so far as relates to drugs, but his knowledge of Medicine was too scanty to make this book of any practical value. As we have before remarked, Dr. Lindley's industry was immense, and it had the effect, eventually, of exhausting his energies. A few years since, his powers began to fail, he lost his memory, which had been very retentive, and he was obliged to relinquish his Professorship and most of his other appointments, and the mischief which had been lurking in his brain finally resulted in an attack of apoplexy, of which he died.]

THE LAST ILLNESS OF THE LATE LORD PALMERSTON.

The 'Lancet' publishes the following.—After a severe attack of gout last year, Lord Palmerston continued gradually to decline in strength, without any distinct complaint till April, when, after riding a rough horse, he suffered from hæmaturia. It was followed by catarrh of the bladder, with its ordinary accompanying symptoms, which occasioned great distress; and this, added to his official duties, reduced his strength considerably, though his remarkably good digestive organs remained unimpared. For the first three months he was attended by the late Dr. Ferguson, in conjunction occasionally with Mr. Paget, who ascertained that there was neither calculus nor any other mechanical cause for the symptoms. After the death of Dr. Ferguson, Dr. Watson was consulted, and, at the end of July, Dr. Protheroe Smith. The treatment they adopted consisted chiefly of tonics and astringents with generous diet and rest, under which Lord Palmerston slowly improved. This improvement was more marked after the conclusion of the session of Parliament, when he retired to Brocket Hall under the immediate care of Dr. Protheroe Smith and Dr. Drage of Hatfield, Lord Palmerston's family Medical attendant. From this time to the 9th. ult. there was a gradual amendment in Lord Palmerston's condition. The purulent character of the urine nearly disappeared; the pulse fell from 100 and 120 to 72 and 76, its customary frequency; and the tongue, from being usually covered with thick brown fur, became clean. On Monday, the 9th ult., the weather having suddenly changed, with a considerable fall of the temperature, Lord Palmerston, during a drive in an open carriage, took cold. Active inflammatory symptoms, with a great increase of pus in the urine, were observed on the following day by Dr. Drage, notwithstanding every effort to relieve which Dr. Protheroe Smith found, on his return from a distant Professional journey on the following Thursday, a great change in the state of his patient. He complained of abdominal and dorsal pains; the pulse was 120, irregular and intermittent; the tongue furred; and there was thirst, and loss of appetite. The urine was less in quantity and of somewhat higher colour, with a remarkable decrease in the amount of pus. In the course of that day severe rigors occurred, followed by symptoms of collapse—namely, cold extremities, colliquative perspirations, and imperceptible radial pulse. From this condition he rallied in about four hours, when Mr. Paget, for whom Dr. Smith had telegraphed, arrived, and, together with Dr. Drage, remained the night, leaving their patient much relieved next morning. Rigors and threatened collapse recurred, however, on Friday and Saturday, on the evening of which Dr. Burrows was summoned from London, and he remained at Brocket Hall that night. On Sunday morning, Lord Palmerston's symptoms were less urgent, and from this time he appeared to rally, though the pulse continued at about 100, the tongue was still furred and dry, and there was abdominal uneasiness. When Dr. Watson arrived at Brocket from Cornwall, on Monday morning, he found the Premier better. Up to Tuesday afternoon he continued to improve, the pulse falling to 80, and the tongue becoming moist; but at that moment symptoms of great prostration again set in, the pulse being thready, and a mucous râle marking each respiration; the gradual extinction of the radial pulse proceeding in inverse ratio with the frequency of the breathing

hich became shorter, and at last reached 54 in the minute. The intellect remained unimpaired to the last. Death took place without a struggle at a quarter to eleven A.M., resulting from catarrh of the bladder and abscess of the kidney.

MEDICAL SOCIETIES.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, OCTOBER 20.

MR. G. POLLOCK, PRESIDENT, in the Chair.

Mr. TURNER exhibited a

PHOTOGRAPH OF THE FACE OF A WOMAN

which, in two or three weeks' time, became covered with a thick crop of short and white downy hair. The body and extremities became also covered. The face had the appearance of being painted. She is forty-two years of age, and is suffering from carcinoma of the breast.

Dr. MORELL MACKENZIE brought forward two cases of what he termed

SPURIOUS DIPHTHERIA.

The case was that of a man aged thirty-one, whose uvula, pharynx, tonsils, epiglottis, ventricular bands, and vocal cords were covered with a thick, white, opaque membrane. On the artificial or natural separation (by coughing) of the false membrane, the surface was seen to be inflamed and marked by bloody lines and points. The patient had complete pneumonia and a croupy cough. The false membrane has been present in the throat at least four months. The patient declared that he had never had syphilis, nor were there any evidences of the previous existence of that disease. He had not been confined to his bed for a day since his throat was bad. He felt slightly weak, but the principal inconvenience was the loss of voice. There was albumen in the urine. Dr. Andrew Clark had made a microscopic examination of some shreds of the membrane and declared it to be "crupous lymph." Dr. Mackenzie held that the case presented all the local and pathological features of diphtheria, and that the absence of severe constitutional symptoms alone differentiated it from true diphtheria. Indeed, had the disease occurred in a child, it is probable that the presence of a false membrane in the larynx would have given rise to constitutional fever. In the second case, a lad, aged seventeen, has both tonsils, uvula, and posterior wall of the pharynx covered by a membrane looking like wash-leather, and at least one-sixth of an inch in thickness. He had never had syphilis. His throat had been "bad" eight months, and had been under observation one month. Dr. Mackenzie said that, in the first case, caustics aggravated the disease, and led to the rapid reproduction of the false membrane. The membrane ceased since the discontinuance of local treatment) was slowly declining away. Cod-liver oil and quinine were being given internally. Such cases as these, he considered, went far towards proving that diphtheria, croup, and apthæ were but varieties of the same disease, agreeing in their pathological features, but differing in severity, and modified by the age and constitutional peculiarity of the patient, the surface affected, and by the presence or absence of epidemic influence.

PARISIAN MEDICAL NEWS.

PIGMENTAL SYPHILITIC ERUPTION.

The *pigmental* form of eruption to which M. Hardy directed attention so far back as the year 1855, is important as a characteristic indication of the presence of syphilis in the system, and of the probable period to which infection is referrible. M. Hardy therefore deemed it expedient to point out to his class a young woman recently admitted into his wards, who bore round her neck a sort of ring formed of alternate white and greyish patches surrounded with a dark margin, about half an inch in diameter, not scaly, giving rise to no itching whatever, and so intermixed that at first sight it might appear doubtful whether the white or the grey patches were the diseased parts. The affection consists of both kinds of stain, which, like all ephelides, are the result of improper distribution of the pigmental secretion. The eruption is distinct from *pityriasis versicolor*, in which the circular patches are slightly raised, and occasion evident desquamation and much itching Confusion would more easily arise with *ephelidæ*, to which order, indeed, the special eruption belongs. The diagnosis, however, can be established on the fact that ephelidæ are usually dispersed over a wider space, and are not collected in one spot. The same remark applies to vitiligo, which is characterised by the presence of small, white stains, not intermingled with each other. The pigmental syphilitic eruption most frequently appears in the neck, but may likewise occur on the forehead, the nates, or the abdominal and axillary regions Its progress is also peculiar and the disease often lasts many months, and even as long as two years, defying all treatment, even anti-syphilitic remedies, and finally disappears spontaneously.

The cause of the eruption must be sought for in syphilis, and in syphilis only, and this circumstances has induced authors to designate the affection by the term *Collier de Vênus*, and by the scientific name of *pigmental*, or *maculated* syphilis. It is seldom observed before two months have elasped since contamination, and it is never met with after an interval of two years; it usually appears in the third or fourth month after infection.

M. Bazin contends that the eruption should not be classed with syphilis, because it does not yield to mercurial treatment. It must nevertheless be conceded that mercury is not invariably successful in removing secondary symptoms, and M. Hardy further observes that he has never met with this morbid state of the pigmental structures but in cases of syphilis of three or four months' standing. He opines, however, that a peculiar condition of the skin is necessary for its manifestation, besides the special taint of syphilis. Thus, in twenty instances of the disease, it will occur nineteen times in women, and once only in the male, on account of the finer texture of the integument in the former. The men who are affected are individuals whose skin is unusually fair and delicate. M. Hardy considers the eruption as an undoubted sign of syphilis, and as affording unquestionable evidence of the presence of the taint; in this respect, minute examination of the person of those who present the peculiar discoloration never fails to confirm the surmise its has given rise to.

In the case which suggested the present remarks, M. Hardy, enlightened by the condition of the neck, examined the throat, skin, and organs of generation, and detected the presence of mucous papulæ on the nymphæ, of specific patches in the palms of the hands, probably consequent on a previous papular eruption in the same region, and also a characteristic sore-throat; the patient acknowledged she had recently been affected with roseola, and all the symptoms pointed to syphilitic infection of five or six months' date, although the enlargement of the lymphatics had already disappeared.

In the case of another woman, occupying bed No. 3, supposed to be suffering from psoriasis, M. Hardy accidentally noticed on the neck the peculiar stains of the pigmental eruption, whence he concluded that the psoriasis was of syphilitic nature, and at once prescribed mercurials, which promptly cured the psoriasis, but failed in removing the ephelidæ of the neck.

The Professor related another instance illustrative of the diagnostic value of this kind of pityriasis. One evening, at a ball, he noticed on the neck of a lady, belonging to the best society, the peculiar eruption alluded to, imperfectly concealed by a handsome pearl necklace. He was entirely unacquainted with her, but a few days after, his advice was requested by a person suffering from a pustular and squamose syphilitic affection, in whom he recognised the lady who had attracted his notice at the ball.

It is, therefore, impossible to deny the connection

between syphilis and the pigmental affection we have described.

Beyond this, the eruption is destitute of importance. It should be viewed merely as a reliable indication of the presence of the specific taint, and as a guide to the treatment. With regard to the latter, one local remedy may be resorted to with confidence, and consists in lotions with the following solution, which is also efficacious in other varieties of ephelidæ :—

℞ Hydrarg. bichloridi, ʒj. ;
Aquæ destill., ʒviij ;
Alcohol rectif., ʒiv. ;
Plumbi diacetatis, ʒij.

One tablespoonful of this fluid, added to four ounces of warm water, should be used as a lotion. Shower baths, with sulphurous or alkalised water, may also at the same time be prescribed with benefit.

TREATMENT OF BOILS.

Boils are an inconvenient complication observed in almost every description of acute and severe cutaneous disease, and coincide with herpes zoster, strophulus, eczema, &c. One boil promptly succeeds another, and the affection may thus last a considerable time. We observed in M. Hardy's wards a patient in whom frictions performed on the arm with a camphorated liniment for the cure of rheumatic pains, gave rise to an acute attack of eczema, which induced the development of a large number of boils. Poultices, baths, and aperients were prescribed for the cure of the eczema, but the furuncular eruption persisted, and daily became more and more troublesome, without much perceptible improvement of the eczema. Senna tea, and infusion of wild pansies were exhibited, and subsequently, four glasses daily of tar-water to be taken at meals, mixed with wine. In the course of a few days the eczema yielded, and no further disposition was evinced to the development of fresh boils. Similar results were obtained in other analogous cases, and afforded satisfactory evidence of the efficacy of tar for the prevention of furuncular disease.

In this affection, M. Hardy has tested the value of a host of remedial agents, and is now satisfied that baths and poultices, far from being serviceable, promote the formation of boils. Aperients are all but powerless ; arsenic would probably prove more beneficial, but the very name of the drug alarms the patient, whereas tar-water is a perfectly innocuous medicine ; as it is, in addition, the most effective remedy, it should at once be resorted to.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of the gentlemen who passed their Examinations in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, October 26, 1865 :—Charles Kelly, Market Deeping ; John Coyte Bailey, Plymouth ; George Redford, Normanton, Yorks ; Charles William Huet, Southgate, N.; Disney Thorp, Maldon, Essex ; Griffith Williams Roberts, St. Asaph ; Williams Harris Butler, Old Charlton, Kent ; Robert Fullarton Scott, Calcutta ; John Babington Williams, Monkton, Kent ; Frederick John Burge, jun., Hammersmith. The following gentlemen, also on the same day, passed their First Examination :—John Waller Melson, Queen's College, Birmingham ; Fredk. Boultbee Lardner, Guy's Hospital.

UNIVERSITY OF EDINBURGH.—The following is a list of candidates who received the degree of Doctor of Medicine, the degree of Bachelor of Medicine, and the degree of Master of Surgery in the above University on August 1st, 1865 :—*Doctor of Medicine.*—James Keith Anderson, Scotland ; * George Robinson Barnes, England ; Joseph J. Alfred Besnard, Mauritius ; * Thomas Blunt, England ; Peter Johannes Albertus Van Breda, Cape of Good Hope ; Richard Hake Bush, India ; Duncan Campbell, Scotland ; Antonio Lorenzo, Chiappini, Cape of Good Hope ; William Chisholm, Scotland ; * John Chiene, Scotland ; Horatio D. Steel Compigné, England ; John Charles Compson, England ; John Cook, London ; James Corns, Scotland ; Smith H. Davson, British Guiana ; Thomas John Denton, England ; * Andrew James Duncan, India ; Thomas Evans, Wales ; Philip Sheldon Fentem, England ; Walter Forbes, Scotland ; John Milner Fothergill, England ; David Gentle, Scotland ; Douglas Glendinning, Scotland ; William Henry Gregory, England ; Edward Hoggan, India ; Robert Inman, England ; William Johnston, M.A., Aberdeen, Scotland ; John George Kennedy, Scotland ; Alex. Angus Halley Knight, Scotland ; William Henry Lightbody, Wales ; William M'Donald, Scotland ; * John Aymers M'Dougall, Scotland ; Robert Mackelvie, Scotland ; Roderick M'Laren, Scotland ; * Peter Macpherson, Scotland ; John Morison, Scotland ; George Renton, England ; Sylvester Richmond, England ; Joseph Hildreth Rockett, England ; James Thompson Sabben, England ; Ryk Tulbagh le Sueur, Cape of Good Hope ; Robert Thin, Scotland ; Robert Thorburn, England ; Augustus Werry, Smyrna ; David Wright, Scotland ; * John Wyllie, Scotland.—*Bachelor of Medicine.*—Edward Liveing Fenn, England ; Thomas Prince Fothergill, England ; Charles Bailey Greenfield, England ; Walter T. Prideaux Wolston, England.—*Bachelor of Medicine and Master of Surgery.*—* Lauchlan Aitken, Scotland ; William Armistead, England ; John Barclay Clark, Scotland ; Thomas Hamilton, Scotland ; * William Allan Jamieson, Scotland ; * Robert Kirk, Scotland ; William Hutton Kirkpatrick, Scotland ; Samuel Mitchell, England ; * John Murray Moore, England ; Nath. Daniel Isaac Oman, Scotland ; David Ridpath, Scotland ; James Cunningham Russel, Scotland ; James Spens Torrop, Scotland ; William Pleace Warburton, Prince Edward Island ; George Wight, Scotland ; Julius John Wood, Scotland ; Walter Wilson Young, Scotland. Those gentlemen to whose names an asterisk is prefixed passed the examinations with Honours.

THE Credit Foncier has subscribed 20,000 francs for the sufferers from the cholera in Paris.

DR. B. NORTH ARNOLD, who has just been admitted to the Vicarage of Caverswall, Staffordshire, is a Fellow of the Royal College of Physicians, and Fellow of the Royal College of Surgeons, of London, and practised medicine for many years, taking holy orders in 1862. He served for some time the curacy of Binfield, Berkshire.

ACADEMY OF SCIENCES.—It has recently been stated that the liquor, *absinthe*, owes its intoxicating power merely to the alcohol with which it is fabricated. The assertion is correct, but it is nevertheless true that, in the same dose and at equal strength, *absinthe*, is more inebriating than brandy. This fact, which does not appear to depend on the composition of the fluid, has been explained by its mode of consumption, and M. Péchollier interprets it as follows :—Absinthe, used as a stimulant of the appetite, is usually taken before meals, when the stomach is empty. This circumstance promotes its absorption into the system, and it seems natural to admit that a quantity of alcohol, rapidly and almost entirely admitted into the circulation, must be productive of far more powerful effects than the same quantity taken gradually, and eliminated in part before the remainder has been consumed. It is a fact universally acknowledged, that a certain amount of wine taken in the morning, fasting, has effects far more intoxicating than the same amount drank during a meal. This view is further confirmed by the extremely prompt cessation of the effects of absinthe. All the alcohol swallowed acts simultaneously on the system in a powerful but transient manner. Such is, according to M. Péchollier, the reason of the apparently peculiar mode of action of absinthe.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN, 53 BERNERS STREET, W.—An ordinary general meeting of this Society was held on October 25 last, when were elected B. G. Babington, M.D., and Charles Hawkins, Esq., Vice-Presidents of the Society, also John Scott, Esq., of Harley street, a Director, to fill up vacancies in the list of officers. The Treasurer's accounts for the first six months of the year were also read, from which it appeared that eighty persons, widows and orphans of deceased members of the Society, had received relief, ordinary and extraordinary, to the amount of 1,177*l.* 10s. during that period.

SIR P. DUN'S HOSPITAL.—Surgical as well as Medical cases are to be in future admitted into Sir Patrick Dun's

ital; formerly it received only Medical cases. The quence of this is, that its clinical certificates will now ne of as much value as those of other clinical hos-

E SANITARY STATE OF WEYMOUTH.—The great bene- o society which result from well-conducted house-to- sanitary visits, is clearly shown in the following The local Board of Health of Weymouth lately ed Messrs. Griffin, Tizard, and Samson, to make a -to-house visitation in their respective Poor-law dis- In his report, amongst other valuable information, Griffin says: "I have made a house-to-house visita- f all the houses in Weymouth parish, to the number , and have to report that there are 242 houses with privies, most of which are more or less in a foul In fifty houses, there are open privies connected he street drains. In forty-four houses, the inhabi- se a pail, tub, box, or pan, and empty them by night he harbour, street-gratings, or anywhere they can niently do so without being caught by the police. In stance, a pole serves for a seat. In 101 houses, there place of convenience whatever. Without a regular n of drainage, water-closet accommodation can never ried out. In ten houses, there are cesspools. In 294 , the drains run direct either into the street, under , or harbour. The best remedy for this is an effectual drainage."

ICOSE ULCERS.—Several instances of varicose ulcer recently been observed in the wards, M. Hardy casion to show how promptly these sores heal under mbined influence of rest and of an ointment, of cinnabar and minium are the principal ingredients. atient should be debarred from exercise, and the dressed morning and evening with the following e:—℞ Adipis, ℥j.; Plumbi oxidi rubri, Hydrargyri natis, ā ℥ss. Pulverise on a slab with a muller. A as been effected by this treatment in a fortnight, in f many months' standing.—'Journal of Practical ne and Surgery.'

NEW EDITION OF THE PHARMACOPŒIA.—A "Dis- " writes as follows in the 'Pharmaceutical Journal': President of the Pharmaceutical Conference, in his ddress at Birmingham, states that,—"Judging from tle that is now heard of the subject (the British copœia), one can but arrive at the conclusion, either regulations laid down are widely ignored, or that s, wholesale or retail, are gradually falling in with I hope it is the latter." I would I could hope the I think there has been a great amount of hyper- upon it, from which cause many Medical men ver studied it, at least many daily betray their ce of it by writing P. L. on every prescription, it would be affected by it or not. Oftentimes pre- ns are marked P.L., when officinal formulæ for some ingredients are only to be found in P.B., such as *Quiniæ Citras*, *Acidum Nitro-hydrochloricum dilutum* s not officinal in any British Pharmacopœia previous), and *Extractum Colocynthidis compositum*, which in the last P.L. Dr. Garrod's table "of the altera- strength of preparations of sufficient importance to hem *essential* to be borne in mind in the prescrib- ntains only twenty-four articles; no great bugbear would think. Besides this, it must often lead to isappointment in their practice, as frequently pre- is containing *Tinctura Aconiti* or *Tinctura Nucis-* are not marked either P.L. or P.B., although, from r of the prescription, it may be seen that P.L. is ; yet, in such cases, where they are for internal ration, by erring on the side of caution, the weaker reparation is almost invariably used.

CATTLE PLAGUE COMMISSION.—A report will, we nd, be presented from this Commission this week. ater portion of it is now in print. Without antici- ny part of this official document, we may state one nterest, that under the auspices of the Commission, giousness of the cattle plague and its communica- om oxen to sheep, and *vice versâ*, have been satis- shown. It has been proved by evidence of a positive nature that sheep may be infected, both by exposure to the infection of, and by inoculation from, diseased cows; and a healthy calf inoculated from the sheep has died of the plague. These facts will justify the continuance of a rigid preventive system, however desirable it may be, in the presence of the widespread havoc of the disease, and the numerous foci which now exist, to moderate the despotism of the poleaxe.—'Lancet.'

PAUPER LUNATICS AND BOARDS OF GUARDIANS.—On Friday, Mr. Farnall, the Poor-Law Board Commissioner, opened an inquiry at the Shoreditch workhouse, Kingsland, in a very peculiar and important question relative to the responsibility of guardians for the care of pauper lunatics. The inquiry arose as to whether Shoreditch or the City of London should have the care of a lunatic named Mull, who became chargeable to Shoreditch in July last, and was discharged as cured on the 22nd of August last. About twenty days after he was discharged, he was found in the streets of the city breaking windows, and on being taken before the justices he was discovered to be a lunatic. He was handed over to the City of London Union, the officials of which maintained that he was chargeable to the Shoreditch guardians, who, on the other hand, held that the man was a "wandering lunatic," and was chargeable to the city. James Painter, the master of Shoreditch workhouse, stated that the man Mull was admitted there on the 17th of July last on a certificate given by one of the Medical officers, Mr. Collier, who stated in the certificate that the man was suffering from "unsound mind," which was of a "temporary or permanent character," and might be safely removed to the workhouse. The man was placed in the receiving ward on entering the workhouse, and was afterwards entered in the imbecile ward. He stayed there until the 22nd of August, when he was discharged on his own request on the doctor's certificate that he was cured. Dr. Clark, the Medical officer of the Shoreditch workhouse, stated that he saw the man Mull on his admittance, and treated him while he was in the workhouse. The man had delusions that people were following him to "make game of him," and was, in witness's opinion, quite harmless. His disease was entered in the books as "chronic mania," and witness discharged him, considering the man cured. The Commissioner questioned this witness as to whether he did not think the man would have had a much better chance of recovery in an asylum than in a workhouse, and the reply given was that this case had as good a chance of recovery in the workhouse as it would have had in an asylum. In witness's opinion, the imbecile wards were airy and roomy enough; but he considered the airing yard was small. On reference to the master, it was found that there were about sixty-three male imbecile cases in the house, and only 5,975 superficial feet of airing ground for them. Mary Mull, the wife of the man, deposed that she was sent for by the master of Shoreditch workhouse to take her husband out, and, on her asking what she should do with him, the master told her to keep him quiet and let him have his own way in everything. Her husband was then sent for to her, and told to go out with her, but he had no sooner got outside the wall than he said he would have satisfaction against them, as they were hunting him. He stopped at home quietly for a fortnight, and then took to wandering about frequently at all hours of the night. She went again to Shoreditch workhouse, and the relieving officer said they would admit her husband again if mad, but Dr. Collier refused, on seeing him, to certify that he was mad, and a day or two afterwards he was taken up as described. Other evidence was given, and the case was adjourned for the attendance of Dr. Collier.

LIFE ASSURANCE.—The Briton (and New Equitable) Life Association has just incorporated into its business that of the Britannia, an office of some standing and with a large income.

THE number of cholera cases in the Paris hospitals has considerably diminished. No cholera patient has entered the military hospital of Val de Grâce for the last four days. The deaths are diminishing in Paris at least by ten each day, and two-thirds of those attacked are recovering.—'Gazette des Hôpitaux.'

THE UNIVERSITY OF EDINBURGH.—We understand that there is a good average attendance of students this year in the classes of the University. Last week, Mr. Gladstone, the Chancellor of the Exchequer, made a valedictory address as Lord Rector, the term of his appointment having expired, and he assisted at the reception of Prince Alfred's bust, which is to be placed in the library. Dr. Laycock is to open the Clinic of the University this year, and the managers of the Infirmary have attached a ward to the chair of the Practice of Medicine, in order to facilitate practical instruction. It is said that the withdrawal of Dr. Warburton Begbie has considerably weakened the school of private teachers in the city of Edinburgh.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, NOV. 8.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, NOV. 9.—*Operations* at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, NOV. 10.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, NOV. 11.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-Cross Hospital, 2 p.m.

MONDAY, NOV. 13.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

TUESDAY, NOV. 14.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

It is requested that all communications intended for the Editor may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

To SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-Cross Post-office.

NOTICE.—*Complaints having reached us of the non-delivery to Subscribers of the copies of the* MEDICAL CIRCULAR, *we have instituted inquiries as to the cause thereof, and have made such arrangements as will prevent the possibility of a repetition of the same. Any gentleman not having received his copy as usual during the last three weeks, will be kind enough to intimate the same to the Publisher.*

MR. B. W.—A review of the book in question has already appeared in our columns.

ALPHA.—The number of Medical students is rather larger this year than the last.

DR. S. H.—The newspaper was received.

SENIOR.—It is true that the eminent Surgeon alluded to treated syphilitic sores without mercury, and without making any distinction between the hard and the soft chancre. The unity of the syphilitic virus is maintained by the advocates of syphilisation.

BOTANICUS.—The Upas tree, the Bread-Fruit, the Common Nettle, the Indian Hemp, and the Hop, all belong to the natural order of *Urticaceæ*. The chief structural peculiarity in this rather extensive order is in the anatomy of the ovule.

X. Y.—The subject is noticed in one of our leading articles.

A LEGAL QUESTION.

To the Editor of the Medical Circular.

SIR,—Can any of your readers inform me which is the proper course to be adopted in the following case? When a Practitioner has been engaged to attend a lady in her approaching confinement, and afterwards the husband of the lady changes his mind and employs another, who attends her—is the first Practitioner entitled to the fee?

I am, &c.,

AN OLD SUBSCRIBER.

[Yes; and within our own knowledge it has been decided in the courts of law.—ED. MED. CIRCULAR.]

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The Medical Circular.

)R. EDWARDS CRISP ON THE SHEEP PLAGUE.

Dr. Edwards Crisp has addressed a letter to the Right onourable the Lords of the Privy Council, in which he us relates his experience of the Sheep Plague :—

I went to Norwich on the 21st of October, and through e kindness of some members of the Cattle Plague Asso- tion, of Mr. Wells, the intelligent veterinary surgeon, l of Captain Lambert, I was enabled to study the ease in the living animal, and to investigate it after ith. I may premise that my frequent examinations of abs and sheep during many years will enable me to ak with some degree of certainty on this question, hough it is one, I admit, that is beset with difficulties. In Mr. Harvey's park at Crown Point, where the oxen d, there were 2,060 lambs, which fed where the cattle ; and after the death of the latter some of the lambs re attacked, and they have continued to die daily ever ce, so that only about 730 are left, and of these probably greater number will perish. The symptoms are at first ness about the nostrils, followed often by muco-purulent charge, redness of the conjunctival membrane, head rn, ears depressed, loss of appetite and absence of nination, dry cough, thirst, frequent diarrhœa, the dis- rge from the bowels was of a dirty yellow colour. The ation of the disease, from the appearance of the first ptoms, is from twenty to seventy hours. Many lambs have recovered lose a part of their wool, as is the in other diseases of sheep where the blood is vitiated the debility great. Of these lambs, I examined at the metery" on the 23rd of October, four ; 24th, six ; 25th, e ; and the 26th, four. In addition to these, I had an ortunity of seeing, through the kindness of Mr. Wells, ring lamb that had been inoculated from the ox, and xamining its viscera after death, as well as the viscera nother lamb that had been turned when in a healthy among diseased sheep ; but the latter cases may be rted elsewhere, so I refrain from further allusion to at present. I append a table of the autopsies of th-three of these lambs. In all I made a very careful ination, and in nineteen I laid bare the whole length ie alimentary canal. I have tabulated the appearance ie eye, tongue, mouth, the lungs and air-passages, t, blood, the various parts of the digestive apparatus ; ancreas, liver, spleen, kidneys, bladder, urine, vagina, is, ductless glands, brain, flesh, and wool. I now give eneral summary from this table. The first and most le change was the distended appearance of the heart l, with dark, shiny, treacle-like, defibrinated blood ; lot imperfectly coagulated, and in only one instance, e the lungs were inflamed, was there fibrine upon the The blood in the mesenteric and other veins was and fluid ; and to show how much this state of influences the morbid appearances, I found that the most eye was bloodless, whilst that nearest to the d had the vessels of the conjunctiva much con- l. The larynx, trachea, and bronchial tubes were ghly vascular, but the vessels, unlike those in ordi- inflammation, could readily be emptied of their blood essure with the finger, leaving the rings of the wind- white until the vessels refilled. This state of blood what resembles that which I have seen in poisoning ussic acid. In this condition of the circulating fluid, ot to be wondered at that nearly all the organs were congestive or vascular state. The brain, lungs, air-tubes, heart, kidneys, and pancreas, were preternaturally full of blood ; but, with the exception of the lungs and kidneys, no structural alteration was present. In eight, the lungs were either in the first stage of inflammation, or partly solifiided by old-standing disease. In three, the kidneys were divested of their capsules, from the generation of gas, an alteration I have seen in many species of ruminants. In all, the liver was more or less softened ; in ten it was granular, and easily lacerable, the finger passing readily into its substance. The gall-bladder was generally distended with bile. The spleen in all was of small size and healthy. As stated before, in nineteen I examined the whole tract of the alimentary tube ; in six, parts only of the canal were inspected. In all, the stomachs were softened, and the epithelial membrane readily peeled off. In sixteen, the fourth stomach was universally red or covered with irregular shaped red spots, less definite in form than in the ox. In five, the fourth stomach presented little or no trace of redness, and the red marking and mottlings of the intestines were indistinct. The cœcum in nearly all was more or less spotted or ecchymosed ; the other intes- tines red in many places, but not generally presenting the same mottled appearance as in the ox. The rectum, near to the anus, in nearly all was congested and streaked with red. In ten, Peyer's glands were of a claret colour, but not ulcerated ; and the red patches in the fourth stomach did not present the same raw appearance as in the ox, the epithelial membrane being entire. In three, lymph-like exudation was present in some parts of the intestinal mucous membrane ; and in one this exudation was confined chiefly to the root of the tongue and to the upper part of the larynx. If I had inspected some of these lambs only, I might have come to the conclusion that the disease was of a doubtful kind ; but a more extended examination convinced me that the disease was "cattle plague," modified somewhat in the sheep, as shown by the mottled appearances I have described. I have witnessed the same condition of the blood in ruminants dying at the Zoological Gardens ; but the erythematous and spotted aspect of the fourth stomach, and the mottled appearance of some parts of the intestinal tube, I have never before observed. In addition to the softened state of the liver in the sheep, the dark and tarry condition of the blood, the general softening of the lining membranes of the stomachs, the absence of red patches on the lips, cheeks, and tongue, the contents of the gastric cavities present a remarkable difference to those seen in the ox. In the sheep, judging from twenty-eight that I have examined, the food in the stomachs is always soft and pulpy, and never presents the dry appearance it does in the ox when affected by this disease. There is another pecu- liarity worthy of note—viz., that, as in the so-called typhoid fever of the pigs, the young appear to be chiefly if not solely affected.

I have not space in this letter to enter into the condition of the lambs at Crown Point, and the nature of their food when attacked, but I may observe, that as far as I can judge, thousands of lambs in England are worse fed and worse cared for, and, notwithstanding this, are in good health. The same outcry was raised about the London cow-sheds ; but it is notorious that the mortality has been as great, if not greater, in some of the most healthy parts of England, as in localities where the atmosphere has been impure and the animals densely crowded. Let me take the parish of Melford, Suffolk, where I spent four years of my pupilage, and to which place I journied from Nor- wich. Besides the well-known losses sustained by various farmers in this healthy district, the cattle in Melford Park, as at Crown Point, were all destroyed, either by disease or by the pole-axe, with the exception of one solitary ox that I visited ; his grave had been dug, but, notwithstanding his helpless and hopeless condition, he cheated the Govern- ment and the inspectors, and there he grazes, his well-filled paunch and sleek coat telling plainly that his vitals have recovered their pristine soundness. If he could speak, my lords, what a lecture he might give to the Govern- ment on their tardiness and supineness in this fearful calamity ?

GENERAL CORRESPONDENCE.

SHALL MACGREGOR HAVE A STATUE?

To the Editor of the Medical Circular.

SIR,—It has often happened that really great men have passed their lives in obscurity, their transcendent virtues unrecognised, their gigantic powers undisplayed, and their works unappreciated.

"Hands that the rod of empire might have swayed" have grown horny in handling the flail, or grimy in the lighter employment of cleaning knives and shoes. . . . What a proud man he has a right to be who has from "the dark unfathomed caves of ocean" fished up the "gem of purest ray serene," brought out the "village Hampden" with the particularly "dauntless breast," or has anthropoglossicized a "mute inglorious Milton."

What a happy, fortunate, much-to-be-envied man, then, must be John James Macgregor, M.D., M.R.C.S.E., of 14 Upper Seymour street, Portman square, W., who discovered the merits of Dr. Robert Hunter; what a generous and disinterested benefactor Dr. Macgregor, of 14 Upper Seymour street aforesaid, must be to have published the letters on "Diseases of the Throat, Larynx, and Lungs—their Nature, Causes, and Cure" (all for the price of half-a-crown, in scarlet cover, set off with white lines), by Dr. Robert Hunter aforesaid.

Shall Cromwell have a statue? Nonsense! Macgregor, M.D., is to have the vacant niche in St. Stephen's, and there shall be no delay about it. Macgregor shall go and see his own statue inaugurated or unveiled. Preposterous? Not at all; why so? Has not Macgregor made known to the British public the name of the man who cures consumption, and is not that the same thing as curing it himself? Dr. Robert Hunter, of New York, cures consumption; at least, he says that he can do so. Dr. Macgregor, of 14 Upper Seymour street, Portman square, "found" Dr. Robert Hunter's "labours had been long appreciated, and had procured for him a wide-extended fame, and an ample fortune in America."

Dr. Macgregor then felt convinced that when the "enlightened and masterly views" of Dr. Robert Hunter, of New York, "on the *origin*, *nature*, and most important of all, *treatment* of diseases of the lungs, became known to an unprejudiced and impartial public," Dr. Robert Hunter, of New York, "would meet the reward he so richly deserves." That reward, since he has secured a wide, extended fame and ample fortune in America, surely need be none other than to see the statue of Macgregor, M.D., of 14 Upper Seymour street, Portman square, wheeled down to Westminster by a team of twenty of Kelk and Lucas's most splendid waggon horses, and duly installed amongst the notables of English history.

Dr. Macgregor has introduced in his unauthorised publication (for he nowhere says that his edition of Dr. Robert Hunter's "Letters on the Throat, &c., &c.," is an authorised one), numerous cases which he deems "especially valuable since they in many instances emanate from members of the Press or the Medical Profession,"—*American* Press and *American* Medical Practitioners of *course*. Probably the imaginative contributor to the American Press who furnished the test of British holders of Confederate Bonds was one of Dr. Hunter's cures. Dr. Macgregor thinks they derive an especial value, "inasmuch as they each bear (*sic*) a voluntary as well as a grateful testimony to the benefit derived from the skill of the physician."

The simplicity of Dr. Hunter's views constitute their great charm. "Consumption," Dr. H. says, "is caused by *tubercles of the lungs*. Tubercles are little granular bodies deposited from the blood. They are most frequently located beneath the mucous membrane of the air tubes, but they are also deposited in the air-cells and on the free surface of the mucous membranes."

What causes the tubercles though?

"Neglected catarrh, sore throat, and bronchitis," which, preventing the free ingress of air to the lungs, interferes with the decarbonization of the blood, and promotes the deposit of tubercles, for "softened tubercle is nothing more than *carbon* united with the elements of the tissues in which it was deposited." Consumption is to be cured, obviously, "by restoring the purity of the blood and causing the oxidation and absorption of the tubercles." What is easier than to make an egg stand on one end when you have been shown the trick.

Inhalation is the secret. "The lungs," Dr. Robert Hunter, of New York, says, "were designed by Nature for the reception of air, gas, and vapour," therefore, by means of vapour we convey medicaments into the lungs, that is, to the very seat of the disease itself. Dr. Hunter says, "because Physicians cannot apply washes and ointments to the inner surface of the air-tubes they desert the principle of direct medication altogether." Dr. Hunter, of New York, is evidently unaware that inhalation was practised in England before, probably, the Medical Profession in America (where he has gained the wide extended fame and ample fortune), received its so fortunate son into its unconscious ranks.

Dr. Hunter laughs to scorn the bare notion that any medicament taken into the stomach can reach the lungs. "How can," he asks, "a medicament, put into a healthy organ, possibly affect a diseased organ at a distance from it."

What idiots English Physicians and physiologists must be!!

I learn that Dr. Hunter, leaving his ample fortune in America behind him, has come to this country. I can cordially join Dr. Macgregor in one sentiment—namely, that he will meet the reward he so richly deserves.

I am, &c., PALMAM QUI MERUIT, FERAT.

OXFORD AS A SCHOOL OF MEDICINE.

The last point on which we have space to touch is Oxford as a school of science. Here, again, all is change and progress. Without any disparagement to those who have promoted the study of physical science in Oxford, from the time of Boyle to the days of Powell, Buckland, and Kidd, it is certain that till after the middle of this century—that is, till fifteen years ago—there was no united, systematic attempt to make science, as such, part of the general education of the Oxford youth, or to provide them with that which is essential for success in it, the means of practical instruction.

When, indeed, some of the Oxford authorities set themselves with seriousness to this task it was no easy one. The Convocation, who hold the purse strings, were not only averse to change in the character of the studies, but were generally unacquainted with the nature of the science which it was proposed to incorporate. They, therefore, honestly, but in too many cases blindly, resisted any attempt to give activity to dormant professorships, or to studies whose worth they doubted and whose influence they feared. A sharp contest ensued between those who, believing in the past alone, dreaded the future, and those who, trained in critical studies, trusted the God of nature to care for His own, assured that He who made preserves, and that His works are part of His Word to man. Slowly the newer conviction worked its way. With that practical sense which our countrymen so eminently possess, two persons, among many others apparently as little likely to aid the movement as could have been named, and who differed in their own theological departments, the Reverend Dr. Cotton (the Vice-Chancellor) and Dr. Pusey, each supported the vote for the erection of the well-known Museum. Thenceforward all went with comparative smoothness. Though every money-vote was pertinaciously contested, still it noiselessly but "slowly the palace grew," and ten years ago a building appeared furnished, according to the several views of the professors, with practical appliances of scientific study, more or less perfect, in most of its departments. Mathematics, astronomy, geology, physics, chemistry, mineralogy, zoology, anatomy, physiology, Medicine found a common home, with a common library of reference, generously provided by the Radcliffe's trustees. I need not, indeed cannot, enter into the details which would be necessary for describing in full the arrange-

nents and intentions of this edifice, where Brodie, Phillips, Tolleston, Donken, Acland, Henry Smith, Westwood, and ther well-known men carry on their instructional or scien-ific labours. I can only say a few words on the scope vhich the institution seems to have in its relation to ational or Medical education.

The authorities of the University appear to have estowed much attention upon the subjects which they hall endeavour to teach, and on which they shall hold ex-minations. They felt apparently that what they under-ook they should strive to execute with efficiency, and what ney could not do well they determined not to attempt. s regards the Medical Profession this principle was of rimary importance. All the discussions that have taken lace in the last few years have served to show more and ore that while our great metropolitan Hospitals could, nder a sound educational system, treat with efficiency all ie practical parts of the art of healing, their success, such s it is, is diminished by the want of early classical and ientific training in the students that flock to them. xford has been aiming to supplement this Professional id national want by reducing the length of residence, by iminishing expense, and by increasing the means of ientific study. What, therefore, it is so improper—ideed, so impossible—to obtain at a Hospital, an educa-on in Arts, and a preliminary rearing in Natural Science, now put, at Oxford, within the reach of those who can are the time for a University course.—'Medical Times id Gazette.'

REVIEW OF BOOKS.

hloroform: its Action and Administration. A Handbook. By Arthur Ernest Sansom, M.B., Lond., late House-Physician and Physician-Accoucheur's Assistant to King's College Hospital. Pp. 192. London: Churchill and Sons. 1865.

r. Sansom, having been frequently associated with the te Dr. Snow in the administration of chloroform, and aving also for a considerable time been in the habit of lministering the anæsthetic at King's College Hospital, id in the private practice of several eminent surgeons, inks, and not without reason, that he may be excused for endeavouring to supply a want," inasmuch as it has ap-ared to him that the time has come when the separate perience and teaching of individuals on this subject may advantageously formed into a truthful and brief com-ndium. We are bound to state that Mr. Sansom appears possess all the necessary qualifications for the task he s undertaken, and the little book he here presents to the ofession seems to comprise a great amount of useful in-mation derived from all available sources, while the ictical rules he lays down for the guidance of those who ploy the anæsthetic are founded upon sound reasoning d no small amount of experience.

The history of the invention of chloroform as an anæs-tic, its great and important services to Medicine and rgery, the dangers occasionally attendant on its use, and precautions recommended during its administration, all subjects which have been so recently canvassed and cussed, that a writer on such topics must occupy beaten und, and his chief claims to notice must rest upon the ngement of his materials or the practical knowledge he ngs to bear in their application. Mr. Sansom's work is ided into chapters, which successively explain the dis-ery of chloroform, the influence of the discovery, chemical nature of chloroform, the effects of its alation, its physiological action, the operation of esthetic agents generally upon the blood and the circula-n, the danger of chloroform and the circumstances which dify the peril, the diseased conditions of the body which rease the danger, the danger of the incautious adminis-tion of chloroform, the signs of danger, the mode of uscitation in apparent death from this agent, the methods dministering it, the value of anæsthetic mixtures; and concluding chapters are devoted to the applications of chloroform in surgery, in obstetric practice, in practical Medicine, and in dentistry.

In the introductory chapter, Mr. Sansom, in allusion to the use of narcotics and sedatives, mentions the curiou fact that the compounds of formyle have been employed for their physiological agency by unlettered peasantry. Chemical readers are, of course, aware that formyle and formic acid are so named from the fact that they were originally derived from *ants* (formica, Lat.), and it seems that crushed ants have been used to allay local pain, and in Norway the common beverage of the lower classes was in former years a spirit, in which a bag of large white ants was boiled and left to simmer. When the ant-bag had remained for an hour or more in the spirit, it was removed, and the intoxicating drink was served out. The effect of this beverage was rapidly to produce a delightful dreamy condition, which soon passed into complete unconsciousness, from which it was impossible to rouse the drinker by loud speaking, or shaking, or pinching. This condition, however, would pass away in an hour or two, leaving the person quite well and without any headache or other discomfort. It appears, too, that surgeons were accustomed to perform operations upon persons on whom anæsthesia had been thus produced, but the facts did not give rise to any further investigation.

We regret that our space forbids us from entering at length upon the various topics discussed in Mr. Sansom's book; but from the great interest attaching to chloroform in the present day, this manual will no doubt find its way into the hands of most of the Profession, to whom we can confidently recommend it as a safe and trustworthy guide.

History of a Successful Case of Amputation at the Hip-Joint. By J. Sampson Gamgee, Surgeon to the Queen's Hospital, Birmingham. Pp. 33. London: Churchill and Sons. 1865.

This interesting monograph relates the particulars of a case in which amputation was successfully performed at the hip-joint for an enormous and long-standing disease of the thigh-bone. The limb measured forty-eight inches in circumference, and when removed it weighed upwards of ninety-nine pounds, considerably more than half the weight of the entire body. The disease originated in an accident in the year 1851, when a piece of coal of about two hundred weight fell on the right foot of the patient, who was a miner in a coal-pit. This occurrence seems to have given rise to enlargement of the thigh of the same side, and in 1860 the measurement of the limb was twenty-nine inches in circumference, and in September, 1862, when the operation was performed, the dimensions increased to those we have above stated. The operation was performed at the urgent request of the patient, but there were other circumstances which justified the proceedings, such as the apparent benignancy of the affection, the temperament, which was placid and resolute, and the fact that there was sufficient of the soft parts to cover the wound after disarticulation of the hip-joint. The limb, in consequence of its great weight, was suspended by a pulley to the ceiling during the operation, and the disarticulation was made without any great difficulty, and a sufficient flap obtained to cover the wound. Eighteen arteries were tied, the femoral being of very large size, and several of the others being also very large. The femoral vein was gaping and thickened with greatly-distended walls, and a ligature was also placed on this vessel. The hæmorrhage had been controlled by the aortic tourniquet.

The patient recovered from the shock rather speedily, but hæmorrhage returned, which was restrained by the re-application of the abdominal tourniquet, and ligatures were applied to the orifices of the bleeding vessels. In little more than a month, the stump had healed, and the man, who was previously emaciated, quickly regained his health and increased nearly 100 pounds in weight.

The subsequent examination of the diseased bone, of which two beautiful photographic illustrations are given, showed that the specimen was one of Ossifying Enchondroma, the lower three-fourths of the os femoris being surrounded by, and enveloped in, the morbid growth.

The case is undoubtedly deserving of record, and is worthily presented to notice in the work before us, for the volume is luxuriously got up, the paper and the type being of the finest description, and the photographic illustrations being executed in the highest style of art. The latter represent the appearance of the patient before the operation, his appearance after it, and the characters of the enchondromatous tumour, which is shown first in mass and afterwards in a longitudinal section.

Cholera; its Pathology, Diagnosis, and Treatment. By William Story, L.K.Q.C.P.I., F.R.C.S.E. Pp. 79. London: E. and F. N. Spon. 1865.

When the cholera appeared in England in 1832, Mr. Story was a student at the London Hospital, and was daily witnessing cases in the Whitchapel and Mile End Unions. He next observed the disease at Jessore, in the East Indies, in 1838-40, and became confirmed in his opinion as to the non-contagious nature of the epidemic, this being the belief of the natives themselves. He afterwards returned to England, and witnessed another attack of the disease when practising at the East End of London. Thus it will be seen that Mr. Story has had considerable practical experience as to the nature of cholera, but we cannot conscientionsly state that he has thrown much light upon either the pathology or the treatment of this unwelcome visitor. The treatment he recommends is eclectic, and he deprecates the use of cold. In addition to the meagreness of the information afforded, the book is very carelessly written.

The Dental Licentiates' Directory and Local List. By Alfred Hill, L.D.S. London: Churchill and Sons. 1865.

Mr. Hill thinks that he is meeting a decided want in proposing to compile a directory, or a list of those gentlemen who have taken the Degree of Licentiate in Dental Surgery of the College of Surgeons of England. This list is the more necessary, he thinks, from the unsatisfactory conciseness of the College list, and he also believes that the knowledge thus offered of one another would be agreeable to the dentist community, and form a stronger bond of union among them than at present exists. Mr. Hill has performed his present task very neatly, and he solicits fuller details from his brethren so as to render the next issue of the directory as complete as possible.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. BARNES continues his lectures "On Puerperal Fever," and having in former lectures considered those cases of this affection which are auto-genetic, or caused by conditions proper to the patient herself, he now proceeds to analyze and appreciate the numerous causes of fever which attack the lying-in woman from without. It has been assumed by some that puerperal fever is mainly caused by elements of infection derived from dissection or from persons labouring under contagious diseases, and carried to the lying-in room by the Medical attendants. It has, therefore, been argued that if obstetric practice were entirely separated from Medical practice, and conducted by females, puerperal fever would be materially diminished. The proofs of this argument are made to rest upon the evidence of statistics, but Dr. Barnes shows that the results do not really confirm the views in question. A comparison is made between the rate of mortality which occurs from puerperal fever in the gross population of London, and that which arises from "puerperal causes" among the patients attended by the Royal Maternity Charity. But there are many fallacies in this comparison, for all the women in the general population are not attended by Medical men, but many of them are attended by midwives. Again, the patients of the Royal Maternity Charity are in a great measure a selected class, for they are all married women, and thus all the cases of puerperal single women, most of whom are primiparæ, are excluded. For this and many other reasons which are adduced by Dr. Barnes, the comparison between the two classes is not a fair one, and the evidence from statistics is not to be relied on. It moreover appears that the records of several hospitals, as of St. Thomas's and Guy's Hospitals, show a smaller mortality than that of the patients of the Royal Maternity Charity, although the patients of the former are attended by Medical men.——Mr. BARNARD HOLT communicates a paper "On Five Cases of Stone in the Bladder, where no Surgical Examination had been made." These cases show that in all instances where the ordinary symptoms of stone in the bladder are present, a surgical examination should be made. The neglect of this proceeding may entail great and prolonged suffering, and when operative interference is adopted, the results may be fatal, as is shown in Mr. Holt's first case.——Dr. HORACE DOBELL, in a paper "On the Assimilation of Fat in Consumption," gives a "Third Report of Cases Treated with Pancreatic Emulsion" at the Royal Infirmary for Diseases of the Chest, City road. The pancreatine and pancreatic emulsion are now prepared by Messrs. Savory and Moore. The effects of the emulsion appear to be in general beneficial.——Dr. J. DANIEL MOORE contributes a short paper "On Respiration and Signs of Life in a Fœtus delivered at about Five Months' Gestation," and he illustrates his remarks by a case which is of interest as showing the very early period at which respiration and pulsation may exist in the fœtus expelled from the womb. Except respiration and pulsation there were no other signs of life; but in a medico-legal point of view, the case is worthy of record in reference to succession or inheritance of property.

THE JOURNAL OF MENTAL SCIENCE, published by authority of the Medico-Psychological Association. Edited by C. L. ROBERTSON, M.D., Cantab., and HENRY MAUDSLEY, M.D., Lond. October, 1865.

The first paper in the present number consists of "Some Remarks on a Recent Attempt at the Comparative Statistics of Bethlehem Hospital, and of the English County Asylums," by Dr. ROBERTSON, and the author of the paper controverts the views entertained by the advocates of the salubrity of Bethlehem Hospital, and argues that there is no excess of cures at Bethlehem over many of the County Asylums.——The next paper is a translation from the German—namely, "the Prognosis in Mental Disease," by Dr. GRIESINGER, of the University of Berlin, who examines the question under two heads—namely, as to the influence of insanity on the duration of life, and on the probabilities of cure in cases of insanity. To the first question he replies that after the acute stage has passed, lunatics may live for a long period, and he examines the second question by considering all the modifying circumstances which may influence the prognosis.——In an article "On Insane Patients in London Workhouses," Dr. F. E. ANSTIE censures in very strong terms the inadequate arrangements made for the treatment of such patients in many of the establishments placed under the control of the Board of Guardians.——Mr. W. A. F. BROWNE, Commissioner in

Lunacy for Scotland, contributes a paper "On Epileptics, their Mental Condition." This paper, which was read before Dr. Laycock's class of Medical Psychology, gives a most able sketch of a very difficult subject, and points out the different derangements or perversions of the mental faculties which epilepsy usually entails upon its victims. ——Dr. T. B. Belgrave contributes a paper "On the Bromides of Potassium, Cadmium, and Ammonium in the Treatment of Insanity," his conclusions being that these drugs exert a certain influence upon some of the more violent cases of mania, and that they in some measure are also useful in cases of general paralysis, and in epileptic patients.

CYCLOPS' TWENTY-SEVENTH LETTER ON PHYSIOLOGY.

To Vigilans.

Sir,—The first point I have to notice where aperients are hurtful in the highest degree is when they are given after parturition. I claim some authority here, as having had above four thousand infants to my hands from their birth, independently of miscarriages. There is not a more important subject in physiology than what I am now about to touch upon, and I am pleased to see a feeling growing up in the practice of Medicine on the subject of the treatment of our women in these cases. I have always considered the practice of low diet almost equal to starving, combined with purging of the parturient female as one of the grossest of errors, and that these cases have been treated more as cases of disease than what they really are—namely, simple natural acts. Therefore, to keep a case of this kind for days after parturition on gruel, and on or about the third day after to purge, is nothing short of a premeditated attempt at manslaughter. In the largest percentage of these cases we have a right to conclude that there is a good condition of health, with a natural act to be performed. It is called "labour," and God knows it often is, and very hard labour too. Suppose a female pressed by some dire necessity to walk twenty miles within a given time, and as a consequence to become perfectly exhausted. She is put to bed and a doctor sent for who hears her story. Would he, knowing her exhaustion from such a source, keep her on gruel for a week or ten days, and order her purgatives? No! He would say let her rest and give her nourishing things. But what has been and is now the general habitual treatment of these natural parturient cases? These natural labours? These simple natural acts of great effort with a call upon all the bodily and muscular exertion of a male in the highest health and condition? I am grieved to say, except with a few far-seeing and intelligent men, that it has been a gruel diet for some days or a week, and then the second or third day purging. What for? Is there disease? No! Is there fever? No! The patient could eat and drink if permitted, but they are forbidden through the grossest ignorance of physiology, to do so. Now, let us look calmly at the fact. A healthy woman is suddenly seized with the pains of child-birth. The first pain almost invariably produces an action on the bowels. As labour progresses, a second may occur, and as the child is passing the outlet, should there be any fæces in the rectum, they are pressed out. Well then, the colon may be said to be empty. Now, I have shown that it is distinctly necessary that it never should be empty for any length of time. I have shown the value of fæces as fæces, from whence the body gets certain gases to resist the oxygen of the atmosphere around and about it. That these gases are necessary to form fluids as well as to keep up the plumpness of the body, and not only this but brain power from the phosphorous, that they also eliminate with the hydrogens. Now, how long does it take properly to fill the colon under the natural circumstances, of which I have been speaking? Why, several days under the best diet of meat once a day, and the satisfying supporting fluid of malt and hops, but when the colon is sufficiently filled, and the fæces sufficiently abundant to make their gases, an ejectment of the excess as naturally takes place as that pigs squeak, or any other natural act. The consequence is, powers are restored in their natural way, and we have what is called a good "getting up." Milk is formed in sufficient, even superabundant quantities, and Nature, in all her beautiful laws, is triumphant. On the other hand, what do we see? Why, the female starved upon gruel and bread and butter and tea. What a sorry fare to make fæces upon! Yet they are made to a certain extent, but of very poor quality, nevertheless. But on or about the third day, a dose of castor oil is administered. The doctor orders it, and the more ignorant nurse follows the advice promptly, to do what she, in her capacity says, "to cleanse her." To cleanse her from what? She believes to cleanse the womb. God save the mark! for I verily think some doctors believe so too. So that, with only this insufficient diet, while Nature is trying to abstract power even from the poor mass formed, even that is to be carried off. I do not think ignorance can go further. What is the result? Utter prostration of power, and little secretion of milk, and when this has lasted a week, some beef-tea may be ordered, but the poor patient getting low, a little brandy may be given. Then it is wondered how a strong, healthy woman, who before the natural act of parturition, which has been performed in a natural way, should be so low and prostrate. No wonder we see those melancholy facts under the head of Births, Marriages, and Deaths—viz.: On the 1st inst., Mrs. —— of a son. In a week or ten days after, Died Mrs. ——. What a pity this episode could not be completed by adding, "from starving and physicking, after a natural parturition *secundum artem*." It has been my lot to have been called in in consultation in many cases of great danger after parturition, from the sole cause of the patient's having been kept too low, and I have pointed this out to the gentlemen in attendance, and warned them against this very absurd plan of treatment.

They say they are afraid of inflammation, or of milk fever! Why, the lowering plan is the very best in the world to produce these evils. It is of no avail that some members of the Profession occasionally bring forward the fact of keeping our parturient women too low; they state these circumstances as the simple result of their own observations. If they were accompanied by a philosophy, such as I have set forth, they would make greater and more lasting impressions. Parturition is not disease, and therefore, there is no reason or common sense in these cases being treated beyond the first day by slops or gruel, when a daily chop after the first day would be more support, and if not accompanied by a glass of porter, this may be added the third day with advantage. When fæces of sufficient quantity and quality have been made, Nature will always get rid of the superabundance by her own laws, and a few days conservatism will do more good than harm. It is more in accordance with all natural and physiological laws. All these matters I have now advocated for more than a quarter of a century.

The next cases where conservatism of the colon is seen to be a natural seguitur is after heavy falls, blows or contusions. Nature immediately after these, requires all the powers she can collect from every source, and none more than from the gaseous elements eliminated from the fæces. Again, from severe burns, she shows her wisdom in this act. Last year I had a case of a brewer's apprentice, who fell into boiling liquor up to his middle. He was enabled to lift one leg up, which was consequently not so much scalded; the other, to above the knee, was in a frightful state, so that in pulling off his trowsers and stockings the whole mass of skin came away. In order to relieve pain, I dressed his legs for forty-eight hours with the beautiful and well-known preparation of equal parts of linseed-oil and lime water. After this, I put his legs into a mass of wheaten flour, excluding the air entirely, and dressing them once a day. The discharge from the most injured limb, as is usually the case, was enormous, forming with the flour great cakes, all of which were carefully removed by the spatula, and the leg again put into the flour, and flour applied thickly by the dredger to the upper portions. I gave him opiates, and

kept his bowels confined for a fortnight. This, with good and generous diet, as soon as he could take it, the limb recovered most rapidly without any aperients. Nature dictated the removal of a large consistent motion in her own due time, and in four weeks the whole limb was perfectly restored, the new skin only showing a little redness. I attributed the rapidity of the cure and fresh formation of the new parts entirely to the conservatism of the colon and the vital forces and powers gained therefrom.

In all operations, the very first thing that should be done by the physician and surgeon, is to conserve the bowels and follow what Nature is sure to be the first to do. This I have already spoken of in mentioning the circumstance of a friend of mine, communicating this point of physiology to Mr. Baker Brown after the operation of extirpating abdominal tumours. All these matters relate to cases where accidents or other circumstances occur in a hight state of health.

Now, the Faculty, as a body, do the very reverse. Their first question is—Are the bowels open? If not, they set about opening them directly, and keep them open against all philosophy.

On the other hand, let us consider how Nature deports herself in certain diseases. In fevers for instance, the fact of constipation setting in coincident with them, seems so glaring that, the only wonder is that those who have had the greatest experience in their treatment and who must have seen this, that they have not looked upon it more as a law than for a reason for opposition. It is now twenty-five years since I first noticed this fact and willing to watch all natural laws, I let a case go on and while I did not interfere it did well; but the mother being alarmed at a conservatism of twelve days, injudiciously followed the advice of a sympathizing friend and gave a dose of castor-oil. This produced an action on the bowels which was followed by delirium and nothing that art could do, was able to prevent a persistent diarrhœa and in consequence the patient died. I asked her if she had given any aperient, she said No! I taxed her again with it, she still denied it. But when her child was dead, I again asked her to tell the truth, feeling assured, it had been done and she confessed to the fact. Nevertheless this was an advance. In subsequent cases I took better precautions and my success in following this plan has been well rewarded; yet how unsatisfactory to science, to know a fact and not its cause. All these circumstances have been followed up step by step until I am now prepared to state that which I have in these letters relative to the value of fæces as fæces and that we owe to the colon and to the fæces themselves the best vital powers and principles of our bodies. Where a fever, seizes us, which is to the body the same as a drought to the earth, all our streams and rivers, seas and lakes, ponds, canals and rivulets become dried up. It seems of no avail to proffer the jug of pure water to drink, or to apply the sponge with its delicious moisture to the surface of the body, all is soon absorbed and dried up. Where are we to look for the return of all these inward waters of life. The body is scorched and it withers, for Nature herself failing to make her own fluids, an annihilation appears imminent. All the moisture, through the whole extent of the primæ viæ and the colon, becomes absorbed. When this is done, robbery and felony succeeds everywhere; the two great currents of blood in the arteries and veins must now yield all they can. No glands can act, for they are already impoverished. If the blood furnished them with their secretions, why does it not do so now? Cannot physiology see even in this, that it can only furnish structure? To add to all this evil, the faculty must step in and unwisely administer aperients, but they get nothing by them but evils. Where is the moisture to enable fæces to pass? They get little or none, probably only a little coloured matter which they have forced out *vi et armis*. But, if the bowels are allowed to remain constipated, hydrogen from the fæces may yet be generated and combining with the oxygen, that natural moisture which the body requires, is gradually restored and with it all natural streams and rivers. No wonder the Profession take credit for a negative and say they treat fevers better now-a-days, because they leave them alone to Nature. She conserves the colon and the fever then abates. As soon as it begins to do so, a firm, healthy, solid stool is the result, surprising everybody. A stool such as the healthiest individual delights to pass. Therefore it is in fevers we see the true value of conservatism and it was from fevers I learnt my first lesson in the true physiological uses of the colon.

Again as regards headaches, it is supposed that these are produced most frequently from constipated bowels. Well, so they are occasionally, but it is from this fact that so many errors have arisen, because no physiologist has ever pointed out that they are also produced from relaxed bowels and what is more, more agonizing and painful ones. People may be heard to say, "if my bowels are not open, I have a headache," but no one ever attributes a constant headache amounting almost to a specific disease to their bowels being too much relaxed. There is no greater mistake made than by writers on cerebral subjects who have advocated the persistent use of aperients in persistent headaches. Did it never occur to these men that a headache might arise from a deficiency of structural brain elements or alimentary brain power, as from excess of either. I tell them that headaches arise oftener from the former than the latter, and that these are of that class which are the most difficult to be endured. Yet I never knew an instance of both that the same plan and treatment by aperients were not prescribed. I have spoken in a former letter of the sympathies of the colon with the cerebrum or reflecting portions of the brain and of the stomach and chylopoietic viscera with the cerebellum or the instinctive or animal portion. In papers such as these, I have no time to enter into the minutiæ and treatment of these subjects. These letters are only designed to rouse thought on the subjects touched upon. Neither can I enter now upon the diseases and morbid conditions of the colon and show the wonderful mistakes that the Faculty have made in their utter neglect of the physiology of this viscus and so overlooking and mistaking diseases therein, but attributing them to some occult disorders in more contiguous organs which were all the while perfectly healthy. I must, therefore, be content to say that these shall some day have their due consideration and exposition at my hands. Having opened this subject, I must leave it in order to consider some of the remaining organs of the body such as the glands, the liver, the kidneys, fat, &c., &c., which are very important, and which I will commence with in my next letter.

I am &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

LORD HENRY SEYMOUR'S BEQUESTS.

The late Lord Henry Seymour left about 60,000*l.* to be divided among the "Hospices de Paris et de Londres," and a question was raised as to the meaning of the word "Hospice." A judgment on this point has been delivered in the Rolls Court, which is altogether adverse to the claims of our "Hospitals" as now constituted. The following is the judgment:—Wallace *v.* the Attorney-General. (Before the Master of the Rolls.) "His Honour again gave a judgment in this case, which has come before the Court in various forms as to a bequest in the will of the late Lord Henry Seymour of a sum of about 60,000*l.* to the charitable institutions of London. The will was made in France and is written in the French language, the passage causing the controversy being 'Aux Hospices de Paris et de Londres.' The question the English Courts have to determine is, what institutions are included under the words 'aux Hospices de Londres?' After examining a number of French definitions of the word 'hospice,' his Honour held that such word, and the gift covered by it, did not include 'Hospitals' as generally understood in this country, but must be confined to such institutions as gratuitously received within their walls and permanently provided for persons incapacitated from taking care of themselves, either from old age combined with poverty, or neglected infancy,

or mental incapacity, or from bodily ailments not susceptible of cure. Such a gift did not include such Hospitals as discharged their patients when cured or when incurable, such as Bartholomew's and St. George's Hospitals; or hospitals merely for instruction such as Christ's Hospital; or Hospitals merely for the relief of sickness, and not admitting inmates, such as Dispensaries. The gift must be construed and confined, strictly within the meaning of the French word 'hospice,' and the various claimants must be marshalled accordingly."

A NEW MODE OF EFFECTING DELIVERY.

Although the various measures in which consists what M. Senn, of Geneva, calls his method, are to be found described in all works on obstetrics, yet their simultaneous application is in reality a suggestion which originates with M. Senn. The question of prior invention is here, however, of no import; the system is a sound one, and we conceive it our duty to make it known. The following remarks on the subject, by the learned practitioner we have named, are borrowed from the pages of the 'Revue de Thérapeutique.'

This method, adopted of late years by M. Senn, and which appears to him to afford all desirable security, is founded on practical experience and logical induction, and is a combination of three elements:—

Injection into the placenta of the blood contained in the cord, and of the blood of the infant; gradual and permanent pressure of the abdomen by means of a very simple bandage; and entire immobility of the mother in the horizontal attitude for two hours after delivery.

As soon as the child is born, the accoucheur grasps the cord at about an inch from the navel, in order to protect the latter from any injurious dragging, and with the finger and thumb of the other hand forces back into the placenta the blood contained in the funicular blood-vessels.

By pressure with the finger and thumb, the blood is thus forced back and retained in the placenta, while the fingers of the other hand are loosened, and allow the arteries of the funis to fill. The operator then again presses on the cord near its insertion at the navel, and the injection is repeated with the other hand. This procedure should be renewed three or four times, according to the condition of the child, its more or less plethoric appearance, its screams, &c. Of course, in the case of an anemic infant, this plan should never be attempted.

In every instance, Mr. Senn performs this little operation as promptly as to prevent the mother being aware of it. When the injection has been completed, and the placenta is filled with blood, a ligature is placed on the cord between the vulva and the fingers of the surgeon. It is then divided half-way between the umbilicus and the nature, the child is removed, and the cord secured as usual.

Thus, artificially tumefied, the placenta becomes incapable of following the retraction of the womb, its attachments are necessarily loosened, and the process of delivery is restored to its most desirable conditions—viz., the simultaneous expulsion of the infant and of the afterbirth. If the organ is retained more than five or six minutes above the vulva it can easily be removed by gentle traction.

The second measure advocated by M. Senn is the permanent and gradual compression of the abdomen. The pressure is not effected with the hand, but with a soft cloth in several folds, previously laid under the woman's back in the early stage of labour.

During the progress of labour," says M. Senn, "the extremities of the cloth are folded under the mattress.

"Immediately after the birth of the child, I rapidly ascertain the situation and size of the uterus, and wrap one side of the cloth round the abdomen, while the nurse draws the other extremity horizontally towards her in order to support the abdomen, to give a fulcrum to the muscles and maintain the womb in its position.

"The nurse then hands over to me the extremity of the cloth which she previously held, and with this I again envelop the abdomen. The tightness of the bandage should be gradually increased in proportion as the size of the body diminishes, first on the expulsion of the afterbirth, and again after an interval of half an hour, when it should be permanently secured with pins. This dressing prevents all displacement or dilatation of the uterus; the viscus can neither rise in the abdominal cavity, nor be distended by coagula, and internal hæmorrhage becomes impossible, on account of the permanent pressure, which forms an unconquerable obstacle to its occurrence.

"The venous circulation is also thus promoted by the support given to the body; the circulation in the venous system is rendered more active, and the chances of syncope are thereby greatly diminished."

With regard to the third measure recommended by Dr. Senn—viz., perfect immobility in the horizontal attitude, it is imperatively required by the necessity of avoiding any cause likely to disturb the first fibrinous coagula, which fill the vagina and prevent unnecessary loss of blood. The head of the patient should lie as low as possible, and for two hours after the conclusion of labour, she should drink from the sucking-bottle, so as to render all muscular effort unnecessary.

If, after an interval of eight or ten minutes, the placenta is not found lying in the vagina, M. Senn conceives that it must be attached to the womb by morbid adhesions, and its removal should at once be attempted. But even under these unfavourable circumstances delivery will always be effected in less than a quarter of an hour after the expulsion of the infant, and all danger of flooding will have been averted.

VILLAGE HOSPITALS.—The following letter by Mr. Horace Swete, Surgeon to the Wrington Village Hospital, has appeared in the 'Pall Mall Gazette.' Mr. Kinglake's letter and your remarks on village hospitals have excited so much interest in this subject, that I venture to send you some more information about it. The village hospital system was commenced five years since in Cranley, Surrey, by the united exertions of Mr. Albert Napper, the surgeon of that place, and the Rev. Mr. Sapte, the rector. It was warmly taken up by and advocated in the Medical papers. A very interesting account of it will be found in Dr. A. Winter's "Lissom Fingers and Subtle Brains," which I think was a reprint from the 'London Review,' with a woodcut of the first village hospital. Several Medical men, myself among the number, followed Mr. Napper's good example, and I believe there are now about twenty village hospitals on the Cranley model, though perhaps with slight differences and improvements suggessed by the local requirements. The Wrington Village Hospital, opened in July, 1864, contains only six beds, in which twenty-four patients have been treated during the first year of its existence; there are no out-patients, as this is not entirely consistent with the principle of village hospitals; though at "Honiton on the Water" a village hospital, under the care of Mr. C. Moore, has been in operation four years, where giving advice to out-patients has been found to work well; this, however, would not be the case in most country villages. The village hospital is simply a receiving house for patients with a good nurse—the village doctor undertaking the treatment, assisted by his Medical *confrères* in neighbouring villages. At Wrington the beds are at the service of any medical man in the vicinity, so that an operation or difficult case may be treated by them without losing their patient or their credit, and with more chance of success than in the overcrowded poor man's cottage. From my own experience, and the published reports of other similar institutions, the cost of starting a village hospital is 100*l.* and of keeping it up 100*l.* per annum, exclusive of the weekly payments of patients, which range from 3s. to 6s. per week, according to their circumstances. I send you a report of the last year. I have no hesitation in recommending it to the clergy and Medical men as an excellent work, and a greater boon to the hard-working country doctor, to have his bad cases near home, than even to the poor patient who is benefited.

NOTICE.—*Complaints having reached us of the non-delivery to Subscribers of the copies of the* MEDICAL CIRCULAR, *we have instituted inquiries as to the cause thereof, and have made such arrangements as will prevent the possibility of a repetition of the same. Any gentleman not having received his copy as usual during the last three weeks, will be kind enough to intimate the same to the Publisher.*

WEDNESDAY, NOVEMBER 15, 1865.

THE MEDICAL CIRCULAR.

THE REPORT OF THE COMMISSIONERS ON THE CATTLE PLAGUE.

The Commissioners, who have been sitting upon the subject of the Cattle Plague for several weeks past, issued their first Report on Saturday, and we publish an abstract of this document in another part of our Journal. It will be seen that the Commissioners do not regard the disease as a new one, for a plague of cattle appeared in this country as early as the years 1348-9, and in several subsequent years though at long intervals, and an order in Council in 1746 declared the cattle disease to be of an incurable nature, and framed regulations to prevent its spread.

The Commissioners are all satisfied as to the contagious nature of the disease, and they also admit its identity with the Rinderpest of Germany, and the cattle murrain of Russia, and they conceive that the contagion is extraordinarily swift and subtle. They are, therefore, unanimous as to the danger of permitting the continued circulation of live stock in the United Kingdom, but they are not agreed as to the means which ought to be adopted to prevent it.

The majority of the Commissioners, it will be observed, recommend that the Government should have the power of suspending the movement of cattle from one place in Great Britain to another, and this measure they consider indispensable to the eradication of the disease; but a minority of the Commission object to this recommendation as impracticable, however much it might be desirable to carry it into effect. They think that such a step would involve an interference with trade at variance with our national habits, and produce inconveniences as great as those it is intended to obviate.

As the so-called homœopathic treatment has been declared in some of the newspapers to have been attended with success, the Commissioners have expressed their readiness to test its efficiency, and we are glad that such is the case, for it is a very common allegation on the part of the homœopathic fraternity against Medical practitioners, that the latter refuse even to hear the arguments adduced in favour of the operation of infinitesimal doses, and that they, therefore, wilfully blind themselves to the reception of truth in therapeutic doctrines and practice. That such an accusation is untrue it needs no argument to prove, and the fact is that the homœopathic system has been tried over and over again in the wards of hospitals, and has failed to induce unbiassed observers to believe in its efficacy. Now that the Cattle Plague has visited this and other counties, and its pathology and treatment are alike open to discussion and to doubt, the homœopathic professors again put in their claim to a hearing, and boldly declare that they have found a remedy for the mysterious plague which is raging among our flocks and herds. That the homœopathic, or in other words, the do nothing system, is quite as good or better than the treatment by the pole-axe is quite conceivable, but at any rate the Cattle Plague Commissioners have, as we think very properly, consented to inquire into the merits claimed by the homœopathists. However much we may condemn the trifling with human life, of which we consider the disciples of Hahnemann to be guilty, we can have no possible objection to the trial of their system upon oxen and sheep, and if their treatment should really prove to be as successful as they assert it to be, we shall be among the first to admit the fact, on the principle "fiat justitia, ruat cœlum." We might also add "fiat experimentum in corpore vili," and if the experiments on bullocks and sheep should throw any light on the treatment of human disease, we shall welcome the discovery without the slightest hesitation.

POOR-LAW MEDICAL REFORM.

We mentioned last week that the time had now arrived when the question of Poor-law Medical Reform may be said to have assumed a new phase. Hitherto the subject has been beset with difficulties owing to the utter apathy with which any matter relating to the welfare of the Poor was received by the public. It seemed to be generally thought that the poor were utterly undeserving of the slightest sympathy, and the condition of the pauper was regarded as infinitely inferior to that of the felon. While the latter was tenderly provided for by a paternal Government, and the moral obliquity which rendered him obnoxious to the peace and welfare of society, was treated as a disease; the pauper, on the other hand, was the outcast of the world, and his sorrows and his diseases were almost looked upon as crimes. Hence, while the felon was lodged in spacious, airy, and clean apartments, and his food was supplied to him, excellent in quality and abundant in quantity; the miserable pauper was, on the contrary, confined in miserable, ill-lighted, ill-ventilated dungeons, under the name of workhouses, where he was exposed to every petty tyranny which his task-masters, the local Guardians, might choose to inflict. The Medical Officers, who were almost the only human beings who showed any sympathy for these helpless creatures, were treated by the Guardians (perhaps on that very account) with the utmost indignity; their salaries were, and are, curtailed to the lowest minimum, while their duties were augmented; and what was worse than all, when anything went wrong, they were made responsible for the errors of their superiors, and became the scape-goats of the vicious system under which they held their appointments.

Now, however, the times have changed, and it is almost ıdicrous to observe how the organs of public opinion are ɔeginning to discover that the pauper is not only a human ɔeing, but a constituent element of modern society. For-ıerly the death of a pauper, or of a hundred paupers, nder whatever circumstances of neglect or ill-treatment, ever excited a word of comment, far less of sympathy; ıt now we find almost daily in the columns of the urnals some story of alleged Poor-law misdeeds, and even ading articles in condemnation of the present working of e Poor-law system. The authorities of the Poor-law Board, ;ain, after having been reviled as the supposed friends centralisation and the opponents of local Government, ıve become the protectors of the poor and the severe stigators of the local Guardians, and the very power ıich they wield is invoked as a shield of defence to guard e weak against the strong. Even the wretched tramps ıo migrate from town to town, seeking admittance for the ght at one or other of the workhouses, are all at once vated in the scale of humanity, and the refusal of the al officials to dole out to them the scanty boon of straw l shelter, is censured with a stern rebuke from the lips a Poor-law Inspector.

This very week we find the leading Journal devoting a g article to the sanitary condition of the Bermondsey ɔrkhouse, the defects of which have been lately exposed, l in the same Journal we find a letter from the Medical icer of the Workhouse in question, defending or rather liating the misdoings of the Guardians, and there is yet ther letter by the author of the Report of the 'Lancet nmission by way of rejoinder to the statement of the dical Officer.

Now, whether the Bermondsey Workhouse is as bad as it epresented to be, or whether it is any worse than many ır establishments of the same kind, we know not, but ɔoint to the publicity that such matters now receive as ɔof that the whole system of Poor-law mal-adminis-ɔn is now being fully exposed, and that among the ges which may be anticipated in legislation for the , the condition of the sick poor will receive its due of attention, and the claims of the Poor-law Medical ɛrs will at last be treated with the respect and courtesy h have hitherto been denied.

THE CASE OF DR. ROBERT HUNTER.

shall not, we hope, be considered as advising any-derogatory to the honour of our Profession in ɜting our readers to suspend their judgment in the Dr. Robert Hunter, until after he has been heard in fence. Of his advertising schemes and speculations ve nothing favourable to say, and, on the contrary, we nce them as unworthy of any Medical gentleman ɛspects himself or his Profession; nor do we justify ı assuming a title to which, in this country at least, Acts of Parliament are worth anything, he has no ight. But it does not follow that because a man is of unprofessional conduct, and because he is not recognised as a physician by the laws of Great Britain, he is therefore guilty of a rape; and we have too often noticed the facility with which such charges are made, not to scrutinize very closely the motives of those who make them, and the evidence by which they are supported.

REPORT OF THE COMMISSIONERS UPON THE CATTLE PLAGUE.

The first report of the commissioners on the cattle plague was issued on Saturday afternoon. After a few preparatory remarks upon the purpose of the commission, the report states that the disease was first observed and recognised in Great Britain towards the close of the month of June. Two English cows had been purchased on June 19 in the Metropolitan Cattle Market by a cowkeeper residing in Islington, in whose shed they were when the symptoms of disease attracted, on the 27th, the notice of the veterinary surgeon in charge. Similar symptoms of disease were observed on the 28th by the same surgeon, in a cow belonging to a dairyman in Hackney, which had been purchased in the same place, and on the same day. Two Dutch cows in a Lambeth shed, likewise bought in the market on the 19th, were attacked on the 24th. The malady broke out immediately afterwards in many London dairies, and spread with extreme rapidity, destroying great numbers of animals. The Islington cowkeeper lost her whole herd of 93; she afterwards bought more, and lost them also, making 106 or 107 in all. An inspector, who had charge of a great part of the north and north-east of London, states that in his own district more than four-fifths have either died or been slaughtered, and the general average within the precincts of the metropolis is probably at least as high. Very early in July it appeared in Norfolk; a little later in Suffolk and Shropshire; then in one county after another, and before the end of the month it had invaded Scotland. In all the earlier cases, at least, it seems to have been directly traceable to purchases made in the Metropolitan Market; but Norwich Hill, and other country markets, speedily became in their respective districts, subordinate centres of infection. On the 14th of October it had extended to twenty-nine counties in England, two in Wales, and sixteen in Scotland, and was still advancing. From the Metropolitan Market the disease appears to have crossed the sea to Holland with some Dutch oxen which had been shipped from Rotterdam to London, and had been exposed during three successive market days, and, not finding a sale at an adequate profit, had been re-shipped from London to Rotterdam.

The commissioners come to the conclusion that the disease is contagious, and that the contagion is extraordinarily swift and subtle, being most destructive in its effects. They also conclude that it is the same disease as the Rinderpest, or steppe murrain, the symptoms during life, the results of *post-mortem* examination, and the whole train of general characteristics leading them to that conclusion. Nor is it the first time that the disease has made its appearance in this country. As early as 1348-9, after the Black Death had produced great mortality among men, a grievous plague attacked cattle, which perished by thousands. Again, at long intervals, in 1480, and in 1715, '45, and '57 it decimated our heards of cattle, and appeared to have taken deep root in the country. A commission for Middlesex was appointed on Nov. 25th, 1745, to inquire into the disease, and they appointed cowkeepers and butchers as inspectors of cattle, and instructed them, among other things, "to certify to the destruction of cows, for each of which the Treasury gave 40s." Orders in Council, of a very rigid nature, were issued; and in 1746 one of these orders declared the disease of "an incurable nature," and framed regulations to prevent its spread. In 1757 an Act was passed declaring "that sales of cattle should only take place when the seller had had them in his possession forty days;" calves not being allowed to be sold, in order that they might be preserved for breeding purposes, and severe restrictions were put on the sale of the hides of diseased animals. Various orders were issued stopping local fairs,

and the plague, in consequence of these orders, was extinguished where the local authorities acted with vigour, but lingered in other places, whence it spread, after a time, as rapidly as ever.

The recommendations of the commissioners for the suppression of the disease are six in number :—

1. They recommend that Government should have the power to suspend for a limited time the movement of cattle from one place in Great Britain to another; that they should extend or shorten such period, and renew the prohibition as often as circumstances may render necessary. —1A. the commissioners suggest certain regulations as to cattle traffic, should recommendation one not be adopted. These, they believe, are the only means to eradicate the disease, and that the end fully justifies the means suggested :—First, for a period to be fixed, and which might, if necessary, be extended, no lean or store stock should be permitted to be sold at any fair or market; and sale of such stock by auction or advertisement, or in any other manner whatever, should be prohibited. Second. Cattle might be moved for immediate slaughter to a market, or to a slaughter house licensed for use, but only under a license for transit granted by the magistrates in petty sessions. The license for transit should certify to the healthiness of the district from which the cattle came. With this exception, the transit of cattle over any public road should be prohibited. Third. Precautions should be taken that every animal sold for butchers' meat be slaughtered within a short and fixed period. For the convenience of this purpose no slaughter house should be used without a license from the local authorities, and no such license given except on the butcher undertaking to have all cattle which may be sold or consigned to him driven direct to the slaughter house or premises attached to it, whence they are not to be removed alive. Cattle sold at a fair or market should not be allowed to leave the precincts of the borough, or other place where the fair or market is held, alive. To insure this object it might be required that cattle entering a fair or market should be branded on entrance, and cattle sold elsewhere to a butcher similarly marked at the time of sale, and that it should be penal for any one but a butcher to have a marked animal in his possession. In every place where a public market is held lairs should be provided, in which unsold animals could remain from one market day to another. Fourth. It would be desirable to draw some distinct line between infected and uninfected districts, so that whenever a case of infection is discovered the district should be "proclaimed" as infected in the 'Gazette' and the country papers. The egress of cattle from a proclaimed district should be strictly prohibited, but cattle slaughtered within it, and certified by the inspector to be fit for food might be sent out of it under proper safeguards for disinfection. Provision should be made for enabling districts which had been proclaimed to be publicly set free on proof being furnished that all risk from infection was at an end.

2. The commissioners are of opinion that the power to seize and slaughter vested in inspectors by the Consolidated Order may properly be withdrawn; or that, if retained, it should be exercised only in cases where the inspector's directions as to the separation of sound from diseased stock &c., or any general preventive or sanitary regulations issued by the Government are not complied with. This power is right and useful when the disease has appeared only at isolated spots and attacked a few animals; the public benefit is then very great, and the private sacrifice very small; but in proportion as it extends the hope of thus arresting its march diminishes, the inevitable waste increases, and the sense of hardship tends to become insupportable. In principle a system of compulsory slaughter should be complemented by a system of compensation, and the objections to promising compensation to individuals out of the public treasury on an extensive scale appear to us insurmountable.

3. As regards foreign cattle, the commissioners state that should their first recommendation be entertained, and an absolute embargo placed on all traffic in cattle witthin Great Britain, they think that imported cattle should be slaughtered at the ports of landing. They are further of opinion that cattle should be allowed to land at certain ports only, were proper facilities can be afforded for inspection and transport. In the other alternative, it will be sufficient to say that foreign cattle, if passed by the Customs' inspectors, and not coming from an infected district, may be sent by railway to any market in Great Britain, but shall be then subject to the same regulations as British cattle.

4. During the period of prohibition, whether absolute or limited, the commissioners suggest that no cattle should be allowed to be turned on common or uninclosed land.

5. The commissoners suggest that steps should be taken for obtaining periodical returns of the horned cattle and sheep within the area of every parish in Great Britain, and of their sanitary condition, with especial reference to the present disease.

6. The commissioners deem it their duty to make some reference to the peculiar circumstances of Ireland. The disease, they state, has not yet broken out in that country, therefore there is no necessity for the measures which have been recommended in Great Britain. It is still possible, by the adoption of suitable precautions, to avert the calamity from Ireland altogether. The importation of cattle into that country has been already prohibited for someweeks past. Considering, however, the destructive character of the disease, it will not be judicious to rely upon that precaution alone for escaping it. The evidence which has been laid before them leaves little doubt that it can be conveyed by persons who have been in contact with infected animals, as well as by the animals themselves. In case it should by any accident be carried over, the Government should be in readiness to eradicate it from any spot in which it may appear; and unless preparations are made for doing so before the plague shows itself, the authorities will hardly be in a condition to act with the necessary speed and vigour when the emergency arises. In Prussia, upon whose eastern frontier the disease frequently appears, a system of precaution has been adopted for stopping its further progress which has hitherto met with invariable success. It would probably not be difficult to make provision for the application of similar measures to Ireland, and so to secure to it a permanent immunity from the calamity under which Great Britain is at present suffering. But the extreme rapidity with which the disease spreads makes it important that all arrangements for stamping it out in case of its possible appearance, should be made without delay.

A separate report, signed by Earl Spencer, Viscount Cranbourne, Mr. Read, and Dr. Bence Jones, is appended, stating that these commissioners are unable to join the other members of the commission in recommending the total stoppage of all movement of cattle in Great Britain. If such a measure was practicable, they say it would be more effectual than any other in extirpating the disease. But they do not believe it to be practicable. It would involve an interference with the course of trade at variance with our national habits; and it would demand sacrifices from large numbers of people, who are removed from the presence of the disease, and who will, therefore, not see the necessity for so stringent a measure. The sudden transformation of the enormous cattle trade, by which the large towns are supplied into a dead meat trade, would involve difficulties and dangers of the most formidable kind. The foreign trade, which at this moment furnishes a considerable proportion of the meat consumed in the large towns, would also be seriously interfered with. The price of meat would, in consequence, rise materially, and suddenly these difficulties would lead to the evasion of the prohibition; and if it is largely evaded, as they think possible, it will become then useless.

Earl Spencer and Mr. Read are, however, of opinion that store animals may be permitted to move from the farm of the seller to that of the buyer, provided they have a certificate from a justice of the peace, acting in the district where the sale takes place, showing that they are free from disease, and that they have been located for a certain time on the farm of the seller.

There is also a separate report of Mr. M'Clean, who is opposed to the interference with the traffic in cattle; and who states that the evils arising from it would be greater than those arising from the disease itself.

On the subject of preventive and medical treatment the mmissioners have received, both from this country and om abroad, discouraging but decided evidence that all ethods hitherto adopted have been found unsuccessful. evertheless, being of opinion that Medical science may ill be able to discover agents capable of mitigating the rulence of the malady, the commissioners have drawn up scheme of investigation into the nature of the disease, and ve intrusted different inquiries to scientific men of great ill and ability, who will make reports on the subjects trusted to them at the earliest possible moment.

In the meantime a few sanitary suggestions are offered, hich are calculated to be useful to farmers and dealers in ttle. These may be divided into the following heads :—

I. The general precautions which should be taken by ttle owners to prevent the spread of the disorder.

II. The special precautions required when the plague is the neighbourhood.

III. The measures preventive and remedial, which should taken when the plague breaks out in a locality.

IV. Measures for disinfecting sheds and cattle which have en infected.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

DR. BARNES, PRESIDENT.

WEDNESDAY, OCTOBER 4TH, 1865.

DR. PRIESTLEY exhibited a variety of medicated Pes-ies and Suppositories which he had been requested by manufacturers, Messrs. Duncan and Flockhart, of inburgh, to show the Society. They had been made at suggestion of Professor Simpson, with the view of ad-nistering a diversity of drugs by the vagina and rectum. e vaginal pessaries were so far new that they were of a rvenient Minie-bullet form instead of round, of cocoa-t butter, which readily melted at the temperature of the dy, although perfectly hard before introduction.

Dr. GREENHALGH recited a fatal case in which Cæsarean ction had followed the use of the Cephalotribe. A com-ttee was appointed to examine the effect of this instru-nt upon the fœtal head. The report of the case and of committee will appear in a subsequent number.

The PRESIDENT laid before the Society the original phalotribe of Baudelocque, which had been presented to Society by Madame Petitjean, of Paris, through the ghtful mediation of their Hon. President, Sir Charles ock.

r. BARNES also exhibited a specimen of Fallopian psy.

r. BAKER BROWN, jun., exhibited a preparation of two s of Chloroform with one of Alcohol, to which the dis-d essence of Eau de Cologne had been added, which he found to allay the pain of labour without complete sthesia, and recited cases in which it had been used.

r. BARNES exhibited an instrument made for him by ss for introducing the perforated laminaria-tents into ervix uteri.

. WAY read a case of Twin Pregnancy, in which one of œtuses had died at about the fourth month of intra-ne life, but was expelled at the same time with the , nearly at full term.

. J. BRAXTON HICKS, at a former meeting, read a case

EXTRA-UTERINE FŒTATION,

hich he had detected a fœtus alive in the recto-vaginal a of peritoneum. Considering its advance to maturity at position highly dangerous throughout its develop- and after, he endeavoured to arrest its growth by rful galvanic currents. This was repeated without . It was then determined to pass a trocar into the , which was done per vaginam readily without any ing. The fœtal movements ceased next day ; but vomit-artly from the chloroform given, continued very violent till about the fifth day, when, sudden collapse supervening, the patient died on the sixth day after the operation.

The post-mortem examination showed that hæmorrhage was the immediate cause of death owing to slight separation of the upper part of placental attachment to the exterior of the uterus, but none whatever occurred at the seat of puncture. The examination also showed a curious fact—namely, that the cyst in which the fœtus originally was formed had ruptured, and that the ovum entire had escaped into the recto-vaginal pouch, and continued to live and grow, the ovular membranes filling entirely the pouch, the placenta being attached to the back of the uterus. On opening the original cyst from above, the ovular membranes were seen through the rupture in the cyst. Dr. Hicks having requested the assistance of the President in elucidating these points, and in giving a report, the report was then read, confirming the above facts, and endeavouring to explain the mode of occurrence.

A discussion then arose between Dr. Routh, Dr. Graily Hewitt, Dr. Greenhalgh, and Dr. Hicks as to the advisability of attempting the abdominal section in such cases.

Dr. MARION SIMS read a paper on

CHRONIC INVERSION OF THE UTERUS,

reciting two cases of his own. In one of these he attempted manual reduction without success, and as the hæmorrhage from which the patient suffered was so excessive as to threaten a fatal result, he determined to ablate the organ. It was attempted first by ligature ; but as this gave rise to severe symptoms, pain, and depression, it was decided to remove it with the écraseur. Severe bleeding ensued from the broad ligament, which was controlled by ligature, and the line of section united by silver sutures. The patient recovered rapidly. In the other case, reduction was effected under ether by the hand. The uterus was grasped and partially restored. By pressing firmly the right cornu with the thumb of the left hand, and pushing upwards, while the fingers compressing the opposite side tended rather to draw the left cornu down, the uterus jumped, as it were, out of the hand, and was restored to its natural condition. The author then alluded to the successful plan of Dr. Tyler Smith by continuous pressure by air-ball, and to Dr. White of Buffalo, for the plan of lateral pressure on one cornu ; and considered that, with the success which had latterly attended attempts at reduction, one should hesitate a long time before removing the uterus for inversion.

Dr. SIDNEY TURNER remarked that the reduction of inversion just mentioned reminded him of the mode of reduction of hernia by the taxis ; and suggested continuous grasping of the organ to empty it of its blood as much as possible, so as to lessen its bulk before attempting its reduction.

Dr. HALL, of Brighton, concurred in the view of the last speaker ; and further suggested that bags of ice might be passed into the vagina to diminish the bulk, instancing the advantage of cold in treatment of paraphymosis.

Dr. BARNES mentioned that Dr. M'Clintock had fully explained the analogy of reduction of inversion of uterus and hernia. He thought that the mode of action by the elastic ball of Dr. T. Smith was by wearing out the muscular resistance of the uterus.

Dr. M. SIMS then replied to the various speakers.

Mr. F. LAWTON related a case of Vascular Tumour of the Funis in a new-born infant, with its microscopical appearances by Dr. Hicks.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 16TH, 1865.

MR. I. B. BROWN, President.

Mr. TEEVAN exhibited

A CALVARIA,

showing a fissured fracture of the *external table only*, produced by a bullet striking the *inside* of the skull. The skull-cap was taken from a Swiss who shot himself a few weeks ago, and died in one of the London hospitals. The

bullet entered the right parietal bone, traversed the brain and its membranes, struck the inner face of the left parietal bone, and remained imprisoned in the cranium. There was no fissure or fracture at the spot on the inner surface of the left parietal bone where the bullet struck, but at the corresponding spot in the outside of the bone there was a starred, fissured fracture of the external table only. Mr. Teevan remarked that this variety of fracture had never been described, and that he brought forward this specimen to corroborate his own experiments on this subject, and in support of a statement which he had made to the Society on a former occasion—that, whether the inside or the outside of the skull be struck, fracture of the distal table only, without injury to the proximal one, can be produced in either case, and that such fractnre occurs in obedience to a well-known physical law—that fracture commences in the line of extension, which is the distal side, and not in that of compression.

Mr. BAKER BROWN exhibied

A LARGE OVARIAN TUMOUR.

The actual cautery had been successfully applied to the pedicle. He stated that he had had thirteen successes out of fifteen cases.

Dr. MURCHISON read a paper

ON HYDATIDS OF THE LIVER, THEIR DANGERS, THEIR DIAGNOSIS, AND THEIR TREATMENT.

The paper was elaborate and exhaustive. It commenced with a report of twenty cases, including all that had been the subject of post-mortem examination at the Middlesex Hospital during the last twenty years, and others that had occurred in the author's own practice. In the course of the paper also, reference was made to all the cases recorded in the Pathological 'Transactions,' and others in the Medical journals. Dr. Murchison pointed out that, owing to the sudden termination of fatal cases of hydatid disease, hospital records hardly gave a fair view of the ratio of deaths from this cause. Although there could be no doubt that an hydatid cyst might become arrested in its growth, shrivel up, and undergo what is called a spontaneous cure, this result rarely happened when the tumour was large enough to be diagnosed during life. In the large majority of cases it went on increasing, and ultimately burst, and when this happened death was the usual result. Attention was directed to the remarkably latent character of hydatid tumours of the liver: in most cases they gave rise to no uneasiness until they had attained such a size as to compress adjoining organs, or until they were on the point of bursting, and peritoneal inflammation was excited on their surface. The directions in which an hydatid tumour of the liver might burst were various. 1. Into the cavity of the chest. 2. Into the peritoneum. 3. Through the abdominal parietes, or lower intercostal spaces. 3. Into the stomach or intestine. 5. Into the bile duct. 6. Into the vena cava inferior. Independently of rupture, hydatids might destroy life—1st. By compressing important organs and interfering with their functions. 2nd. By suppuration of the cyst, or external to the cyst, and pyæmia. 3rd. By the formation of secondary hydatid tumours in different parts of the body. It followed that the risks to which a person with a large hydatid tumour of the liver was liable were many, and the chances of his escaping them were few. Although the tumour might remain stationary for years, an accident might at any moment cause death. Turning to treatment, little benefit could be expected from medicines. Chloride of sodium and iodide of potassium, the two most vaunted remedies, were of no use. It was difficult to conceive how chloride of sodium could destroy an hydatid, seeing that hydatid fluid always contained such a large amount of this salt, which, indeed, appeared to be essential to the life of the parasite. With regard to iodide of potassium, there was not only no proof that it could cause absorption of an hydatid, but there was positive evidence that the drug never reached the hydatid. Not a trace of iodine could be discovered in the hydatid fluid of a patient of Dr. Murchison's, who had taken fifteen grains of iodide of potassium daily for several weeks before. Puncture of the cyst was of much greater promise, and had been attended with great success. The dangers were peritonitis and suppuration of the cyst, but by the employment of a fine trocar these dangers might in a great measure be avoided. The error of using a large trocar, or of making an incision with a scalpel, lay at the root of most of the accidents that had occurred. The evacuation of the fluid through a fine canula sufficed to destroy the life of the hydatid. Of twenty cases of hydatid tumour of the liver tapped as described, and collected by the author, all but three had recovered; and of the three fatal cases, death in one was due to secondary tumours, in a second to a miscarriage, and in the third case the cyst had suppurated and the patient was moribund at the time of the operation. In all cases, therefore, where an hydatid tumour of the liver was large enough to be diagnosed during life, and was increasing in size, the operation of puncture and evacuation of the cyst in the manner described was advisable. But before resorting to puncture, it was of course necessary to be certain of the nature of the tumour. The diseases most liable to be mistaken for hydatid tumours of the liver were, abscess of the liver, a distended gall-bladder, extensive effusion into the right pleura, an aneurism of the aorta or of the hepatic artery, and cancer of the liver. The points of diagnosis from these lesions were carefully considered, but the author believed that what was called "hydatid vibration" was a sign of little importance in diagnosis. In a doubtful case there could be no objection to making an exploratory puncture of the tumour. If the tumour was hydatid the fluid drawn off would at once reveal its nature, even if it contained no echinococci. Hydatid fluid was clear and colourless as water; it had a specific gravity of 1009 or 1010; and it contained not a trace of albumen, but a large quantity of chloride of sodium: these characters applied to no other fluid in the human body, whether healthy or morbid. If the tumour turned out to be cancer, or even aneurism, there was ample evidence that no harm would result from a minute puncture. The paper concluded with the details of a case under the author's care, where paracentesis had been performed with complete success. The patient at the end of a year was in perfect health.

In the discussion which followed, Dr. GIBB mentioned examples of hydatid disease in the young, and a case in which hydatids between the rectum and bladder had been diagnosed and cured,

Dr. ALTHAUS referred to the saline treatment with favour, and as deserving of trial first.

Dr. COBBOLD declared that treatment useless, and referred at length to the great importance of the subject, bearing testimony to the accuracy of Dr. Murchison's results and observations.

Mr. BROWN suggested that, after puncture of hydatids of the liver, a firm, many-tailed bandage should be applied to secure rest and apposition, and prevent effusion into the peritoneal cavity.

LEGAL INTELLIGENCE.

SERIOUS CHARGE AGAINST DR. ROBERT HUNTER.

At Marylebone Police Court, on Monday week, Robert Hunter, of 14 Seymour street, was charged with feloniously assaulting Mrs. Annie Meyrick, on the 14th ult. It was stated that Mrs. Meyrick was suffering from consumption and unable to attend. The magistrate and the parties therefore proceeded to her residence, at 53 Baker street, where Mrs. Meyrick was in bed supported by pillows. She appeared to be about twenty-eight years of age. She said she suffered from consumption, and in September last placed herself under defendant's care. She visited him at Seymour-street several times. She added: I went into the room, and he desired me to sit and inhale something. After I had been doing this some time he said he would examine the pain in my side from which I was suffering. [The prosecutrix here described the outrage alleged to have been committed.] I was not unconscious at all, but I felt stupid, with a paralysing sort of feeling which I cannot describe. I told him

would not enter the house again, and that he was a brute. rushed from the house as quickly as I could.—Cross-examined: She did not see the solicitor for the prosecution ll Saturday last. When she went to Hunter's last there ere many patients waiting to see him. She went up to s room, the others remaining below. A servant man let r in and let her out. On coming out she gave him a illing, because he had always been civil, and because it is the last time she would go there. She did not say ything to him about what had happened. She told her other the same day, and her mother sent next day for Dr. ills, whom witness had seen at Hunter's house. On onday last, witness first told her husband what had ppened, but not the whole of it. Witness and another ctor named Melville came to her three times. They did t say that her term with Hunter had expired, and that she st pay a further fee. Witness was married four years ago at house in Conduit street, Regent street. She had kept a pri- e lodging-house for gentlemen and ladies. On the day the assault Hunter fastened the room door after she nt in. He always used to fasten it. Before she left that Hunter said he would have a blister made up for her. e left and went to Oxford street, and returned, but as blister was not ready she did not wait. When she left nter's place, she went to a friend's at the corner of ebec street.—Mr. Herring (for the prisoner): What is ir friend's name?—Mr. Butler (for the prosecution): n't answer that question.—Mr. Mansfield ruled that she s not bound to answer it.—Witness (further cross-exaned) said her husband called on Dr. Hunter to make a sh arrangement as to his fees, his month being up. On ling this to witness she said she would not go again Dr. Hunter, and she partly told him of what had hapned. She was aware they were to have gone this day Clerkenwell Sessions to answer Dr. Hunter's charge of ault.—Mr. Herring addressed the magistrate for the ence, and pointed out the improbability of the com inant's charge.—Mrs. Meyrick (raising herself up): ll the magistrate allow Hunter to stand up before me, then see if he will say he has not insulted me as I e said?—She was informed that this could not be owed.—After some further discussion, Mr. Mansfield ourned the case, accepting the prisoner's own bail in 00*l.* and two sureties in 2,000*l.* each for his reapearance.

On Saturday last the hearing of the case was resumed, n Mr. Sleigh, for the defendant, said he found from depositions that there was not a tittle of evidence oborative of the statement of Mrs. Meyrick. He also rved that Mrs. Meyrick had stated in her evidence that e were three persons who could depose to the facts on h the prisoner was charged, but not one of those ons had been called. The evidence having been sworn, Sleigh urged that he should be allowed to cross-mine Mrs. Meyrick. Dr. Hunter was charged with an ce for which, if guilty, he ought to be most severely shed, but, if he were innocent, it was terrible to him. r. Mansfield said that if Mrs. Meyrick could be pro- examined he should not interpose any objection, and he parties concerned then again proceeded to Mrs. ick's bedroom, where Mr. Butler said: When we were last Monday you refused to give the name of your d upon whom you called, and as your silence might be nstrued, I again ask, do you still refuse to give it?—Meyrick: Her name is Mrs. Sharland, living at 237 d street.—Cross-examined by Mr. Sleigh: The next fter this occurred was a Sunday, and on the Monday nother went for Dr. Wills—not for Dr. Wills exactly, or a doctor. I sent to Dr. Hunter to send a doctor to On that Monday I saw another doctor, and that was Wills. He came here to see me. That was the first I saw Dr. Wills. I went to Dr. Hunter's on Saturday, 4th of October. It was about 11 o'clock, and I had it a long time to see him. When I got home it was een 2 and 3 in the afternoon. I think it was more two hours before I saw him. It must have been conably past 1 when I saw him, because it only took a minutes to go home in a cab. I was only five or ten minutes at my friend's. I went straight to my friend's from Dr. Hunter's. I went straight to Mrs. Sharland's, and stayed with her about ten minutes, and went back to the doctor's for a bottle of medicine. The person I asked for the bottle of medicine was the one I usually saw, and who opened the door to me. He was the same man that opened the door to me and let me out on my first visit. It was on the second occasion of my calling that I gave the man the shilling, and it was on the second occasion I got the medicine from him. I felt very ill then, and I hailed a cab about two doors from Dr. Hunter's house, and went straight home. I called on no one else, only Mrs. Sharland. I saw no Medical man on Sunday. I am quite sure it was on a Monday my mother went for a doctor. My mother went on Sunday afternoon, but no one being there she went again on the Monday. The lady I have mentioned is the widow lady I referred to before.—Re-examined by Mr. Butler: I knew it was Dr. Hunter's practise not to come out himself. Therefore I knew when I sent my mother for a doctor on the Monday there was no chance of his coming out.

All parties then returned to the court, when Mr. Sleigh said it was now his part to address the magistrate, and to ask him whether he was going to send the prisoner for trial. He did not hesitate to say that there was no evidence to support the charge. It had been said that the defendant was not qualified to practise in this country as a medical man. He had not qualified in any university in this country, it was true, but he had elsewhere, and stood in precisely the same position here that one of our Medical Profession would have done in America. Let them dismiss any prejudice against him on this ground, and keep strictly to the matter at issue. He had been astounded at the manner in which the prosecution had been conducted by Mr. Butler. He was astounded at his refusal to call witnesses. He then entered very fully into the allegations of the prosecutrix, and endeavoured to show the great improbability of her statements. He concluded by saying he would prove that on the 14th, when the occurrence was said to have taken place, the prosecutrix did not see the prisoner at all.

Witnesses were then called on the part of the prisoner, and on the close of the case Mr. Mansfield said this is a very important case, and to none more so than the prisoner before me, and it is desirable that his defence be before the public as soon as possible. He has been most ably defended, but it seems to me there is such a conflict of evidence that it is essential the case should go to a higher tribunal. His worship gave the prisoner the usual caution as to what he might have to say being reduced to writing.

Prisoner.—I say the charge is deliberately false in every particular.

The prisoner was then fully committed for trial at the next Central Criminal Court sessions. He was admitted to bail, himself in 4,000*l.* and two sureties in 2,000*l.* each.

IMPOSTORS AND DUPES.

The modern system of easy advertising and the facilities of the penny post have many advantages, but they have also their attendant evils of no little weight. One of these evils is nothing less than a curse upon English society. Occasional exposures in the law courts and the newspapers have long made us familiar with the advertising practices of a certain class of Medical impostors, and with the misery they inflict upon their unhappy dupes. Persons who turn over the pages of the cheap newspapers in search of the curiosities of advertising will have noticed the frequent recurrence of a whole column, purporting to give a consecutive series of extracts from a Medical work on consumption by a person signing himself Robert Hunter, M.D. If they have taken the trouble to read its uninviting paragraphs they will have found that they are a long rigmarole of semi-scientific declamation, professing to expound to the non-professional invalid the causes and symptoms of disease of the lungs, and to prove that nobody knows how to cure it except this same Dr. Hunter, whose method is one of inhalation. On the face of all this there is nothing more than the puffery of the dealers in the various pills, potions, ointments,

and liniments, who rejoice in the possession of testimonials from innumerable correspondents who bless the day that they first made the acquaintance of the pill, potion, ointment, or liniment in question, and who are all alike in an unfortunate ignorance of English grammar. That any first-class physician would thus advertise for patients is, of course, out of the question. But although these advertisements are free from the mysterious hints and suggestions and the scarcely veiled offensive phraseology of the basest class of Medical puffs, one is led to suspect the existence of very serious malpractices by observing the length and the frequency of these recommendations of Dr. Hunter and his inhalations. When a man finds it worth his while to insert a very costly advertisement in several papers, and to go on with it from day to day or week to week, it is clear that his patients must be dupes of a very different class from the simple people who buy pills by the gross and potions by the gallon. There is no need of the revelations of a police-court to show that the inhaling process means a process for working upon the fears of the ignorant, and for obtaining enormous fees. Men like these advertisers know well that there is one class of society which is specially open to their allurements. Ladies and gentlemen, and the more wealthy and comfortable class of tradesmen have, as a rule, their regular family doctors. They dislike doctors' bills as much as any other bills; and it is sometimes hard enough to pay them. But still, until we go farther down in the social scale every man has his own doctor. Then comes an immensely numerous class, whose real education is not much above that of the actual poor, and whose experience of life is confined to a narrow range. These are the men and women who are the destined victims of the advertising doctors. They read about mucous membranes, and carbonaceous blood, and tubercular deposits, and are impressed with the genius of the gentleman who can thus easily make them familiar with the profoundest secrets of science. If they have anything really the matter with them, their disagreeable sensations are at once intensified; if they have nothing more than a cold in the head or a tightness in the chest, produced by over-indulgence at supper, Dr. Hunter's catalogue of terrific symptoms suggests a mysterious signification to their pains. And when, at last, the advertisement recommends them to "put their worldly affairs in order and withdraw their minds from all earthly ties," for they have only "a few short months of life" before them—*i.e.*, unless they consult Dr. Hunter—what else remains but to go the next morning to see the pious, learned, and benevolent physician? Once in the toils of the physician's "consulting room" the rest is clear. A man must be a sorry practitioner indeed if he cannot work upon the terrors of a foolish woman, especially if she is really ill, and so keep up the game of questioning, and examining, and physicking, until the poor victim's purse will bleed no more. If, as is often the case, the patient is a man whose confessed "indiscretions" furnish a pretence for all sorts of horrible suggestions as to his ruined constitution, the process is equally easy, and the profits to be expected even more exorbitant.

It should be an indictable offence for any man to call himself a physician, surgeon, or apothecary, unless empowered to practise by the colleges or societies recognised by the law of the land. The assumption of all foreign Medical degrees should be absolutely forbidden under the same penalties, whether claimed by English subjects or by foreigners. English subjects are forbidden to assume any foreign title of rank without the permission of the Crown. But what would be the evils of permitting some foolish gentleman to call himself count or baron compared with the mischief done by persons who claim to be respected as qualified physicians on the strength of some diploma obtained in Canada or New York? In a late number of the 'Daily Telegraph' we find three advertisements, side by side, all professing to come from qualified practitioners, and varying only in the greater or less freedom with which they disclose their real purport. One man calls himself "Dr. Hammond, of the Lock Hospital, F.S.A.;" another, "Dr. Bray;" and a third, "Mr. Abercrombie, Member of the Royal College of Surgeons." We can only wonder how much of all that these persons claim is true in any way whatever, and must also ask whether the College of Surgeons permits its "members" to advertise themselves in the newspapers.—'Pall Mall Gazette.'

[Dr. Robert Hunter's advertisements appeared in the 'Times' as well as in the "cheap" newspapers.—ED. MED. CIRCULAR.]

PARISIAN MEDICAL NEWS.

STATISTICAL RETURNS OF M. VELPEAU'S HOSPITAL PRACTICE.

Although we can assign no reason for the fact, erysipelas is now more frequent and more formidable than formerly. During a hospital experience extending over thirty years, M. Velpeau has met with two hundred instances of the disease only, whereas in the past year, he has counted in his wards no fewer than thirty-five cases, twenty-one of which were the consequence of traumatism and proved eventually fatal. This increase is especially remarkable, because at La Charité as well as in other hospitals periods of ten and and fifteen months sometimes elapse without the occurrence of a single instance of the disease.

A host of remedial agents have been recommended for the cure of erysipelas, and every year fresh methods of treatment are brought forward, which according to their authors must infallibly succeed in checking the progress of the scourge. M. Velpeau has considered himself bound to give a trial to all these various suggestions, but acknowledges that, hitherto, he has been unable to do more than to mitigate and perhaps in some degree to direct the course of the disease for which, however, he has in no instance discovered any immediately effective remedy. The Professor has often stated, and once more repeats, that erysipelas never lasts more than four days in the same spot, but as it progressively invades the adjacent parts, its duration which averages eight or ten days, may extend beyond six weeks. Despite all assertions to the contrary, M. Velpeau contends that erysipelas never induces suppuration. When the disease coincides with the formation of pus, the fact is due to the coincidence of secondary phlegmon or of cellular inflammation, which sometimes also is the cause of the development of erysipelas.

The manner in which erysipelas destroys life has never yet been correctly understood, but it appears highly probable that the fatal issue is the result not of simple inflammatory action, but of a morbid state of the blood generated in the system, and exercising its poisonous influence on the structures most necessary to the continuance of vital operations.

Burns somewhat resemble erysipelas with respect to the general inefficacy of local appliances, on the curative power of which the surgeon should express a very guarded opinion. In the first and second degrees (rubefaction and vesication), burns may be relieved by a large number of remedial agents. Carron oil, a liniment composed of equal parts of oil and lime-water, is the application in which the Professor reposes the greatest confidence, especially when the face and hands are concerned. Talc has been strongly recommended, but M. Velpeau has not been entirely satisfied with its effects; this substance soils the dress and bed-clothes, and is not possessed of any virtues superior to those enjoyed by other absorbent powders such as bismuth or common flour. A convenient method of treatment consists in covering the affected parts with strips of adhesive plaster. When a deep burn has given rise to mortification, the usual dressing of wounds should be resorted to, and it is especially in this instance that the inefficacy of the many nostrums advised for the cure of burns is most obviously apparent.

In contusion, as well as in burns, it is useful for practical purposes to discriminate between the various degrees of injury inflicted.

Eighty-four cases of bruises of various degrees of severity were this year admitted into the wards. In many of the patients the skin was merely abraded, whereas in others

travasation of blood was also produced. Effused blood is adily taken up by the absorbents, and various procedures e applicable to the cure of collections of that liquid. rushing disperses the effused blood into the neighbouring ssues and is the simplest of all remedial measures, espe-ally when the deposit rests on a solid surface such as that the bones of the skull, of the tibia, &c. But if the mour glides from the pressure of the thumbs of the erator and thus eludes his efforts, discutients, and, if cessary, the knife must be resorted to. The trochar and e iodine injection are appropriate when a change in the mposition of the extravasated blood has taken place, ring rise to hydrocele or to hematocele ; but if coagulation s occurred and a solid mass is formed enclosed in a cyst, e tumour should be extirpated. Upwards of 1,560 cases e adduced by the Professor in support of these views.

An interesting circumstance connected with the history of ntusions—viz., the jaundiced hue of the entire integument sequent on extensive injuries of this description, hough no hepatic complication may exist, has hitherto ceived no satisfactory explanation. The discoloration es not extend to the sclerotic, and is not of any serious portance, spontaneously disappearing in the course of e or six days.

M. Velpeau's returns for the last year include 209 in-nces of disease of the breast and organs of generation—., eighty-three in men, and 126 in women. In addition, hteen accouchements occurred in the wards. Amongst e mammary affections, we note twenty-two abscesses, e case of uncomplicated hypertrophy, three of chronic flammation, and six glandular tumours, besides thirteen ncers, one of which was observed in a male subject. even of these malignant growths were removed by exci-n, with entire success in six patients. A cure was ected (by amputation) in every one of the six instances glandular enlargement.

Sixty-three cases of disease of the organs of generation re observed in women—viz., abscess or cyst of the labia, a ; uterine deviation, five ; pelvic inflammation, nine ; arian disease, seven ; fibrous tumours, eight ; cancer, arteen ; and fistula, three.

In almost every instance, abscess of the labia pudendi as traced to sexual over indulgence, but M. Velpeau is t altogether satisfied that the affection invariably origi-ates in inflammation of the glands of Bartholine.

The Professor's opinion of the import of uterine devia-ns has undergone no change. He still contends that is class of diseases is not of so alarming and serious a aracter as authors have alleged, but acknowledges that en the displacement exists in a very marked degree it y possibly interfere with menstruation and conception. franc conceived that these deviations were the result of onic uterine inflammation, and that the treatment uld be directed with a view to the removal of the latter. theory has, however, of late been sharply criticised, seems to have been finally disposed of in the debates ch have arisen on the subject at the Academy of icine, in which both deviation and chronic inflamma-were set aside. M. Velpeau objects to all mechanical rference with uterine displacements. When they occa a much inconvenience, he recommends the use of a ogastric belt which giving the required support to the ominal viscera relieves the womb from undue pressure, permanently affords the alleviation which the patients in in a temporary manner by the application of the ds.

Our readers are acquainted with the measures recom-nded by Professor Velpeau in metro peritonitis ; they sist in large blisters, mercurial ointment, aperients, hs, and occasionally local depletion.

Blisters and resolutive ointments are also prescribed at Charité for fibrous tumours, in which these remedies metimes succeed in effecting a diminution, and exercise a durable influence on the tendency to hæmorrhage.

We will barely allude to uterine cancer, which occasions little pain, and may for a long time escape detection.

In the male subject, M. Velpeau's statistics for the year sent us with a total of thirty-five cases of orchitis, and twenty-two of hydrocele. The entire number registered in thirty years, being orchitis 600, and hydrocele 400. The average duration of orchitis in which the tunica vaginalis should, according to M. Velpeau, always be punctured with a lancet, varies from two to three weeks.

Phymosis and paraphymosis now claim our attention. In the former, M. Velpeau performs an incision near the frænum. In the latter, reduction is effected by a simple but effective procedure, consisting in forcing back the glans with the fingers of one hand, while the penis, protected by a dry compress, is supported by the other.

Diseases of the anus, to which we shall briefly allude, were almost invariably observed in the male. M. Velpeau remarks that the term fissure has too frequently been applied to simple ulceration, a circumstance which accounts for the success alleged to have been obtained by numerous local appliances. The true fissure, with sharp edges, extending longitudinally ten or fifteen lines in one of the folds of the orifice can seldom be cured without recourse to the knife.

M. Velpeau has not enjoyed sufficient leisure to supply us with a return of his ophthalmic practice, and concludes with remarks on the mortality after operations.

One hundred and twenty operations of the more important class were performed in the course of the year, and their sequelæ have shown that no dressing affords any absolute immunity from erysipelas or puriform infection. Alcohol has been resorted to for this twofold purpose, but without avail, and the Professor is satisfied that the use of this or other simulant substances is not more perilous than that of anodyne dressings, and is a cleaner and more convenient appliance.

With regard to the mortality, out of twenty-eight operations for cancer, eleven had a fatal issue, a result which cannot be viewed as unfavourable, if it be remembered that the disease for which excision was resorted to is of a hopeless character.

Fifteen operations were followed by erysipelas which terminated fatally.

Ten patients died of puriform infection.

In four cases of extensive burns, in four of metro-peritonitis or pelvic suppuration, and in five of compound fracture, death also resulted.

It is needless again to revert to these morbid conditions and injuries, but we must remark that M. Velpeau reposes no confidence in the various remedies recommended for the cure of pyæmia. Temporary feverishness, ushered in by a shivering fit, a fews days after an operation, has often been mistaken for this formidable disease, and on the subsidence of these symptoms the surgeon flatters himself he has succeeded in checking the progress of puriform infection. It may not, however, be absolutely impossible that the system may in mild cases spontaneously eliminate the poison which has given rise to the morbid manifestations, as it has a tendency to throw off all septic substances in general, a view which casts, it is true, but little light on the subject, but should encourage further inquiry into the means best calculated to assist the efforts of Nature.

JUST LUCAS-CHAMPIONNIERE.

ANTAGONISTIC EFFECTS OF OPIUM AND BELLADONNA.

We find, in the 'Gazette Hebdomadaire' of August the 11th, a memoir from the pen of Dr. Camas, of Saint-Quentin, in which the author, from experiments instituted on animals on the reciprocal effects of opium and belladonna, deduced the following conclusion :—

"The alleged antagonistic action of opium and belladonna is not observable in rabbits or sparrows, and I am of opinion that it does not exist in the human subject." M. G. Lubelski, physician of the Hospital for Infancy at Warsaw, cannot agree in this view, and at the very date of the publication of the memoir adverted to he witnessed a case, the particulars of which he has since forwarded to the same journal.

"Sister M. V. F. Newska, a nun of the Order of the Holy Sacrament at Warsaw, had for several years suffered from severe hysterical attacks, for which she fruitlessly consulted six or seven Medical Practitioners, and had absolutely ex-

hausted the resources of the materia medica, from the mildest antispasmodics to the actual cautery ; so refractory had she become to the action of remedial agents, that twenty-five grains of acetate of morphia were required to conquer for a few moments the morbid tendency, and induce short intervals of repose.

"On the 16th of August, the symptoms having recurred with unusual severity, Dr. Natanson, one of our most eminent colleagues, the president of the local Medical society, was summoned to her assistance, and having noted the peculiar hysterical scream, doubtless occasioned by simultaneous spasmodic action of the larynx and diaphragm, prescribed one grain of valerianate of atropia, divided into sixty pills, one to be taken night and morning.

"Scarcely had the third pill been exhibited, when symptoms of poisoning became manifest, and increased hourly with such violence, that I was sent for in haste on the night of the 18th-19th of August to visit the patient, whom I had long been acquainted with, although I had never attended her professionally. I found her supported by the nurse and the Lady Superioress, and she had received the last rites of the church. The eyes were bright, the throat dry, and the excretions checked in spite of repeated enemas. She was, however, gradually recovering her speech and the power of deglutition, which for some hours had been paralysed.

"I prescribed at once ten drops of Sydenham's laudanum, and repeated the dose five or six times at intervals of half an hour, and administered in addition a large quantity of milk and pure coffee, which was swallowed with much difficulty. A hot foot-bath, containing wood-ashes and mustard, mustard poultices applied to the epigastric region and to the legs, and two enemas with castor oil, completed the cure, and at 5 a.m. the patient fell asleep. Yesterday evening, at 6 p.m., I found her much better, and complaining only of epigastric tenderness. She had already taken fifteen grains of morphia, and intended to take ten more. During the proceeding night, I had exhibited sixty or seventy drops of laudanum, an amount equivalent to four and a half grains of opium."

As the author remarks, this case presents several points of interest.

In the first place, the immense quantities of morphia taken by the subject show how easily the system becomes reconciled to the habitual use of poisons.

In the second, the poisonous effects produced by so very small a dose of valerianate of atropia, exhibited in the course of thirty-six hours, demonstrate the expediency of M. Schroder Van der Kolk's and M. Kroon's precept of prescribing very minute doses of this substance, especially at first. These gentlemen begin by the one hundred and twentieth part of a grain, and increase the amount very gradually, adopting at the same time all the precautions recommended by MM. Michéa and Maresch, of Vienna.

The case further justifies Schroder Van der Kolk in his rejection of the valerianate of atropia in the treatment of genuine hysterical affections, a view entirely shared in by M. Lubelski, who has instituted experiments on the subject, and by his colleague at the Hospital for Infancy, Dr. Frydych, who is well known for his contributions to mental pathology.

We may further observe, that even in the case of a person accustomed to the daily cousumption of an enormous dose of morphia, opium preserves its power as an antidote to atropia, and that its action is extremely prompt, a result which, taken in conjunction with other facts, invalidates the opinion brought forward by Dr. Camas, of Saint-Quentin.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—An election of two annuitants, each to receive 30*l* per annum from the Benevolent Fund of this Society, took place on Friday, the 27th ult., when David Peart and Charlotte Peart Goldfinch were declared to be the successful candidates.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 7th inst., and when eligible will be admitted to the pass examination :—Frederick Henry Blenkinsop, St. George's Hospital ; Walter Henry Drew, University College: Benjamin Duke, Guy's Hospital ; Thomas Harvey, St. Thomas's Hospital ; Frederic William Hodder, Toronto; Jeremiah MacCarthy, Dublin ; Barney Constance MacEgan, Galway ; Henry Murray Steele, University College ; Richard Wilson, St. George's Hospital.

At this meeting, Mr. Richard Quain, F.R.S., the recently elected member of the Court of Examiners took his seat.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on the 2nd inst :—Samuel James Hulme, Infirmary, Manchester ; John Hurd Wood, Notting Hill ; John Loane, Dock street, E. ; Thomas Francis Raven, St. Bartholomew's Hospital.

The following gentleman also on the same day passed his first examination :—Septimus Evans, St. Bartholomew's Hospital.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—An ordinary general meeting of this Society was held on the 25th ult., when were elected B. G. Babington, M.D., and Charles Hawkins, Esq., Vice-Presidents of the Society ; also John Scott, Esq., of Harley street, a director, to fill up vacancies in the list of officers. The Treasurer's accounts for the first six months of the year were also read, from which it appeared that eighty persons, widows and orphans of deceased members of the Society, had received relief, ordinary and extraordinary, to the amount of 1,177*l*. 10s. during that period.

UNIVERSITY COLLEGE, LONDON.—The Council held their first session for the academic year 1865—66 on the 4th instant. The Longridge Prize of 40*l*. for general proficiency in Medicine and Surgery, was awarded, on the recommendation of the Faculty of Medicine, to Mr. Bryan Holme Allen, of London. The Filliter Exhibition of 30*l*. for the encouragement of proficiency in Pathological Anatomy, was on the report of the examiners—Prof. Sharpey, M.D., Prof. Erichsen, and Prof. Wilson Fox, M.D.,—conferred on Mr. John Williams, of Blaenllynant.

THE ROYAL ALBERT INFIRMARY AT BISHOP'S WALTHAM, the foundation-stone of which was laid by Prince Leopold last year, was opened on the 7th instant by the same youthful Prince, accompanied by his sisters, the Princesses Helena and Louise. A statue of the late Prince Consort in terra cotta, modelled by Theed after his design of the Coburg statue, was also uncovered on the occasion. The building was designed by Mr. Critchlow of Southampton, and has accommodation for twenty beds.

THE FORCE OF HABIT. Dr. Gairdner, in a memorandum on Dr. Anderson's report of the state of the water in the twelve wells in Glasgow, observes that the produce of the two worst wells is highly relished by the drinkers. "Nos. 9 and 10 must be condemned without reservation. In the case of Bridgeton Well, indeed, it is perfectly obvious that the water is within the range of soakage of a great quantity of stable manure, as well as of a privy in the immediate neighbourhood. Yet, although these facts are quite notorious, or at all events can be ascertained with much difficulty, they do not hinder the water of this well from being extremely popular, and I am told that an attempt to remove the well some years ago was strongly resisted. Probably the peculiar flavouring comes by long habit, to be rather relished than otherwise; and I do not doubt that some of the drinkers consider this pump as superior to Loch Katrine."

A DISEASE AMONG THE CATS.—A disease has been prevalent in Forres for several weeks among the feline species, which has cut them off in every direction. The animals appear to be disinclined for food for a day or two —then they have running of water at the mouth and nose, dull bleared eyes, and great prostration of strength. They

about the hearth or in by-corners, and do not touch of any kind for days They generally die on the or ninth day.—'Forres Gazette.'

FOUNDLING HOSPITAL.—The following particulars rence to the early history of the Foundling Hospital ldford street, will indicate the results that might be ed if such an institution were open to all comers. 1741 to 1756 the average number of children received per annum, or 1,384 in all. The governors aspired conduct of a much wider charity than that they had o administered, and they applied to Parliament for id. Solomon says there is "nothing new under the nd the "social evil," and infanticide, and projects for are, would seem to be amongst the immutabilities. ient readily decreed that all children offered at the l should be received; that state aid for the main- of the hospital was indispensable, and would be that branch establishments should be set up in "all s, ridings or divisions of the kingdom, for the reception ted and exposed infants." As was most meet Parlia- ve the governors a pecuniary guarantee, in carrying vast scheme of charity. The effect of these resolu- as disastrous. The Legislature created a Franken- nich they could not control, and which they had o kill. On the first day for general reception, after lutions took effect, 117 children were deposited, in cession, in the basket hung outside of the gates of the The workhouses were emptied of infant poor; brutal bbed their wives of newly-born infants, and conveyed he Government sanctuary; travelling tinkers, har- thout feelings, and ruffians of both sexes, engaged the new trade of conveying infants from distant the country to the London Foundling Hospital—a centage of the infants, as may be supposed, perish- he way. It was publicly stated in the House of s that one man in charge of five infants, whom he o convey to the Foundling Hospital, got drunk, leep on a common, and found three of his charge n he awoke. Of eight infants brought to town in a even at the end of the journey needed sepulture, ng. The price for conveying children from York- panniers was eight guineas a trip, until competition down the rate. In many instances, the heartless who engaged in this nefarious trade stripped their le victims, and left them naked in the hospital Some years since an aged banker in the north of who had been brought up in the Foundling, made s to his origin—all the information the books as that he had been "left in the basket naked." system of indiscriminate admission the hospital charnel-house rather than a nursery. The due enormous number of infants thrown upon the s beyond the powers of any institution. In the ,296 infants were admitted; in the second, 4,085; l, 4,229; and during less than ten months of the ; 3,324—that is, in less than four years, 14,934 e cast upon the care of the public. Of this y 4,400 survived to be apprenticed! and the ortality thus indicated cannot be wondered at if ture of infant life is kept in view, and the toil volved in infant training. A nurse has a very full h two infants, but if *mothers*—the natural, the heapest nurses—are to be released wholesale ischarge of their natural duties, the result in ality, and the money cost to the community, o be very serious. The House of Commons pt the cautionary suggestion of Captain Coram nd proper care" in the conduct of the charity, hat they had established a market for vice, l their steps, and resolved, "That the indiscrimi- on of all children under a certain age in the been attended with many evil consequences, e discontinued."

ALFRED MONCKTON, ESQ., M.R.C.S., L.S.A. great regret—a feeling which will be shared by er of the members of King's College—that we e death of the above most estimable mem- ber of our Profession. He died at Brenchley, Kent, of typhus fever, contracted in the discharge of his Professional duties, at the early age of twenty-six years, and at his funeral which took place on November 6, upwards of 300 of his neighbours followed to the church, which was crowded to excess. All commercial pursuits were suspended for the day. The deceased was in charge of an extensive prac- tice which had been in his family upwards of two centuries.

ROYAL INSTITUTION OF GREAT BRITAIN.—At the general monthly meeting on Monday, November 6, 1865, Sir Henry Holland, Bart., M.D., D.C.L., F.R.S., President, in the chair, D. Chauncy Beale, Esq., and Protheroe Smith, M.D., were elected members of the Royal Institution. The special thanks of the meeting were returned for the following ad- dition to "The Donation Fund for the Promotion of Experi- mental Researches:"—Professor Faraday (third donation), 20*l*. The presents received since the last meeting were laid on the table, and the thanks of the members returned for the same.

THE SKULL OF BEN JONSON.—In the course of a paper read this week by Dr. Kelburne King, President of the Hull Literary and Philosophical Society, before the mem- bers of that society, on "The Recent Visit of the British Association to Birmingham," the Doctor, in speaking of a visit which he and Dr. Richardson, of London, had made to Shakespeare's birthplace, at Stratford-on-Avon, narrated the following curious incident:—He said that a blind gentleman, who thought that no one but the guide was pre- sent, mentioned that a friend of his had a relic which would be a valuable addition to the Shakesperean Museum at that place,—the skull of Ben Jonson. This friend had attended the funeral of Dr. ——, at Westminster Abbey, when he perceived that the next grave, that of Ben Jonson, had been opened, and he could see the skeleton of the body in the coffin. He could not resist the opportunity of putting in his hand and extracting the skull, which he placed under his cloak and thus carried it off. From a remark which the blind gentleman dropped, Dr. Richardson thought he could identify the offender, and he asked if the person's initials did not consist of certain letters. The blind gentleman, who was not a little startled at finding that his secret was out, admitted the fact, but prayed that no advantage might be taken of the discovery. This was pro- mised; but, as Dr. Richardson is an ardent admirer of the Avonian bard, he is determined that, without going to extremities, he will bring the necessary pressure to bear on the possessor of the skull, so that it shall be placed in a more worthy repository than the cabinet of an obscure individual.—'Manchester Guardian.'

DEATH.

TUSON.—On the 10th inst., at 6 Devonshire street, Portland place, Edward William Tuson, F.R.S., F.L.S., F.R.C.S.E., in his sixty-fourth year.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, NOV. 15.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, NOV. 16.—*Operations* at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, NOV. 17.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, NOV. 18.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-Cross Hospital, 2 p.m.

MONDAY, NOV. 20.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m,; Metro politan Free Hospital, 2 p.m.

TUESDAY, NOV. 21.—*Operations* at Guy's Hospital, 1½ p.m. Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Essay on the Nature and Treatment of Cholera and Fever. By James Tucker, M.D. Dublin: Falconer.

Rinderpest: its Prevention and Cure; and Glypsum as a Sanitary Agent. By John J. Lundy, F.G.S., &c. Edinburgh: W. P. Nimmo; London: Simpkin, Marshall, and Co.

A Practical Treatise on Urinary and Renal Diseases. By William Roberts, M.D. London: Walton and Maberly.

On some Varieties and Effects of Cancerous Disease of Bone. By William Hickman, M.B. London: Robert Hardwicke.

A Guide to the Treatment of Diseases of the Skin. By Thomas Hunt. London: T. Richards.

Transactions of the Pathological Society of London. Vol. XVI.

Clinical Lectures and Reports. By the Staff of the London Hospital. London: John Churchill and Sons.

Manual of Materia Medica and Therapeutics. By F. J. Farre, M.D., F.L.S., assisted by Robert Bentley, M.R.C.S., and Robert Warrington, F.R.S. London: Longman, Green, and Co.

NOTICES TO CORRESPONDENTS.

It is requested that all communications intended for the Editor may be sent to the Office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-Cross Post-office.

NOTICE.—*Complaints having reached us of the non-delivery to Subscribers of the copies of the* MEDICAL CIRCULAR, *we have instituted inquiries as to the cause thereof, and have made such arrangements as will prevent the possibility of a repetition of the same. Any gentleman not having received his copy as usual during the last three weeks, will be kind enough to intimate the same to the Publisher.*

THE EPIDEMIOLOGICAL SOCIETY.—The notice has been received.

DR. W. P. BRODRIBB.—The letter has been received, and the notice shall be sent to the proper quarter.

DR. EDWARDS CRISP'S paper "On the Sheep Plague," has been received.

MR. E. DOYLE (Colne, Lancashire).—We believe that the formula is given in our report, published this week, of the last meeting of the Obstetrical Society.

THE OBSTETRICAL SOCIETY OF LONDON.—The report has been received.

MR. ROBERT C. MOON.—The paper alluded to has not yet reached us, but when it arrives and has been put in type, we will send the proof as directed.

DR. R. T.—The weekly examinations at the College of Surgeons have been discontinued for some years, and the candidates are now examined at periodical intervals, notice of which is previously given.

SCRUTATOR.—We are unacquainted with the professional qualifications of the person alluded to, if indeed he possesses any.

MR. C. B.—The letters have been received, and the request shall be attended to.

PALMAM QUI MERUIT, FERAT.—The letter is inserted.

GRIFFIN TESTIMONIAL FUND.

SIR,—The following subscriptions have been further received on behalf of the above fund:—

	£	s.	d.
G. D. Brown, Esq., Ealing . . .	0	10	0
Hy. Boxall, Esq., Horsham . . .	0	5	0
Amount previously announced . .	129	13	0
Received at 'Lancet' Office . . .	9	9	0

Yours obediently,
ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145 Bishopsgate st., Without,
Nov. 8, 1865.

ERRATA.—Page 319, column 1, MEDICAL CIRCULAR, Nov. 1st, line 29 from top, for "warm" read "hot;" at the conclusion, for "Batheggie" read "Balbeggie."

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

CHLOROFORM EXPERIENCES.

By Charles Kidd, M.D., M.R.C.S. Eng.,
Associate of the Surgical Society, Ireland, &c., &c.

One is asked occasionally such simple, yet withal, practical estions (by letter or in consultation) as to chloroform—its *dus operandi*, its safety in certain contingencies, the class cases where it is most dangerous, the best form of in-ler, &c., that I am tempted to offer your readers a few perfect notes of some recent cases, which illustrate these rticulars as well as others, as to the manipulative skill netimes called into operation in its exhibition, the preju-es that favour illegitimate practice, and impede the pro-ss of anæsthetics as a scientific study.

The use of chloroform in midwifery in London is extend-widely and wisely, but chiefly on account of the agita-n in favour of quack compounds—"omne ignotum pro gnifico"—which have been largely advertised, and iced favourably by leading journals, a sad but instructive ion, not the first, however, in our own half-Medical litera-e, "*judex damnatur cum nocens absolvitur*," the judicious, et, science man is blamed and injured, while the quack bsolved, quackery spreading on every side, and this is due efly to ourselves.

n ovariotomy, I have administered chloroform in some ty operations, and studied its effects in perhaps twice t number of such patients. The tolerance of the agent these cases is very wonderful. One often sees worse cts after tooth-drawing under chloroform. In something a dozen of these operations, the adhesions were severed a red-hot iron introduced into the belly; no pain was felt, l the result was most excellent; the recoveries unusually d. We cannot estimate the value of chloroform here, by striving to picture such an operation *without* chloro-n, as we had once on a time excision of the knee without roform, laid aside on account of the agony inflicted. us ask, indeed, where would now our galaxy of ovari-nists that we wot of all be, but for the grand discovery Morton, and this most singular tolerance of chloroform ng the operation?

s to manipulation, the obstetrician who exhibits chloro-will require to have all his wits about him, and to enjoy l use of both hands; there is nothing, in fact, to pre-him administering ambidexter-wise the chloroform with eft hand, while the right is engaged in the dubious, but ssary, ceremony of supporting the perineum. In a ur-case of this kind, at Highbury, one night not very long the inmates of the house having gone to bed, I found monthly nurse (the only person out of bed) suddenly stupid, and fall senseless on the floor, just as the head ie child of our patient began to press on the perineum. parturient lady, too, showed signs of weakness. The was suddenly born; yet I never relaxed giving with the and the chloroform. I caught hold of the bell-pull my teeth, threw some water at the nurse, tied the kept my hand over the uterus in the same way, and all ight; but I very much envied some old gentleman reus, was it?) who had a superfluity of hands!

e opinions of even some of our leading men are occa-lly, as to chloroform, crude and saddening. Chloro-, they say, has "come in" since they were students, and dwifery they cannot see their way to its use in a moral as a primæval ordinance had arranged pain as a sary penalty, or blessing, or stimulus (they scarcely which), to the parturient female; but the feminine portion of the public are fast going into the other extreme of these opinions, which are too often crude and erroneous.

In one obstetric case recently much talked of, which was prevented coming before the law courts by a little judicious management, the parturient lady had had chloroform during labour and made a good recovery, but suddenly on the sixth day died of unmistakeable symptoms of embolism. One of the physicians, a strong nonconformist of this kind as to ovariotomy, chloroform, &c., in the absence of the other Medical man, laid all the blame of the death at the door of the chloroform, which was eagerly agreed to by the saddened and broken-hearted husband and sorrowing friends; yet nothing could be more unfair to the absent administrator of the chloroform, or to this agent itself. This ill-judging but leading obstetrician did not care to know that all traces of chloroform in the blood disappear in less than six days, nay, in much less than six hours, and that it was quite impossible that chloroform had anything to do with the sad event in this case.

There is, as a fact, every reason to believe that there has not been one single properly-attested case of death from chloroform in midwifery practice. This is due, in a large measure, I think, to the unusual activity of the respiratory and abdominal muscles during active labour; where, however, there are signs of weakness, it is always due to the coincidence of uterine hæmorrhage post-partum. I have been told of late of two cases of ruptured uterus where chloroform seemed sensibly to diminish the bad effects of the "shock," and all the best opinions I have been able to obtain agree that the convalescence after chloroform is always better than where it is not used, and that it in no way favours hæmorrhage. As an instance of the crude and saddening opinions of some men, I may cite this case:—

Mrs C.—I was called to this lady suddenly one morning about four o'clock, at Pimlico. I was to administer chloroform as she and her husband wished it; but some leading Medical man had shrugged up his shoulders, and told her he would not advise it on any account—that pain was a natural ordinance in labour, &c. The lady was in active labour, a half-witted old family servant assisting as nurse in a very primitive manner. If I did not give the chloroform I was told they would send for a dentist! opposite, who was known to be an adept in that way. I never felt so degraded; she laughed and groaned at the dogma of the St. George's Hospital authorities-obstetric who made pain a natural ordinance or stimulus; she had learned the practical fact that there had not been one accident from chloroform in labour, and that it saved pain; this was enough for her purpose.

Mrs. B.—This case was in every way very similar. The lady had heard all the objections against chloroform, but "convinced against her will she was of the same opinion still," that she might take it. Resident in London, she had not had a child for six years, and she was not far from forty-five years of age (when women suffer so much), and her labour was, indeed, up to a certain point, attended with much pain. But my surprise was great on arriving at the house to find that the lady had, unknown to her Medical attendant and friends, sent to Edinburgh direct from London for a pint bottle of chloroform, which she drew from under her pillow, requesting me to give it all if necessary. She was four hours under the chloroform, and made a far better recovery than in any former labour without it. I am almost certain if I had not arrived in time, she would have prevailed on her husband or nurse to administer it. Some leading obstetricians had said it was a demoralisation for a "high-born damsel" to take chloroform, but she couldn't see it. She was told it ought to be an indictable offence to give it, as these authorities held, but of this she too was apocryphal. I have been asked, whether I would recommend chloroform where there had been *epilepsy* or puerperal *mania*, previously. In the former class of patients the anæsthetic is directly beneficial; in the latter it requires much more circumspection. I now forbear to specify common cases of "version," where it is exhibited so often. I believe, too, that even where there have been paralysis and

apoplectic symptoms, an operation without chloroform would be more dangerous than with it.

Mrs. H.—This lady has had eight children. Very decided puerperal mania with some of them, and chloroform only with the later children. With this short history, and a very vivid caution or statement that she would take none but homœopathic remedies, and no opium or morphia on any account, I found myself attending her late one night this year, near Westbourne terrace; much inertia of the uterus, much tendency of homœopathic friends to blame the chloroform; much inertia of the uterus, requiring ergot and the chloroform alternately. Eager incoherent asking for more and more chloroform, which, however, I managed not to give till the os had been dilated to the size of a shilling: the case progressed well, but on the fifteenth day puerperal mania made its appearance. The husband and friends were now blaming the chloroform, and anxious for treatment by globules; but, by a little pious fraud, after two nights dreadful raving and want of sleep, a full dose of Battley was prescribed with hyoscyamus. I had to write two prescriptions, one to show the lady herself and husband, in which Battley was conspicuous by its absence; the other sent to the chemist, in which it was present: such is the deplorable pass to which prescribing has now come in England by the quackeries of the day, and the foolish agitation to have prescriptions written in English, espoused by journals in the interest of the chemists' shops; such the direful effect of the over-dosing chemist system; such the chief reason, I think, why globulism prospers, and young and honest Medical men in vain strive against it. I am quite sure the chloroform was of immense benefit in this case, that it rather prevented the mania for a time, yet, without morphia, the case would have ended badly. Three cases of apparent death from chloroform frightened me very much during the last two months, but in each the Faradisation, or rhythmic electricity, to the phrenic nerve acted like a charm. I was not giving the chloroform myself, but was standing near, und asked to assist in the resuscitation. I know nothing at all to be compared to it for setting up artificial respiration. The effect is quite beautiful. But I do not think it is understood, or held ready in more than one of our twenty operating theatres in London. It has been tested over and over again in hundreds of animals lying apparently dead from chloroform: it is a measure of infinitely more importance in cases of chloroform apnœa, apparent death from drowning, &c., than the too often imperfect directions of the Royal Humane Society, copied year after year for twenty years, as to the "ready" method, pronatic respiration, &c.

In puerperal *convulsions* there is no remedy at all equal to chloroform, yet the older practitioners, who still believe in the lancet, are slowly brought round to this more rational treatment—the homœopathic practitioners have us "on the hip" in these cases, as they give chloroform, and are perfectly cognisant of the chaos now working in our ranks by a sort of Fetish worship or prejudice in favour of the lancet and against chloroform: quacks of all kinds wish for prescriptions in English also, so as to lessen the respect in which the more rational men are held. False stories as to chloroform used by thieves for highway robberies, encouraged by such shallow writers, now recoil on their authors. But chloroform has, probably, never been so employed, and we have been giving it a bad name which it never deserved; but, like "fever nests," or other jobbery, it has served its purpose as a "sensationalism."

A very unusual and suggestive coroner's inquest, in which an experienced knowledge of anæsthetics was called for, came under my notice a year or two ago, one in which the very existence of the family of a Medical man, recently deceased, was deeply involved. The story, in a few words, was of this nature:—

A Medical man in considerable practice, subject to intense fits of neuralgic pain, died rather suddenly from some obscure cause. His life was insured for his family for some small amount, and the insurance office disputed the payment. A *post-mortem* was called for, all the familiar signs of chloroform poisoning — congestion of right side of the heart, peculiar state of lungs, smell of chloroform, &c., were all absent. Yet some experts, medico-legal, on the part of the office, gave an opinion, on account of sundry bubbles of air found in the veins and sinuses of the head, that the case was a probable one of poisoning of a suicidal nature by chloroform.

My opinion was asked on the general result of the coroner's inquest, and, after consulting my excellent friend Dr. Wilkes, of Guy's, Dr. Richardson, Mr. Callender, of St. Bartholomew's, and one or two other men all well versed in the details of dead-house examinations, this interesting fact was elicited—that bubbles of air found in the veins and sinuses of the head depend solely on the manner in which the calvarim is taken off. A leading Medical journal gave favour to the dogma that insurance offices are always right, and chloroform wrong, that the bubbles were of chloroform, though it subsequently transpired that chloroform had never been used at all!

All these cases I may say, in conclusion, demonstrate that we have sundry prejudices against chloroform to raise up our voices against, if we desire to uphold the dignity of legitimate practice, and that our manipulative skill is sometimes severely tested.

SCIENTIFIC ARTICLES.

ON THE DETECTION OF ACONITE BY ITS PHYSIOLOGICAL ACTION; BEING NOTES OF EXPERIMENTS MADE IN CONNECTION WITH THE TRIAL OF DR. E. W. PRITCHARD.

By FREDERICK PENNY, F.R.S.E.,
Professor of Chemistry, Andersonian University, Glasgow,
and
JAMES ADAMS, M.D., F.F.P.S., Glasgow.

The recent trial of Dr. Pritchard for the murder by poison of his wife and mother-in-law, is likely to take a high place in the *causes célèbres* of this country. Irrespective of those circumstances which distinguished the crime as peculiarly cruel and revolting, there existed in the singular combination of poisonous agents employed, and in the means used for their detection, considerations of special interest to the Medical Profession; and it is with the view of satisfying the numerous inquiries which have been addressed to us that we have prepared the present communication.

Besides conducting an independent examination of the organs of both ladies, similar to that committed to Dr. Douglas Maclagan of Edinburgh, and the results of which are fully described in Dr. Penny's reports to the Crown, and read by him in giving evidence at the trial, there was entrusted to Dr. Penny another, and a very extensive and difficult, investigation. He was required to report upon the nature and properties of a large number of articles of food—of various substances, labelled to indicate that they were officinal preparations of well-known drugs—and of various other articles, regarding the nature of which there was no clue. These were not delivered at one time, but were brought at irregular intervals up to a date very shortly preceding the criminal trial.

Among other articles undergoing examination, there were several phials, some of which were labelled and some not, containing "Tinct. Conii.," "Tinct. Digital.," "Tinct. Hyoscy.," "Tinct. Aconit.," "Battley's Sedative Solution," &c., &c., all of which were clearly and satisfactorily identified. The contents of the phial labelled "Battley's Solution," which, as shown at the trial, had been found in Mrs. Taylors pocket, was tested for mercury, antimony, and various other metallic poisons, and the results showed the presence of antimony in a soluble form, in the proportion of one grain and a half of tartarized antimony to the fluid ounce. The discovery of an extraneous admixture directed special attention to this Battley's solution, which we shall hereafter call "Pritchard's Battley," and led to its chemical examination for the leading organic alkaloids, other than those existing in genuine Battley. After a fruitless search

: the presence of strychnia, veratria, conia, and hyos-
amia, a small quantity of the liquid was evaporated in a
tch glass, and the soft extract applied to the tip of the
ngue, when there was felt quickly supervening upon the
te of *genuine* Battley's solution a peculiar benumbing
l tingling sensation, increasing in intensity for a short
ie, and persisting for some hours. In numerous com-
ative trials with genuine Battley's solution, obtained
n various sources, it became very clearly evident that
re was a something characteristic in the taste of the
tchard Battley, and suspicion turned to the probability
an admixture of aconite. Observations made with an
porated soft extract of Fleming's tincture of aconite,
h and without a mixture of genuine Battley, gave sen-
ons so perfectly corresponding, that strong presumptive
lence was now obtained of the presence of aconite in
suspected fluid.

y Stas's well-known process, and by other chemical
ns, more distinct indications of aconite were obtained ;
the unreliable and altogether inconclusive character of
known processes in chemistry for the detection and
quivocal identification of certain vegetable poisons,
cially when contained in organic mixtures, and also the
essity of husbanding what remained of the suspected
id, were sufficient reasons for determining that no time
material should be wasted in further chemical analyses,
a series of experiments upon animals was therefore
rmined on and planned.

t was at this stage of the investigation that Dr. Penny,
ing that he would not be able, unaided, to overtake so
nsive an inquiry, owing to the limited time at his dis-
al, and having a part of the analysis still on hand, soli-
d the assistance of Dr. Adams. Ere this date, however,
list of witnesses against the prisoner had been closed
served, and hence Dr. Adams was precluded by the
utory limitations from appearing in evidence at the
l.

n publishing the notes and results of our observations
experiments, we wish it understood that we do not
m for them the character of a scientific or complete
siologieal investigation. They are intended simply to
vey to the Medical Profession such details as may show
practical nature of the inquiry which we conducted,
at the same time enable a judgment to be formed by
ers as to the value of those conclusions at which we
ved as a result of that inquiry.

/e have also to add, that the very limited time at our
mand before the trial, debarred us from attempting an
ustive physiological course of experiments, and at the
time prevented us from making microscopic exami-
ns, analyzing the blood, &c., &c.

view of the fact that different kinds of animals are
rently affected by the same agent, we resolved to res-
our observations to one class, and several satisfactory
iderations led us to select the rabbit. It appeared to
little moment, that the phenomena manifested in our
s with the rabbit should differ from those exhibited by
uman subject when under the influence of the same
t. For our purpose it was sufficient if the action of
oxic agent was uniform and characteristic, when em-
d on the same animal.

r object in these altogether practical experiments was
old—first, to determine if the suspected liquid con-
d anything destructive to life, when employed in a
which would have been safe, assuming it to contain
reign substance ; and second, to determine what that
n substance was, of the presence of which we were
ly clearly satisfied.

e details of these experiments, although somewhat
us, can scarcely be omitted without a corresponding
f practical usefulness. For that which may seem un-
rtant to one observer, and perhaps only casually intro-
l in the record, becomes often to another the single or
gest point of interest, and the clue which may lead
r to separate investigation or to another conclusion. It
: sufficient, unless for popular comprehension, to state
certain agents are destructive to life in certain doses,
hat paralysis or convulsions is a common effect ; but
for satisfactory reference and comparison it is necessary to describe the extact form in which the agent has been employed, and the order and precise nature of the phenomena observed.

For several sufficient reasons we thought it advisable to make a number of concurrent experiments with atropia, veratria, conia, hyoscyamia, strychnia, digitalis, &c. ; but as these do not properly come within the scope of our present communication, we shall not allude to them further than to say that some of them proved extremely interesting ; and as our inquiry widened, there grew in our minds a conviction that the physiological test in its application to the detection of vegetable poisons presented a more inviting field for toxicologists than had hitherto been admitted, and we hope at another date to present some of the conclusions we have reached regarding certain of the alkaloidal poisons. Meanwhile we restrict ourselves to the special investigation of Pritchard's Battley. The agents we employed were—

1. Genuine Battley's solution of opium procured from Murdoch Brothers, and taken from the same stock bottle out of which the phial containing Pritchard's Battley was filled.
2. Tincture of aconite (Fleming's).
3. Mixtures of tincture of aconite with genuine Battley in various proportions.
4. Pritchard's Battley.

These agents were prepared for the purposes of experiment, by being evaporated, either at a gentle heat, or by evaporation *in vacuo* over sulphuric acid, to a soft extract, which was then disolved or suspended in a measured quantity of pure water.

In a number of experiments, the extract preqared from genuine Battley, and that from tincture of aconite, was either introduced into the stomach or dropped upon the eye ; but while the characteristic effects were unequivocal, we were satisfied that so much more agitation and alarm were produced by the greater and more prolonged handling of the animal, that we soon abandoned this mode of operating. Moreover, we found that the quantity of the agent required to produce the same effects was more variable—the interval occurring before the symptoms became manifest more uncertain, and the duration of the experiment prolonged to so tedious a degree, that observation became difficult and less reliable. To these experiments we therefore only refer as corroborative of the phenomena otherwise generally observed.

In the very large proportion of instances we injected the agents beneath the skin, selecting the fold of integument at the flank or between the skin and muscles of the back. In this operation we employed a small graduated glass syringe, armed with a needle, perforated through its entire length ; taking care in every instance to avoid injury of the large vessels and nerves, or penetration of any of the cavities.

This method of hypodermic injection is almost literally painless, and in execution is easy, rapid, and complete, while the action of like quantities of the same agent is better contrasted as regards the time within which the characteristic effects begin to be noticeable. These variations were generally within small limits, and seemed to bear a close relation to the age and strength of the animal.

Of the facts observed in our experiments we shall now give a summary, referring for more precise details to the Appendix, where we record such a selection of experiments as will indicate the general character of the whole.

Genuine Battley's Sedative Solution.

In one instance ten grains were introduced into the stomach, in another, 100 grains were employed. The quantities injected under the skin varied from ten to fifty grains. In no instance did death occur.

Within ten minutes of the introduction of the poison by injection under the skin the animal seeks a prone position, lying fully extended on belly and chest—the head resting on the ground—the legs sprawling—the claws concealed. If undisturbed, it inclines to retain this position, rarely shifting its place or attitude. When urged to motion, it crawls a few paces in a tortoise-like manner, but speedily subsides into its former passive, motionless condition. When lifted by the ears it struggles, and when laid on its side it recovers

its legs. A sharp noise or heavy footfall attracts its notice. The eyes remain open, and only tend to close at occasional long intervals. The pupils are dilated. The respiration is slow and gentle. In from five to eight hours the effects begin to pass away, and in about fourteen hours the animal eats freely, and exhibits vivacity in its movements.

In carrying out these trials with Battleys solution, an impression gained force in our minds that there is still much knowledge to be acquired, and much of error to be removed regarding the action of the nervine poisons generally. We are led, therefore, to request particular attention to the fact that no convulsions, or tendency to such, was exhibited in any of the animals experimented upon with Battley's solution. This is opposed to common belief, for, without specifying names, we may simply observe that every authority we have consulted mentions, in express terms, the occurrence of convulsions as a usual and characteristic action of opium in mammiferous animals, and in many instances rabbits are referred to as among the animals subjected to experiment. Such a mistake, as we hold it to be, may be accounted for in part by the circumstance that authors of systematic treatises cannot reasonably be expected to verify, by personal experience, the statements of observers of good repute, from whose writings quotations are usually made. Re-copied and re-transferred these statements are at last, in many instances, accepted as beyond cavil. In the case of opium, familiarity with the drug and the usual faithful description of its ordinary effects on man, have probably assisted in securing a too hasty acquiescence in the common statement of its effects on animals. Be this as it may, we have satisfied ourselves that, as regards rabbits, no convulsive seizures attend the action of opium. As Battley's liquor is a watery solution from which a certain portion of the drug is excluded, we made three experiments with laudanum, a soft extract of which, prepared by evaporation, as in the other instances, was employed. In one case we injected the extract of twenty grains by weight beneath the skin of the back of a six weeks' rabbit; in the second fifty grains, and in the third one hundred grains, in both cases on full-grown rabbits. The effects produced were identical with those caused by Battley's solution, with this exception, that while there was an equal indisposition on the part of the animal to move its position until stimulated and urged, there was a difference in the character of the progression of the animal along the floor. Under laudanum the animal moved with its customary leaping action, and seemed to have entire power of its limbs, while Battley's solution induced a condition in which the movements were of a crawling nature. But in no other respect was there any contrast.

Tincture of Aconite (Fleming's).

In one instance five grains, and in a second seven and a half grains, were introduced into the stomach; the animals recovered. Fifty grains introduced into the stomach caused death in fifteen minutes. Half a grain dropped into the eye produced all the characteristic effects. Two grains injected under the skin resulted in recovery in one hour fifteen minutes, and four grains applied in the same way caused death in three hours fifteen minutes.

The symptoms vary in the order and in the rapidity of production according to the strength of the dose. In a case proving fatal, and where there has been time for the development of the effects, there is first an interval of restless uneasiness, during which the animal shifts its position, and occasionally couches, with one or both hind legs extended laterally. It remains for a short interval in an attitude of expectancy or watchfulness, during which a twitching of the lips and a chewing action of the jaws is observed. Gradually the limbs become awkwardly stiff—the claws protruded, and the feet sprawling, as if grasping the floor—the animal seemingly steadying itself. The head is carried erect and somewhat retracted—the nostrils expanded. Occasionally spasmodic movements of the ribs and belly occur as if retching.* Suddenly the animal staggers and rolls over, quickly regaining its feet. Saliva begins to flow from the mouth, and soon after peculiar chirping or stridulous cries are emitted. The severe convulsions which quickly and invariably follow, are of an opisthonic character, the limbs being extended in a straight line with the body—the back arched, and the head excessively drawn back. In a few seconds the convulsions subside, and the limbs become relaxed, the animal lying helplessly on its side. After a longer or shorter interval, it is then occasionally affected with an impulse to rush madly forward or make violent leaps, without regard to obstacles; but the motions are of an abortive paralytic character—the legs sprawling about in a floundering, jerking sort of action, altogether different from the usual leaping motion of the animal. After one or more convulsive seizures, it lies on its side with head retracted—nostrils distended—flanks heaving—the forepaws spread apart and held in the air. The respiration becomes very evidently laborious, is quite audible, and seems altogether diaphragmatic or abdominal. In this utterly helpless condition it is still sensible to stimuli; it winces when the cornea is touched, and is roused to momentary effort on pulling or squeezing the ears, legs, or tail. Salivation continues, but no longer accompanied by the twitching, chewing movements; the eyelids are half-closed or drooping; the pupil usually contracted. In this prostrate state, an interval of many minutes, or even of some hours, may elapse, during which occasional convulsive seizures may occur. Frequently, at the termination of such seizure, the urine is forcibly discharged. At length a strong convulsion takes place, and the animal dies. The limbs immediately relax, and the pupil begins to dilate. *Rigor mortis* is nearly complete in from forty to sixty minutes.

Genuine Battley's Solution and Tincture of Aconite.

Fleming's tincture of aconite was mixed with genuine Battley's solution in proportions varying from one of the former to from four to eighteen of the latter. In one instance death was caused by one grain mixed with nine; in another, two grains mixed with ten. In both instances the poison was injected beneath the skin.

There was caused by a mixture of these agents an evident blending of the symptoms produced by both, but the action of the aconite predominated. When, however, the Battley was employed in the large proportion of eighteen to one of the aconite, the conditions were reversed. When a full dose of both in a state of mixture was used, there was at first less of the active uneasiness than was noticed with the aconite alone, on the contrary, a stronger disposition to couch or rest was manifested; but when doing so, the head was invariably carried erect. On being urged to motion, the hobbling or crawling progression, as opposed to the spasmodic jerking action observed with aconite, was more strongly marked. The convulsive seizures did not, however, seem to be lessened in severity, but the intervals of relaxation were longer, and during these intervals the action of the Battley became evident.

Pritchard's Battley.

The symptoms are so closely similiar to those of Battley's solution mixed with aconite, that, *nomine mutando*, the one pass for the other. No possible distinction could be drawn from the appearances presented by an animal suffering from the effects of a dose of Pritchard's Battley and of another undergoing, at same time, the effects of a mixture of Battley and aconite.

We think it preferable to indicate thus shortly the action of Pritchard's Battley, instead of summarizing its effects, as we have done with aconite and Battley's solution respectively, because, in all experiments wherein vital action is exhibited, there will invariably be found some points of difference in the occurrence, order, or character of individual phenomena. We trust that the description we have given of the effects of aconite and of Battley's solution, when used alone, is sufficiently clear for the purpose of comparison and reference; and with that circumstance kept in view, we believe that the larger number and fuller details we have given, in the Appendix, of experiments with Pritchard's Battley, will enable our readers better to appreciate the nature of those points of similiarity by which we ourselves were satisfied regarding the composition of Pritchard's Battley.

* A rabbit does not vomit.

Referring, for example, to experiments No. 27 and No. 4, it will be seen that, although there was a difference in he strength of the animals operated on, probably also in ie dose of the agent employed, these influencing, no oubt, the duration of the experiments, there was yet such close correspondence in the general effects that no essen- al difference in the character of the phenomena can be edected.

Having thus by clear and satisfactory evidence established ie characteristic and essential differences in the effects oduced on the rabbit by genuine Battley and Pritchard's attley respectively; and having found that the action of ritchard's Battley in a fatal dose corresponded in every spect with that of aconite, either alone or when mixed ith genuine Battley; and bearing in mind the peculiar id distinctive sensation communicated to the organ of ste by the above liquids—we had no hesitation in arriving the following conclusions:—

1st. That Pritchard's Battley contained a poisonous sub- ance.

2nd. That that poisonous substance was aconite.

We may also state, that from a careful consideration and omparison of the intensity, the period of access, and the uration of the symptoms exhibited in our trials with the ixtures of aconite and of Battley's solution in known uantities, we were led to infer that the proportion of the rmer in Pritchard's Battley was from five to ten per cent. 'e disregarded the infinitesimal proportion of antimony scovered in Pritchard's Battley, being satisfied that it uld not in any way influence the symptoms we witnessed. Our conclusions were confirmed by the fact of our finding effects analogous to those of aconite produced by any of e other agents (veratria, strychnia, &c., &c.) employed by s in the concurrent experiments already referred to, or by ıy other poisonous agent with the action of which we ere familiar.

With the Medical aspects of the criminal trial our inquiry id no necessary connection, and we, therefore, purposely oid any commentary on the peculiar symptoms mani- sted by Mrs. Taylor and Mrs. Pritchard. Neither have e attempted to draw any analogy between the action of ıe poisonous agents as displayed upon animals and those roduced on the human subject. These considerations rm sides of the case altogether apart from those which e attempted to uncover, and were otherwise dealt with the special Medical and general evidence. That the ıfortunate ladies were poisoned was clearly proved, and e prisoner ultimately admitted that he did put aconite to the Battley's solution. The detection of that aconite ıs the problem that our experiments were intended to lve; and although the confession of the criminal has no ubt aided the complete acquiescence of the public in the stice of the verdict, yet his admission or denial could not any way influence our convictions, nor the conclusions which we had already committed ourselves.—'Glasgow edical Journal.'

[This paper was accompanied by a series of selected ex- riments, illustrating the general conclusions arrived at Professor Penny and Dr. Adams.]

CYCLOPS' TWENTY-EIGHTH LETTER ON PHYSIOLOGY.

To Vigilans.

SIR,—Has physiology clearly defined the true meaning, wer, modes of secretion and uses of a gland? This bject has always appeared to me to be very much con- ed, for instance, the liver is called a gland; but if a ivary gland is compared with it, what a wonderful ference there is between them. The one, the liver, has fatty surroundings, while the other is embedded in it. hink we should be equally justified in calling the lungs, pair of air and blood glands, as we are in calling the er a simple blood gland. We see that the lungs are as e from fatty envelopments as the liver. What can all the fatty matter have to do with the salivary glands and why should they be so embedded within this structure, while the liver and the lungs are kept entirely free from it? Let us look also at the kidneys. They are always embedded in a large quantity of fatty structure. Are we right in calling them glands? They differ amazingly in their action and duties to the salivary glands, as much as both these classes do from the liver. If all of them are to come under the designation of glands; they must be divided in some such way as this:—The liver is a blood gland without fat and a simple receiver of venous blood, from which by the assistance of its own structure it extracts a fluid called bile, to be used again in the body, but getting no benefit from any fluid or element which fat or any other organism can supply. The salivary glands are organs embedded in fat and secrete a fluid, varying much at different times in its chemical character. But then the question arises, what is the use of the fat round and about them? Has the fat anything to do with their functions or their secretions, for it is very evident that it would not be there except for some wise and useful purpose and as it always is there, we ought to conclude that there must be some reason for it. The saliva or natural secretion of these glands is an element formed in large quantities to be used again in the economy of the body. The next organs which are called glands are the kidneys which are also embedded in fat. Now, these secrete from the blood the element called urea and probably some other elements along with it, for the immediate purpose of excretion; so that they should not get back into the system. But along with this urea and other matters, there is a large percentage of fluid. Physiologists have been accustomed to teach that this also is eliminated from the blood. But here arises a serious question, seeing so much fat about them; has it anything to do with the secretions of the kidneys. Now here we have three very distinct facts, which I am inclined to think have hitherto been very loosely thought of and as unphilosophically explained. A gland without fat and a mere converting organ; glands with fat and highly secreting organs; and two other so-called glands which are simply excreting organs. The first and solitary one deriving no benefit from fat, as it is not there, and the two others having immense fatty surroundings with what must strike every one some use to be derived from them; yet these latter are of totally opposite uses and characters. We naturally ask, can they be continued to be classed in the body as they have been? The next question naturally arising out of these considerations is, what can be the use of the fat in the two last so called set of glands, the salivary and the kidney, and why has the liver none? Perhaps there is no organ in the body that has, *per se*, been so much written about as the liver; or has had so much consideration given to it, or the universality of disease of every kind, sort and character, functional as well as organic, been attributed to it, as well from its secretions as its non-secretions. These facts are not alone confined to the British Islands or wherever the English, Irish or Scotch settle, but even in foreign countries, so that the French and German schools do the same as we do and attribute the largest percentage of disorders and diseases to which the body is liable to the poor liver or its secretions, whilst every imaginable drug administered, seems designed for, or is supposed to have some action thereon, whether it operates on other organs or not. This infatuation may be said to be so universal, as to amount to as complete a monomania of the whole Faculty, as any poor fellow who struts about and imagines himself a king. Now here is a viscus, one of the largest in the body, which, as I cannot designate it as a gland, I will simply call it a blood converting organ. Its anatomy is of the simplest character as well as its duties. It is fleshy and porous, not quite so much so as the lungs. It has few arterial vessels going to it and those which can only support its structure; but all the venous blood of the abdominal organs is emptied into it; which with what it makes itself, it uses in its soft structure to make or rather to convert into bile. The residuary mass from this, is even then small, and goes into the vena-cava and so helps slightly as a diluent to the new ingesta, along with residuary

venous currents from the upper and lower extremities. I have said in a former letter and it well bears repetition, that if venous blood, well charged with biliary elements goes to the liver, that organ is safe to extract them, but if these elements are deficient, how can it take anything from nothing? Are we then to attribute a clayey stool to a sluggish liver? This dogma or infatuation seems to have seized everybody's mind without thought, sense or reason. Why not go deeper into the matter and attribute it to want of the elements from which bile is made. I can give myself a clayey motion at any time, by taking an opium pill for any flatulent or colicky pain; but I do not for a moment accuse my liver of derilection of duty. As long as my pains continue, from whatever morbid cause, so long will I endeavour to stop them. I will not suffer a moment's pain if it is in my power to subdue it; it would be less than human if I did. Some action which opium always produces, has arrested or caused in some way the properties of bile in my abdominal venous blood to become diminished, but very soon afterwards, Nature having had time to get into a right tract again, I find biliary stools; but I never blame my liver. Again, if the liver has excess of elements sent to it, it naturally makes excess of bile. Are we to accuse the liver again of mala-praxis? If there is excess of bile then at any time, it is from excess of material and if there is a deficiency, there was nothing to make it from. If people with a richness of biliary secretion, diet or starve themselves, as they often do; they bring on certain discomforts and lay them all to the poor liver; when a good solid meal would be the best cure for them. Why not give the bile its proper employment: for if this is not done, it runs off in a diarrhœa, and if there is not sufficient bile there is in my opinion some error in the first cause and not the second. I believe the liver to be a simple and an industrious organ in itself in all its duties and actions and reflecting on the ill usage it has received from everybody, I often think that I am the only friend it ever had. Now I have abundant reasons for all I say on this subject and these have arisen and been confirmed in me from my investigations of the colon, I have often thought that the Faculty, taking them *en masse*, have considered the body but as one huge liver and have believed that all diseases arise from it alone and that such a viscus as the colon never existed in it. As the ghost in Hamlet says, "I could a tale unfold," and I am quite prepared to do it, if the thousand mistakes which are made every year in diagnosis and all the blame laid to the poor liver which it never deserved. It has been one of those misfortunes to the system, that the colon is what it is and that it traverses the space it does and has its various juxta-positions to other organs. Thus, for instance, if my readers have studied the colon in its anatomical and physiological uses, as I have laid down for it, they will have perceived that the angle of the ascending and transverse portion lies exactly upon a part of the liver. Therefore, without thought of the colon at all, the great fault of the physician seems to have been to consider pains, enlargements, and great sympathies in this region as affections of the liver. I have said that Nature has designed the fæces for vital purposes, hitherto not admitted into the philosophy of Medicine, and that she causes or induces a sacculated condition of the colon to retain them. Now, she does this very frequently in the part opposite or in juxta-position to the liver as often as anywhere, and these cases, if they were not so serious, that is, really not serious of themselves, but made so by the Faculty they would afford much food for laughter. It so happens that I have had many cases of this kind before me and as it is not orthodox to mention names, there are scores of our physicians and surgeons now living who have committed themselves to opinions, which, if they had studied the colon more they never would have done, and the mere explanation of these facts may be a great guard to them in future. I will mention one or two cases in point which must suffice for the present.

A lady, aged forty-two years, mother of twelve children, had a lump come on her right side, just about the place where the angle of the colon lies upon the liver. The best general practitioner and physician of a large provincial town attended her. They both pronounced it tumour on the liver; she was mercuralized as a matter of course, she was duly leeched, blistered, and poulticed, and iodined. Months passed away and she was no better. A change of circumstances in her husband's affairs brought her to town. Here some of the first men at the West End of London were consulted, all declared the same thing, there was not the slightest difference of opinion. Tired and worn out by physic and external applications, and somewhat broken down in health, she went down to a hydropathic establishment in the country. The principal there concurred in opinion with the diagnosis already given. But the treatment here was simply devoted to restoration of health, as much exercise as could be taken and as much good diet also. Not being considered entirely hydrophobic, she found she could not do without her sherry, and so she had it. One morning, without any cause she had a large stool, then another, and in the evening another, and about the second day after this, she was placing her hand on her sore side, as she called it, and found, to her great surprise, the tumour gone! As she was getting stronger she left, and afterwards from her sixth completed her number of twelve children; but always found a tenderness over this spot, and it was for this only she consulted me. Having the opportunity of explaining her case, she, for the first time, found out what had been an enigma to herself, her husband, her friends, and her doctors for many years, that it was a simple collection of fæces from a sacculated condition of that part of the colon. Fæces had passed the spot leaving the old mass there for very many months. In short, it was no tumour at all.

One more case similar to this, a gentleman had precisely the same sort of thing and consulted several of our first surgeons and physicians, and he named them all to me. "Oh," said one surgeon in great practice, "I have seen many of these cases. It will not come to anything; sometimes I have known them disperse, but it will not get larger. I will read you a few cases I have had. I keep them under the head of 'simple tumours of the liver.'" So he consoles the patient with these, and gives him directions how to act. Another surgeon saw it, "He did not think it was on the liver but behind it." Another said, "It was on the intestine itself." Well, that was a very near guess! A physician saw it and could not make it out at all, and so he asked him to call again by appointment to meet a friend of his, another physician. These two spent a long time over him, and then dropped, of course, into the conclusion of Mr. ——, the surgeon of whom they both had the highest opinion. Another physician knew all about it at once, and said that, that was a subject to which he had paid great attention, and, in fact, he was going to lecture on it that very day, and asked the patient to accompany him, which he did, and heard an hour's discourse, but making neither head nor tail of it, packed up his carpet bag, and went off to Germany the next day. He consulted a German doctor, who very wisely told him it was a decided case of dislocated kidney, which had shifted to that position. This determined him not to medicate any more. He said after he had been in Germany about a month, taking all the exercise he could and living on light diet and light wines, he woke one morning and found his so-called tumour gone. In another fortnight he returned home, went first to one of his physicians, "You are wrong, doctor, this time, I'll trouble you to find my tumour." "What did you do?" "Nothing, I only got up one morning and found it was gone." He went to another, then to a third, then to his surgeon. None of them could make it out. I drew his attention to certain facts of the case, and he has not the least doubt, any more than I have myself, but that it was a collection of fæces in a sacculated part of the colon at that spot, of which I have seen scores.

In mentioning these facts connected with the liver, I do it for two reasons, first, because I believe the liver a much maligned viscus, and, secondly, because there is less known of the colon, its diseases, and its physiology, than any part of the body, and, thirdly, to put very talented physicians and surgeons on their guard against mistaking simple sacculated states of the colon with fæces, for tumours, espe-

ally in that part opposite the liver, and I would suggest note-takers, who have many cases of this kind booked, t to credit any of them unless they have made actual st-mortem examinations and *found them*. Thus, while ture herself is bountiful to man in often conserving the wels, she does this act wisely and at all times well, when colon has never been tampered with by Medicine. But, the other hand, when mercurials have been constantly ministered which have tended rather to the enlargement the liver, than any good ever got from them by that an; they have on the other hand, together with aperients relaxed the muscular fibres of the colon that when Na- has endeavoured to conserve the fæces, some parts of colon have become sacculated by them and factitious ups have been formed along its course which are mis- en for tumours. Many of these facts would form very ious episodes of the Ars Medicinæ.

I am &c., CYCLOPS.

he Editor begs to state that he does not hold himself in any way onsible for the opinions expressed in the foregoing letter.]

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 7TH, 1865.
DR. PEACOCK, PRESIDENT.

Mr. ADAMS and Mr. CARR JACKSON exhibited specimens

TWO TUMOURS CONNECTED WITH THE HUMERUS,

ch had necessitated amputation at the shoulder-joint. Mr. Adams's case the patient was a young married man, three months gone with child, and the tumour arge size, with an extensive connection with the bone, of a soft encephaloid character. The malignant nature he tumour was verified by microscopic examination. peculiarity of this specimen was that it exhibited striæ, the admixture of muscular fibres, in various stages of eneration. The operation was successful, and there has no recurrence hitherto.

Mr. C. Jackson's case the tumour was removed from a aged fifteen. It was only of four months growth. There much fibrous tissue mixed with the proper structure of growth, the nature of which appeared to be of osteoid er. The patient recovered.

r. HOLMES showed a specimen of

A TUMOUR OF THE ARM OF MALIGNANT NATURE,

large cysts growing from the soft parts of the arm be- he deltoid, and encroaching on the shoulder-joint, the s and axillary vessels being expanded over the chief The patient died on the fourth day after the opera- apparently of fatty degeneration of the heart, but no mortem examination was allowed.

. HOLMES likewise showed two specimens of

SUCCESSFUL AMPUTATION AT THE HIP.

e, an adult, the disease was recurrent fibroid tumour thigh. The other was a case of entire inflammation -myelitis) of the femur after excision of the hip.

HOLMES also exhibited

UTERUS, AND A LARGE SOFTENED FIBROID TUMOUR

had been removed in mistake for an ovarian tumour. eculiarity of the case was the large amount of fluid ned in the tumour, and the absence of uterine sym- . In this case the tumour had been twice tapped, s much as a gallon of fluid evacuated. The patient een at an earlier period under Mr. Spencer Wells's when the disease has been diagnosed as three fibroid rs attached to the uterus, which was really the case. normous growth and softening of the uppermost of umours, together with the absence of uterine hæmor- and the apparently healthy condition of the os, had the mistake. The operation was fatal, the intestine been injured in breaking down the adhesions, which xcessively numerous and firm, the mesentery and ntestine being almost imbedded in the tumour. The with two fibroid growths and the stalk of one re- was also exhibited. The tumour removed was of very great size, spongy and reticulated in texture, and attached to the uterus only by a stalk about the thickness of the thumb.

Mr. BRYANT instanced a case which had been examined at Guy's Hospital, where a fibro-cystic degeneration of the uterus had so closely simulated an ovarian tumour that it had been so considered by all who had seen her. The woman had been admitted in a moribund state. Mr. Spencer Wells had referred to a similar case.

Dr. GRAILY HEWITT remarked that the condition of the os uteri had no great value in diagnosis of such tumours. The use of the uterine sound, he thought, would have thrown light upon the diagnosis.

Mr. BRYANT showed a specimen of

HYDATID OF THE BREAST

from a married woman, aged thirty, who had suckled several children, and had suffered for some years from a painless fluctuating tumour in the breast. It was explored by a trocar and canula, a piece of membrane was drawn out, and then a free incision gave exit to the main wall of the cyst and some smaller hydatids.

Mr. BRYANT's second case was one of

HYDATIDS IN THE BLADDER.

The patient, a gentleman of fifty years of age, was suffering from retention of urine. He had had no gonorrhœa or other disease, but had had a previous attack of retention in 1851, in which no instrument could be passed, but he was spontaneously relieved a week afterwards, with no constitutional disturbance. The same thing again occurred about seven years afterwards. Some time after that attack he was examined by a surgeon, and pronounced quite healthy. A few days ago, however, similar symptoms manifested themselves. No catheter could be passed, and no urine voided. There was no constitutional disturbance or pain, though there was a large tumour in the lower part of the abdomen; this was not equal on the two sides of the abdomen, but more prominent on the right than on the left side. On examination per rectum, the pelvis was found filled up by an indistinctly fluctuating tumour. Attempts were made to pass a catheter, but in vain. Next day an attempt was made to puncture the bladder per rectum; but though three punctures were made the bladder was not reached. Then an incision was made from the perineum, and a small hydatid was evacuated. Next, the incision was extended into the rectum, and a large mass of hydatids was extracted, enough to fill a porringer. The cyst was so large that a catheter was passed up to its hilt in it. After this, with some manipulation, it was found possible to puncture the bladder, and a quart of dark-coloured urine was evacuated. An elastic catheter was fixed in the bladder. The patient was left relieved. (Two similar cases which had occurred at Guy's Hospital were then referred to.)

Mr. BRYANT also exhibited a

LARGE ADENOID TUMOUR

developed in the breast of a woman over seventy years of age. It was the size of a cocoa-nut, and contained numerous cysts. There were no enlarged glands, nor any constitutional disturbance. The tumour was removed, and proved to be of an innocent cystic nature. The interest of the case lay in the fact of the advanced age at which the growth commenced. The microscopic examination showed the tubular structure often found in the adenoid tumours of younger life.

Mr. WATSON showed the Larynx and Trachea from a case of Croup, in which tracheotomy had been performed.

Dr. CRISP wished to correct a report in the 'Lancet' of something which had fallen from him with respect to the cattle plague. He had been represented as saying that he had eaten a portion of meat from an animal suffering under this disease, and recommended it for public consumption. The latter part of the statement was incorrect. He had never advised that other persons should eat such meat, though he himself had done so by way of experiment.

Mr. Z. LAURENCE brought before the Society a patient affected, as he believed, with an entozoon in the eye.

NOTICE.—*Complaints having reached us of the non-delivery to Subscribers of the copies of the* MEDICAL CIRCULAR, *we have instituted inquiries as to the cause, and have made such arrangements as will prevent the possibility of a repetition of the same. Any gentleman not having received his copy as usual during the last three weeks, will be kind enough to intimate the same to the Publisher.*

WEDNESDAY, NOVEMBER 22, 1865.

THE MEDICAL CIRCULAR.

THE RECOVERY OF MEDICAL CHARGES IN COURTS OF LAW.

It is a comparatively rare occurrence for members of our Profession to sue for the recovery of their charges in Courts of Law. The Fellows of certain Colleges of Physicians are restrained by their bye-laws from taking any such step; and among the rank and file there are not many who resort to law for a redress of their grievances. This abstinence from litigation does not result from any particular alacrity to pay doctors' bills on the part of the public, nor does it happen from the want of provocation to Medical men to take such a course, for unhappily there are few persons in any calling in life who are so shabbily treated by the world in general, or who devote so much time to gratuitous or ill-paid labour. The reluctance to enter into contests in the law-courts arises, we believe, partly from that generous and gentlemanly feeling which induces many of our brethren rather to forego their claims altogether, or to accept compromises, than to parade their wrongs before the world, and partly from the fact, that when Medical men trust to the arbitrament of a jury, their conduct and motives are generally misunderstood, and the result is a complete failure of justice, or, at best, a modified and doubtful success. The reason of this anomaly in our Courts of Law, in reference to Medical men, lies in the very nature of our Profession; and although judges and barristers, as educated and thoughtful persons, are often aware of the difficulty and delicacy of adjusting claims for Medical attendance, no such scruples affect the juryman, who is usually drawn from the trading classes, and who looks upon a professional man only as a trader, and to be dealt with accordingly. The Medical practitioner is, indeed, placed in a position of great comparative disadvantage in our Courts of Justice when suing for his charges. The clergyman, for instance, is never under the necessity of appealing to a jury, either to justify his theological opinions, or to defend his practice, or to enforce his stipend: all such matters are referred to the bishops or other ecclesiastical authorities, and are withdrawn almost entirely from the jurisdiction of the ordinary law-courts. The costs of solicitors, again, are never taxed by a jury, but by officers appointed by the judges; and as for attorney's charges, there is a certain fixed and invariable tariff, to which the public must submit, even if individual ruin should be the consequence. But, in the case of Medical men suing for their accounts, it is practically left to the jury to decide upon the reasonableness or otherwise of the charges made, and even sometimes upon the propriety or impropriety of the treatment adopted. When our brethren are driven into Courts of Law, it is generally in consequence of some flagrant act of shabbiness perpetrated against them by their patients; and sometimes, we must admit, the law is invoked by a small section of our body as an instrument of oppression. The two cases to which we are about to refer, and of which we publish a report in our present number, will in some measure illustrate the remarks we have just made.

In the first case just decided in the Court of Common Pleas, *Harrison v. Grady*, the plaintiff, a Medical man, attended a lady who, during a part of the attendance, was separated from her husband, and in an action tried at Westminster, Mr. Harrison obtained a verdict, but an attempt was afterwards made to enter the verdict for the defendant on the ground that the latter had not given his wife authority to pledge his credit to the plaintiff. The case having been argued, the Lord Chief Justice delivered a very able judgment, confirming the verdict of the jury and supported his views on various technical grounds. After showing under what circumstances a wife might legitimately pledge her husband's credit, his Lordship stated that it was perfectly clear that Medical attendance would be a matter of primary necessity, and that if the husband was not liable in such a case, then no one was liable, and a Medical man must attend the patient without any prospect of remuneration. He therefore came to the conclusion that the verdict ought to stand, and in this view all the other judges concurred.

There can be no doubt that this decision was correct, and the plaintiff, it will be admitted, had no course left to him but to bring his case into a Court of Justice, or to be deprived of the amount due for his services. It would, indeed, be a great hardship to the Medical Profession generally if each of its members, when called upon to attend a married lady, were obliged to make himself acquainted with the terms on which she lived with her husband; or if a husband had the right, by quarrelling with his wife, or turning her out of doors, to repudiate any lawful demands made upon him for Medical attendance. The decision in the case is therefore important, and will no doubt form a precedent for guidance on future occasions.

In the other case, which occurred lately in the County Court of a town in Yorkshire, we cannot say that the plaintiff, also a Medical practitioner, appears before the public in a similarly advantageous light. It appears that this gentleman brought three actions on the same day against various persons for Medical attendance and medicines. The defence in each suit was that the plaintiff had volunteered his services, and had indeed pressed them upon the patients against the wishes of the friends and relatives, and it was moreover stated that all three cases had been pronounced by the plaintiff to be labouring under typhoid

fever. Whether the latter statement was true or not, it is of course impossible for us to determine, but it is stated by one of the witnesses in the first trial that the patient, when supposed to be labouring under this malady, not only scrubbed the floor of her house, but brought in from the fields upon her back a five-bushel sack of potatoes. In the second case, if the evidence is truly reported, the line of conduct pursued by the plaintiff was even more questionable in point of taste and propriety. The patient is said to have been attended by another practitioner when the plaintiff was called in, and it is added that the latter unnecessarily continued his attendance, and sent medicines which were never swallowed. The plaintiff, in his evidence, justified this conduct on his own part on the pretext that the other Medical gentleman was not only drunk when he was called in to the patient, but that he was habitually in that condition. The gentleman referred to, who was in court and was called as a witness, indignantly denied this charge, for which, we must add, there appears to be no real foundation.

In all three cases the verdict was for the respective defendants, and we cannot say that we find fault with the decision. It is no doubt difficult for a young man to acquire a practice and a position in life, perhaps, in the face of obstacles and opposition, but nevertheless, he will seldom succeed in his object by forcibly breaking the barrier which he ought to hope to see opened before him, by disdaining those rules of professional etiquette, the observance of which distinguishes our calling from many other pursuits in life.

But, while thus expressing our opinion upon the equivocal attitude assumed by the plaintiff in these trials, we must express our astonishment at the conduct of the presiding judge, which seems to us strangely inconsistent with the dignity of his position. In reference to some observation made by the plaintiff, the judge is reported to have said, "Hold your tongue, sir, *or I must call for one of your* [illegible] *pestles to put down your throat!*" and, again, on the production of one of the bottles of medicine said to have been supplied to, but not swallowed by, the patient, his Honour said, "Take the cork out of the bottle, *and hold it to the doctor's nose!*" and his Honour also bid the latter take the medicine if he liked, but added, "For your own sake, sir, dont take it; *if you want to poison yourself take it outside the court.*"

Medicine does not cut a very graceful figure in this Yorkshire case, we cannot say much for the demeanour exhibited by her sister, Law. The language reported to have been used by the judge is more like that of a browbeating Old Bailey lawyer, than of a gentleman presiding on the seat of justice.

MEDICAL PRIME MINISTER.—The Premier of Nova Scotia is Dr. Charles Tupper, a practising physician at Halifax.

MEDICAL CORONER.—At a meeting of the Mayor and Town Council of Thetford, held at the Town hall on the 15th inst., Dr. T. R. Mitchell, F.R.C.S.I., was appointed Coroner for the borough.

REVIEW OF BOOKS.

On Some of the Causes and Effects of Valvular Disease of the Heart: being the Croonian Lectures of the Royal College of Physicians for 1865. By Thomas B. Peacock, M.D., F.R.C.P., Physician to St. Thomas's Hospital, and to the Hospital for Diseases of the Chest, Victoria Park. Pp. 114. London: Churchill and Sons. 1865.

In this Course of Lectures Dr. Peacock draws attention to a class of cardiac diseases which has not been hitherto very generally studied in consequence of the greater care bestowed by practitioners on the results of inflammatory affections. The causes of valvular disease of the heart, or of defective action of these parts, are, according to Dr. Peacock, 1. Malformation leading to regurgitation, obstruction, or obstruction and regurgitation; 2. Injuries of arterial and auriculo-ventricular valves, either immediate or gradual, leading to regurgitation, with or without obstruction; 3. alterations in capacity of orifices and cavities, leading to regurgitation from erosion or mal-adjustment; and 4. Inflammatory affections, chiefly rheumatic, acute, and chronic, leading to obstruction or regurgitation, or both these conditions combined. Of these different causes of disease Dr. Peacock treats only of the first three, as he conceives that the fourth has been already fully illustrated by preceding writers and lecturers.

The malformation of the valves may be of different kinds, their number being sometimes in excess and sometimes defective: four or five semilunar aortic or pulmonary valves being sometimes met with, or the number being reduced to two, or the apparatus, consisting of a single imperfectly-formed curtain. These conditions Dr. Peacock conceives to be due to intra-uterine disease, although other explanations have been given. That kind of irregular development in which the valves are in excess, does not appear necessarily to interfere with their functions, but that in which one or more of the segments are blended together, is probably always a source of more or less obstruction, and often lays the foundation of serious disease. Dr. Peacock adduces eleven cases in illustration of these views, and he believes that malformation of the valves may be suspected during life when the signs and symptoms of uncomplicated aortic valvular disease manifest themselves in persons who have never had rheumatic fever or other serious illness, and who have never sustained any severe accident, or followed for a long period a laborious occupation. The inference will be strengthened if the patient is young, or has not attained middle age.

Another cause of valvular disease or defect is the reception of an injury, which may be immediate, one or more of the valves being torn, or may act more gradually, some portion of the apparatus yielding under long-continued straining or pressure. Of such occurrences Dr. Peacock adduces five examples, in which the valves were injured by some accidental circumstance, and he observes that he has seen several cases of incompetency of the aortic valves in the "along-shore men" who are employed to load and unload the small coasting vessels, and among coal-whippers, and the Newgate market and Deal porters who carry very heavy weights upon their shoulders, and often up slanting planks or landings, in which positions the stress upon the aortic valves must be excessive.

A third cause of valvular defect consists in alterations in the capacity of the orifices and cavities of the heart, which may arise from inflammatory disease affecting the valves themselves, or from changes in the condition of the adjacent cavities and vessels, preventing their being properly adjusted so as completely to close the apertures. Dr. Peacock omits the consideration of the former as inconsistent with his plan, and he adduces eight cases illustrating maladjustment of the valves, dilatation of the left auriculo-ventricular aperture, and alteration in the capacity of the aortic orifice.

In the third and last lecture, Dr. Peacock treats of some of the effects of disease of the heart upon the weight and dimensions of the organ itself; and in order to estimate the nature of these changes more correctly, he prefaces his

remarks by a notice of the weight and size of the healthy organ. To ascertain these particulars is by no means easy, because even in the limits of health there are several variations, and these variations are much increased in disease, even when cardiac disease is excluded. Tables are accordingly given by Dr. Peacock, showing the average weight of the healthy heart, and in acute and chronic diseases, and at different ages in males and females, and also the dimentions of the healthy heart in males and females; there are also tables of the weight and dimensions of the heart in different diseases, and when it is diseased itself. These observations as to the condition of the heart, whether healthy or diseased, are, of course, closely related to the investigations of several important pathological questions, and are also of great interest in a practical point of view. Dr. Peacock concludes his lectures by pointing out the various conditions and symptoms which are characteristic of each form of valvular disease, and he briefly alludes to the treatment which ought to be adopted in such cases; recommending generally the employment of alcoholic stimulants in organic disease of the heart, and advising a cautious employment of digitalis.

Dr. Peacock's lectures contain, as will be seen from the above brief notice, a great mass of important matter relating to valvular disease of the heart, and they are the more valuable because they comprise the elucidation of subjects not generally treated in works on cardiac pathology.

Lectures, chiefly Clinical. By Thomas King Chambers, M.D., Honorary Physician to H.R.H. the Prince of Wales, Consulting Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital, Consulting Physician to the Lock Hospital. Fourth Edition. Pp. 612. London: Churchill and Sons.

The simple fact that a purely Medical work, of the size and price of this volume, has, in a very few years, reached its fourth edition, the last edition having been exhausted in considerably less than two years, affords conclusive evidence that it must be a book of no ordinary merit. Most of our readers are doubtless aware that about a year and a half ago Dr. Chambers was obliged to submit to a very serious surgical operation; and as, in the time of his severe trial, he had the sympathy of all his Medical brethren,—whether they knew him personally or only through his writings—so now, to use his own words, "on his return, by God's grace, to health and labour," he has our hearty congratulations. As the earlier editions of these lectures were noticed at some length in the pages of this Journal, we shall merely extract six hexameter lines which give a capital description of the normal order of phenomena in a case of small-pox.

"Bis sex celatur virus, tres febre notatur,
Fertque duos soles papulam, tres postea opaquam
Vesicam, roseumque duos perfectior orbem;
Vincla cutis medii dissolvit postera luna.
Bidua vultum onflat vesica, movetque salivam.
Pustula fert distenta narûmque pedumque tumoren."

P. 118.

This volume deserves to find an honoured place in every physician's library, side by side with the corresponding books of Graves and Trousseau.

Transactions of the Pathological Society of London. Vol. XVI. London. 1865.

The Pathological Society, as is well known, is one of the most flourishing Medical Societies in this metropolis, and this distinction is in great measure owing to the practical nature of its proceedings and to the exhibition of the numerous morbid structures presented at the periodical meetings. Another and no less important feature is the annual publication of a volume of Transactions, recording the history of each of the specimens exhibited, and, where it is practicable, perpetuating the appearances they present by the illustration afforded by well executed engravings. In this volume, as usual, the objects are arranged according to the pathological category to which each belongs, and there are twelve plates, and twenty-four woodcuts. Those who have attended the meetings during the past year, or those who have followed the course of the proceedings by means of the reports published in our own and other journals, will be aware that the transactions were of more than average interest, and in the present published volume, they are all recorded in a systematic form, forming another valuable collection of pathological facts, the collection and arrangement of which reflect the highest credit upon the indefatigable secretaries of the Society, Dr. Murchison and Mr. Holmes.

On the Treatment of Enlarged Tonsils at any Period of Life without the Operation of Excision. By William J. Smith, M.B. London, Surgeon to the Islington Dispensary. Pp. 55. London: Hardwicke. 1865.

The title of this little work is calculated to mislead patients, because it seems to imply that the operation of excision is inexpedient, and that it has been successfully replaced by some other plan devised by the author. This however, is not the case, for he expressly states that the operation is not only unattended with danger, but he points out numerous conditions in which these organs ought to be partly or wholly removed. Still there are instances where the patients do not choose to submit to the operation, and the proceeding is impracticable in young children. Mr. Smith therefore tried successively cauterisation by blisters and iodine at the angles of the jaw, and the application of nitrate of silver to the tonsils, but without effect; and at last he adopted cauterisation by potassa fusa, and he states that he has found the plan successful. He has also invented an instrument for the convenient application of the caustic potash. Mr. Smith admits that excision is a far more speedy operation than cauterisation, but he recommends the latter in cases where excision is impracticable or is objected to. Viewed in this light cauterisation may perhaps be allowable, but the candid tone adopted in the book itself does not correspond with the announcement on the title-page, which seems indirectly to condemn the operation of excision and thus to court the suffrages of the timid.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. T. K. CHAMBERS concludes his course of three lectures "On the Effects of the Climate of Italy." He now points out in order, under the several seasons, the classes of patients to whom an Italian atmosphere is curative. The common feature in all the cases enumerated by Dr. Chambers as likely to profit by an Italian climate, is a weakness of circulation and consequent tendency to chronic and degenerative changes. But some morbid states of body are made worse by a residence in Italy; for instance, all cases of apoplectic habit and of congestive inflammation, and early cases of tubercular consumption with a quick excitable circulation, and a liability to hæmoptysis. Piles and menorrhagia are made worse, and are sometimes brought on, by travelling in Italy. Dr. Chambers concludes with some practical hints for the guidance of persons who propose to try the sanitary effects of an Italian climate. Among the recommendations he gives, are that the patient should be as much in the air as possible, should avoid changes of temperature, should drink light wine, and should adopt, as far as he can, the diet of the people. Patients also should not remain too much in one spot, nor, on the other hand, should they travel too rapidly from one place to another, thus, in fact, passing the greater part of their time in a close travelling carriage or a railway car.——Mr. JOHN GAY contributes a paper "On Stricture of the Œsophagus," and relates two cases of that affection which fell under his notice. The first was that of a lad, nine years old, who

swallowed by mistake some sulphuric acid and subsentlly had a stricture of the œsophagus, to such an extent o threaten starvation. The method of treatment adopted dilatation, and after some time, and much difficulty, an intercurrent attack of congestion of the upper lobe he right lung, the stricture was cured. The other case that of a female, aged fifty, in whom the disease pre-ed itself without any known cause. After six weeks' mpt at dilatation the point of the instrument passed ough, and Mr. Gay believes that it went in the right di-ion, but the proceeding gave her very great pain, and sunk and died in a few days. No post-mortem examion was allowed. Although the second case was an uccessful one, Mr. Gay believes that an attempt at tation should be made in the cases of stricture of the phagus, unless the disease should be malignant, in which the operation would be, of course, worse than useless. ides the malignant forms, Mr. Gay divides these stric-s into the traumatic and the idiopathic, and it is in the ner that dilatation is most easily performed, and is most uently successful.——Dr. HORACE DOBELL concludes paper "On the Assimilation of Fat in Consumption," adduces some additional evidence of the value of his reatic emulsion in the treatment of consumption.——GEORGE BUCHANAN, of Glasgow, in continuing his s of clinical surgical cases, relates "A Case of Fracture he Spine." The patient had fallen from a ladder at a iderable height, and he fell with his feet foremost. The ptoms during life were very obscure, and injury to the ulla was only inferred as probable. No fracture could etected on careful examination, and the injury was sup-l at first to be unimportant. But the patient suffered wards from diarrhœa, retention of urine, and other symptoms, under which he sunk, and after death it was id that the twelfth dorsal vertebra was fractured trans-ely, and there was an abscess around it.

THE 'MEDICAL TIMES AND GAZETTE.'

. BENCE JONES continues his lectures "On Local nical Disorders arising from Suboxidation, and their anical Results," and he now shows that the local of cold upon the living textures is, in fact, a process oxidation. The general effect of cold is to stop cal action, and this gives rise, secondly, to the nical stoppage of the circulation of the blood. Mor-ion of the extremities, frost-bite, and chilblains are, ing to this view, local effects of suboxidation. er illustration of local suboxidation is fatty degene-and a table of fatty acids is given, showing that re a multitude of fatty substances, each containing gen than that which precedes it. Fatty degenera-herefore, may be considered a disease of suboxida-he amount of degeneration depending upon the sive diminution of oxygen in the textures.——Dr. HARLEY continues his lectures "On the Urine and s of the Urinary Organs," and he now treats of dia-ellitus and its rational treatment. Although this is very intractable, and many vaunted remedies have out to be worthless, yet medicine is often of great and more especially that branch of it which relates There are two great types of diabetes—namely, to excessive formation, and that due to diminished tion, and each requires a different mode of treatment. On the subject of treatment of these forms, we quote Dr. Harley's own words :—

"Even in the most favourable cases for restricted diet we must never allow ourselves to be deluded into the idea that, because we are mitigating the symptoms, and reducing the amount of sugar in the urine, we are necessarily curing the disease, or we shall frequently be doomed to sad disappointment. In keeping a patient on restricted diet, we are merely withholding from him the straw and mortar out of which the bricks are made,—not removing the makers—so that, as soon as the straw and mortar is refurnished to them they will again be found at work as actively as ever. It is true that it occasionally happens during the withdrawal of the straw and mortar the makers disappear; but this, unfortunately, is by no means invariably or even frequently the case ; it is rather, indeed, the exception than the rule. We must therefore rely on other means for the removal of the makers. Of these other means I shall presently speak. Meanwhile, let me explain that by the term restricted diet, we mean not only the avoidance of all sugars, and substances containing saccharine matter, but also of all kinds of food convertible during the process of digestion into sugar. The foods convertible into sugar in the digestive canal are those containing starch (not gums), such as arrowroot, tapioca, sago, flours of all the different kinds of cereals (wheat, barley, oats, peas, beans, &c.), potatoes, carrots, beetroot, parsnips, turnips, and other edible roots.

"Green vegetables, on the other hand, such as spinach, cabbage, turnip tops, Brussels sprouts, and lettuce need not be forbidden, as they contain too small an amount of starch to do much injury.

"As for animal foods, on the other hand, every imaginable kind of fish, flesh, and fowl may be indulged in, so that even on the most restricted diet the patient has still a large margin for selection—beef, mutton, pork, venison, poultry, game, and wild fowl, oysters, lobster, crabs, prawns, salmon, cod, turbot, &c., Iceland and Irish moss, calf's foot or gelatine jellies, butter sauces, and salad oils. The only true hardship, in fact, the patient suffers is the deprivation of ordinary bread, and that appears to be a more severe one than most people imagine. I have known patients in whom the craving became at last almost intolerable, as if nature were crying out for some indispensable element of food. In order to mitigate this hardship, a great number of plans of depriving bread of the forbidden element, starch, have been suggested, and many of them have been in a great measure successful. Thus, we have bran, gluten, almond, and glycerine breads and biscuits constantly kept in stock by many of our London bakers.

"After a time patients get very tired of these substitutes, so it is as well to know that we may occasionally indulge them with well done toast, or very crisp pulled bread, the extra heat having destroyed a considerable portion of the starch normally contained in the article.

"As regards drinks, all such as contain saccharine matter are to be avoided ; such, for example, as sweet sparkling wines, whether they be champagnes, moselles, or hocks. An embargo is also to be put on all liqeuers and fruity wines, such as young port, Roussillon, &c. ; sweet ales, stout, and porter are also to be shunned. If the patient is to be indulged in wines at all, let him have dry Lisbon, old Madeira, Manzanilla, or Amontillado sherries, Chablis, Niersteiner, or old Sauterne ; sound clarets may also be indulged in. When stimulants are deemed requisite, brandy, whisky, rum, or Hollands may be used ; but these ought always to be employed with caution for the reasons previously given, when speaking of the artificial production of diabetes by means of stimulants introduced into the portal circulation.

"All that has now been said regarding regimen has of course only had reference to that form of diabetes arising from *excessive formation*. There are no restrictions either as regards food or drink requisite in cases springing from *defective assimilation*. On the contrary, the duty of the Practitioner is to select for his patient not only that which is most nourishing, but also that most easy of assimilation. He will often find, too, that such cases not only tolerate but

even demand the free use of stimulants, in order to support the flagging vital energies, and enable the weakened organs to perform their work. I think if I were asked what is the best remedy for diabetes, I might venture to answer, in the language of Opie, when the student inquired what he mixed his colours with, 'BRAINS, SIR.' For to say that any one remedy or particular line of treatment is suitable to all cases of diabetes would be simply charlatanism of the worst sort.

"For example, when diabetes arises from a traumatic lesion of the nervous system, it is not the symptom of saccharine urine that we treat. It, we know, will disappear when the nerve-lesion is healed. All our energies are, therefore, directed to the hastening of the healing process.

"On the other hand, when the cause is not traumatic lesion, but disease of the nervous system, which we know is neither likely to disappear of itself nor by treatment—such, for example, as tumour of the pneumo-gastric nerve—our efforts are directed to the subduing of its effects."

——Dr. E. LEVIER, of Florence, communicates a "Case of Apoplexy into the Spinal Cord." The patient was a girl who, at the menstrual period, was attacked with pain in the sacro-lumbar region, followed by paraplegia, retention of urine, and involuntary fæcal evacuations. She lingered for about two months, and then died; and on post-mortem examination, it was found that in the spinal cord, from the tenth dorsal vertebra downwards, there was grey softening, with a hæmorrhagic centre.——Dr. JOHN PATTERSON, of the Egyptian Medical Service, contributes a paper "On the Late Pestilence in Cairo." The writer gives a short account of the invasion of the disease, and then describes its features as he observed it in practice. He states that premonitory diarrhœa was not a distinctive character of the malady, for the majority of the cases showed no such symptom, the patients being suddenly struck down in the prime of life and in good health. Numerous remedies were employed, but Dr. Patterson does not speak with confidence of any of them, and some of the measures adopted, he thinks, did more harm than good. He believes that the seat of the disease is the sympathetic system of nerves, which is paralysed, and alters the functions of secretion and absorption.

OBITUARY.

MR. EDWARD TEGART.

A common street accident has deprived the Profession of one of its most estimable members, and society in general of a warm-hearted and genial friend.

On Friday, the 10th inst., Mr. Tegart had left his club in Pall mall about six, in perfect health and spirits, to walk home, but on crossing St. James's street, near Piccadilly, he was knocked down by a Hansom cab. He was picked up by a policeman who witnessed the injury, and taken to St. George's Hospital, where he was well known from being one of the Committee of Governors and also holding an honorary Medical office. He was perfectly insensible, with a contused wound over the right temple, and rigid paralysis of the right arm. He recovered consciousness for a short time that evening, but the next day became delirious and prostrate. An erysipelatous swelling of the wound supervened, and he sank on Tuesday week. Some doubt existed at first whether he had been knocked down or had fallen in a fit. The post-mortem examination, however, which revealed a fracture of the frontal bone on the right side, and effusion on both sides of the brain, makes it certain that he was the victim of the accident.

Mr. Tegart was born towards the end of the last century, and was in his seventieth year. He was of Irish extraction, and his father, who came from the North of Ireland, served his apprenticeship to the father of the present Mr. N. B. Ward, F.R.S. When his time of service had expired, Mr. Tegart, the father, took up his residence in the West End of London, and practised most successfully as an Apothecary in Pall mall. He moved in some of the best circles of society, being especially patronised by the Roman Catholic nobility and gentry, he and his family being attached to that form of religious faith. But although he enjoyed an excellent practice, he left no fortune at his death, and, indeed, he left his estate somewhat encumbered; and although his son succeeded to the business, he was obliged to clear away many of his father's responsibilities before he began to reap any benefit for himself. The business, however, was a particularly good one, and Mr. Edward Tegart had no great difficulty in clearing off old scores, and securing an excellent and lucrative practice, his success being further enhanced by fortunate events connected with his domestic history. After practising for a long time in Pall mall, until his house of business was destroyed for the construction of the Army and Navy Club, he removed to Dover street, Piccadilly, and there he remained until about four or five years ago, when he suffered from an attack of paralysis, which, however, left no more serious result than a certain thickness or embarrassment of speech. But now he retired from the more active duties of the Profession, and after residing for some time in Paris, he returned to London, and settled in Onslow square, occasionally rejoining his friends in social circles, and to a limited extent engaging in practice among some of his old patients. One of his last patients was Cardinal Wiseman, with whom he was intimately acquainted, and whose funeral he attended in the early part of the present year.

Mr. Tegart was an "Apothecary" *pur et simple*, and he prided himself upon the distinction. He belonged to that class of practitioners now fast dwindling away, who maintained the old distinction of physicians, surgeons, and apothecaries, and he boasted of belonging exclusively to the last category. But because he was a member of this division of the Profession, he was very far from being either an ignorant or an illiterate person. He was in fact an accomplished gentleman, a very fair scholar, an able and judicious practitioner, and a man of considerable, if not profound, scientific attainments. His manners were polished and elegant, his appearance was aristocratic, and his demeanour uniformly courteous and conciliatory. He never contributed to Medical literature, being probably too much engaged in active practice to be able to do so, and his leisure time being spent in society, of which he was a very genial member.

He was long a member of the Court of Examiners of the Society of Apothecaries, and for several years was Chairman of the Court. In all the measures taken by that body for the improvement of the education of the general practitioner, he took the warmest interest, and was among the foremost in carrying out the Regulations securing a Preliminary Examination in Arts; a measure first started by the Society of Apothecaries and enforced by them in the case of their own licentiates, and now adopted by the Medical Council for all members of the Profession. At the close of his connexion with the Court of Examiners, it was generally hoped that he would be elected as the first representative of the Society of Apothecaries in the General Council of Medical Education, a post for which he was peculiarly well-suited by his thorough acquaintance with the educational progress of the Society, and his non-election caused no less surprise than disappointment.

By his colleagues Mr. Tegart was loved like a brother, and on his retirement from the Chairmanship of the Court of Examiners, a handsome service of plate was presented to him by that Court, in testimony of his unvarying urbanity, his assiduous attention to his duties, his kind and conciliatory manners, and his splendid hospitality. Of the Monday Club, as it was and is called, consisting of some of the most distinguished practitioners of all grades of the Profession, he was many years President, and his retirement from it on the occasion of his paralytic attack was the cause of universal regret.

Many a social circle was enlivened by his humour, which

was "wont to set the table in a roar," and it was hoped that his life might yet have been spared for many years to come. But "in the midst of life we are in death," and on Tuesday week his card was on the table where many of his old colleagues and friends were expecting to meet him at dinner, but his seat was vacant, and the whisper went round the board that poor Tegart was no more!

LEGAL INTELLIGENCE.

COURT OF COMMON PLEAS, Westminster, Nov. 14.
(Sittings in Banco.)

HARRISON v. GRADY.

This was an action tried at Westminster before Mr. Justice Byles, when a verdict was found for the plaintiff for the amount of his bill for Medical attendance. A rule *nisi* having been obtained, pursuant to leave reserved, to move to enter the verdict for the defendant, on the ground that the learned Judge ought to have left to the jury the question whether the defendant had given his wife authority in fact to pledge his credit to the plaintiff, to-day the rule came on for argument.

The plaintiff it appeared is a Medical man who had been called in by the defendant's wife to attend her from 1860 to 1864, while she was cohabiting with her husband, and subsequently after she had separated from her husband, she having a separate estate. The defendant relied on notice to the plaintiff, while his wife lived with him, that she had no separate estate out of which his bill was to be paid. The plaintiff relied on the legal presumption that the defendant's wife, while cohabiting with him, was presumed to be his agent to pledge his credit, and that, after his wife had separated from him while in a bad state of health, medical attendance was a necessary thing, for which he was liable.

The Lord Chief Justice, in giving judgment, said he thought the rule ought to be discharged. The action was brought by the plaintiff, a Medical man, against the husband of the lady to whom the Medical attendance was given, and the question was whether the wife had the authority of her husband as agent of her husband to make him liable for such attendance. The authority of the wife might be *presumptio juris*, unable to be rebutted, as, where the wife was turned out of her home without any supply of necessaries, there a presumption of law arose that she was turned out with authority to pledge her husband's credit for necessaries, and he was of opinion that an extreme case of ill health made Medical attendance a necessary; as the husband in this case had turned his wife out in 1864 while in ill health and the plaintiff had supplied her with Medical attendance after that time for 7*l.*, the amount of that attendance, the verdict must stand. Between 1862 and 1864 the question was whether the defendant's wife had authority, as the agent of her husband, to make him liable for Medical attendance supplied by the plaintiff during that time. That question depended on presumption of fact. The case of the plaintiff as launched was that the defendant's wife was cohabiting with her husband, and it was a presumption of fact from cohabitation that the wife was the agent of the husband for getting supplies for carrying on their domestic establishment. The consideration whether the thing supplied was necessary for the state and degree of the husband led to confusion. The jury are to consider whether the goods supplied are suitable to the station which the husband authorized his wife to assume. Where the wife was living with the husband it was a presumption of fact that she was the agent of the husband for ordering the goods ordered by her to be sent into the establishment. If the goods were unsuited to her station, a presumption arose on the other side that she was not the husband's agent to pledge his credit for them; as if a day labourer should go to a jeweller's shop and order a diamond ring, the presumption was that the husband never gave authority to his wife to order what was unsuitable to her station and degree. But, as a general principle, the presumption was that the wife was the agent for the husband to order the articles which she ordered to be sent to their establishment. He attached extreme importance to the judgment in the case of "Jolly *v.* Reece," on the ground that that judgment maintained the right of the husband to determine what was the degree that his family should live in and what station they should hold. Whatever the husband chose to fix as the standard of living for his family he had the right to do; and no tradesman supplying goods without the authority of the husband should be allowed to set up a standard of living for him, for which the goods might be supposed to be suitable, different from the standard of living set up by the husband. That standard of living set up by the husband was the standard that the jury would consider if the question came before them. If that were not the law, it would leave every demand of this kind a question of degree and of fixing the standard on which a man might wish his family to live to the judgment of a jury, as to what they thought he ought to afford. It would mischievously expose the sources of income, and lead the wives of industrious men compelled by their avocations to be away from home to be imposed upon by tradesmen in the sale of goods to them supposed by the tradesmen to be within their husband's means, which the husband would have to pay for. If that point was to be considered at all, it was perfectly clear that Medical attendance would be one of the most primary necessity. The question as to this part of the case was a presumption of agency in the wife from cohabitation. But the defendant said, "You had notice that my wife had not my authority to pledge my credit;" and he relied on two conversations with the plaintiff as to that fact. He (the learned Judge) thought, as a juryman, that those two conversations did not rebut the presumption arising from cohabitation. If the husband was not liable, the plaintiff was supplying his Medical attendance without any one to be liable for it. He supplied Medical attendance to the wife with the knowledge of the husband, and sent in his bill in the name of the husband. He had, therefore, come to the conclusion as a juryman, with respect to the part of the plaintiff's claim, that the verdict ought to stand.

The other learned judges were of the same opinion.—Rule discharged.

STOKESLEY COUNTY COURT, YORKSHIRE.
Friday, Oct. 20th, 1865.
(Before Mr. Sergeant Dowling, Judge.)

SANDERSON *v.* MEDCALF.

This was a claim for Medical treatment of a daughter of the defendant. The said daughter was engaged to a Mr. Storey, a farmer, and was suddenly taken ill—the principal symptom being prolonged constipation. Mr. and Mrs. Storey accordingly called at the shop of a chemist who was brother to plaintiff. The chemist was asked for some castor oil, but instead of supplying it he called his brother, who said it would be better if he were to see the girl. To this Mr. and Mrs. Story objected, but plaintiff said that he would not charge them anything; upon which he was allowed to call and see the girl, according to his wish. When Mr. Sanderson reached the house, Miss Medcalf had gone to bed. Upon seeing the patient, Mr. Sanderson said that she was suffering from a disease bordering on typhoid fever, and that he would send up some medicine immediately. Mr. Storey accordingly called for a powder, which was to be given to the girl, and if she were not relieved, Mr. Sanderson would call again in the morning. In the morning, according to Mr. Storey, plaintiff changed his tone, and said it was decidedly a case of scarlet fever. Plaintiff then ordered the girl to remain in bed, and, without any further instructions, continued to call and leave the medicine. For this medicine and attendance the plaintiff charged, and was, by this action, endeavouring to recover. Mr. Sanderson asserting that Mr. Medcalf had called upon him and told him to do the best he could for the girl. This Mr. Medcalf denied, and called Mr. Storey and the whilom patient, from whose evidence it appeared that the the medicine supplied by plaintiff made his patient so much worse that it had not all been taken, and the girl was cured by a dose of castor oil administered by Mrs. Storey. Mr. Storey said the

medicine given by plaintiff was expressly given to relieve the bowels; and, he continued, "it neither did so then nor has it done so since."—His Honour: How long ago is this?—Mr. Storey: Two years.—His Honour: And do you mean to tell me that that poor girl's inside has been in that state ever since? (Loud laughter.)—Mr. Storey: No, sir; but it was the castor oil. Mr. Sanderson told me that the girl was in a dangerous state; and yet she got up that morning and scrubbed out the entry, after which she went and fetched in from the field a five-bushel sack of potatoes on her back.—Mr. Sanderson: I say from my Professional knowledge that it was unsafe for the girl to get up when she did—absolutely dangerous.—His Honour: Manifestly so. She was suffering from fever, and we all know that persons suffering from fever have at times accessions of unnatural strength. It seems to me, Mr. Sanderson, that you offered to see the girl without charge, by way of introducing the thin end of the wedge, in the hope that you might introduce any amount of timber subsequently. Verdict for the defendant.

SANDERSON *v.* BLACKLOCK.

A BILL FOR MEDICAL ATTENDANCE.—Mr. Griffin, for the defence, said that the defendant belonged to a club at Brotton, of which Dr. Collins is the surgeon. When defendant was ill, Sanderson was called in to attend him in the absence of Dr. Collins. He visited defendant in the morning and in the evening. Dr. Collins called, and from that time regularly attended Mr. Blacklock. Mr. Sanderson was told on the 26th that his services were not required, but he continued to call from time to time and leave medicine: 10s. had been paid into court.—Mr. Sanderson: Defendant is in the employ of Mr. Ritson, and was ill with typhoid fever.—His Honour: Typhoid fever, again? Mr. Sanderson: Yes Sir. He told me at the time I was called in that his doctor was incapable and drunk. He was forced to have me.—His Honour: Perhaps that might be the only reason for his taking you? (A laugh.)—Mr. Sanderson (cross-examined): I first attended on the 25th July; on the 26th he told me that he was getting on very well. He never told me that he should not require my services any longer. When I made my claim he said it would be paid at the works and be stopped from Dr. Collin's salary.—Mr. Blacklock said: On the 25th I was attended by Mr. Sanderson and also by Dr. Collins on the same night. On the 26th, Mr. Sanderson called again and I told him that I had seen my own doctor, and that if I wanted him (Mr. S.) again I would send for him. Dr. Collins attended me regularly from the 25th until I got well—Mr. Sanderson: That is all.—His Honour: If you don't hold your tongue, I must call for one of your own pestle's to put down your throat.—Mr. Blacklock then produced the medicine which Mr. Sanderson had left at his house unasked. There were two small bottles—a large black one (apparently once in use for wine)—and a powder.—Mr. Sanderson denied that the medicine was that he had supplied.—His Honour: What is in the black bottle? Let him (Mr. S.) taste it, if he likes. But, for your own sake, sir, don't take it. If you want to poison yourself take it outside the court.—Mr. Sanderson: He must have taken my medicines because Dr. Collins was drunk all the week. The defendant's statements are false throughout.—His Honour: Are those bottles yours? (To defendant.) Take the cork out of the big black bottle, and hold it to the doctor's nose.—Defendant: Dr. Collins is here your Honour.—His Honour: Then let him be called; we have heard a great many statements against his character, it is only right that he should be heard.—Dr. Collins: I treated the defendant from the 25th of July until he recovered, and supplied him with everything necessary.—His Honour: The plaintiff says you were drunk, is that true?—Dr. Collins: If I was drunk then, I am now. I have not such a pale face as he has—I am always flushed—so he represents me as drunk. The last time that he called at defendant's house, he said, "I am going to preach at the Wesleyan Chapel, Skelton, and I will leave these bottles." The fact is, your Honour, he is always doing this, and uses the Methodist pulpit as a cloak.—Mr. Sanderson: Mr. Collins will say anything. He is nearly always drunk. You can see him so in the street.—His Honour: Will you, Dr. Collins, smell at that big bottle.—Dr. Collins: I have nothing to do with that, sir.—His Honour: That is a most extraordinary black bottle; neither of these gentlemen will put his nose to it. Why should you be ashamed of your own offspring.—Mr. Sanderson: You look at it with a degree of dislike unbecoming a parent.—Judgment for the defendant.—An officer of the Court, at the conclusion of the case, removed the bottles when his Honour instructed him to take care; while doctors were afraid of them, it was quite right for an officer of the Court to take care of them.

SANDERSON *v.* GEO. PEACOCK.

This was a claim for Medical attendance of one of Mr. Peacock's children, who was suffering from typhoid fever.—His Honour: What! typhoid again?—Mr. Sanderson: Yes, sir; and a very severe case.—Defendant: The facts are these, sir. I rode down on my son's pony to the chemist's shop kept by Mr. Sanderson's brother. I wanted a dose of castor oil or something else. Mr. Sanderson volunteered to go back with me, as he said he wanted people to see he had a practice, and "initiate" himself into the favour of the well-off people by showing what he could do. When he saw the boy he said that it was the measles, and that he would send a little medicine up. He came again and gave me a powder to put in a bottle of water from the beck, and if we had not desisted from giving it to the boy he would have had to go before Mr. Sowerby. We gave the boy some castor oil and that cured him.—His Honour: In fact, the boy had the belly ache.—Defendant: Yes, sir; but I can't say what was the matter with the boy.—Plaintiff: My charge is only for medicine which comes to 1*l.* 4s. 6d. Had I charged for attendance I should have charged at least 3*l.* more as he lives at the Incline—seven miles off—and I had six journeys there.—Defendant: He sent me in a bill of six shillings, your Honour; and when I sent the money he refused it, saying it was the wrong bill. Do you think, your Honour, if I had owed him the money he would not have kept the six shillings while he could?—His Honour: Let me look at your book, Mr. Sanderson. His Honour, after looking at the book, said: You have told me an untruth Mr. Sanderson, you said that your charge was for medicine only, and, according to your book, it is for attendance, and I——Mr. S.: But if I had ——His Honour: Remember, sir, you cannot knock down a judge so easily as you can kill a patient.—Mr. S.: It is not my vocation to kill a patient.—His Honour: Silence, sir. You assume a style of flippancy ill becoming to a professional man. You told me distinctly that you had made no charge for attendance—only for medicine—yet in your book I find entries, *iter, iter, iter, vocator.* You see you have made a charge for attendance. What do you mean by *vocator?*—Plaintiff: Called out of bed early in the morning, sir.—His Honour: You have entered *iter*, 3s.; *iter*, 3s.; *iter*, 3s.; *iter*, 3s. 6d.; *iter*, 3s.; *iter* and medicine, 1s. It is quite evident you have again been trying the thin end of the wedge. Verdict for the defendant; half-a-crown to be allowed for medicine.—Mr. Sanderson: It is disgraceful altogether!

MEYER-BERCK FLESH-EXTRACT SYRUP.

Messrs. Newberry and Sons, of St. Paul's Churchyard, have just introduced into this country an article which appears likely to serve as a substitute for Liebig's Extractum Carnis, which is obtained with some difficulty, and consequently fetches a high price. Meyer-Berck's Flesh-Extract syrup contains, in one hundred parts, according to the report of Dr. Goutier, St. Martin, of Paris, forty parts of water, forty of sugar, and twenty of albumen-creatin and salts, and, according to the more accurate analysis of Dr. Julius Löwe, a chemist in Frankfort, the salts consists of chloride of sodium, sulphate of soda, phosphate of potash, phosphate of soda, phosphate of lime, sulphate of lime, and carbonate of lime. It is strongly recommended in the case of children suffering from imperfect nutrition, atrophy, and struma; in convalescence after eruptive and other fevers, where ordinary dietetic remedies are unsuccessful; in chronic catarrh of the stomach,

with loss of appetite and emaciation; in all conditions of anæmia and leukœmia, in scorbutic diseases, and after childbirth, and in sea-sickness it is said to rest well upon the stomach, and to renew the appetite. The dose is half a teaspoonful for very young children, a teaspoonful for those who are rather older, and two teaspoonfuls for adults, to be given every morning fasting and afterwards two or three hours before or after meals.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 14th inst.:—James Edward Adams, Finsbury circus; Edward Joseph Barry, M.D. Edin., Ramsgate; Henry Martin Body, Cheriton, North Devon; Edward Forster Brockman, L.R.C.P., Brunswick gardens, Kensington; Hamilton De Fatham, Dorset square; Charles John Stokes Digges, Dublin; Edward Mills Grace, Downend, Bristol; Andrew Christopher Jackson, Cape Town; John Bedford Kesswill, St. Germans, Cornwall; William John Land, Exeter; Charles Gray Montgomery Lewis, Sedgley; Francis Henry Lovell, Aspley, Woburn; John Shirley Steele Perkins, Exeter; Frederick Tickell Prince, Lawston, Cambridgeshire; Reginald Palgrave Simpson, Norwich; Charles Smith, M.B. Lond. and L.R.C.P., Basingstoke; Theodore Thomas Taylor, Tricklade, North Wilts; William Thomas, L.S.A., Birmingham; Alfred Walker, Albion road, Stoke Newington; Frederick Henry Ward, L.S.A., Scarborough; Edward Francis Willoughby, Bristol; Robert Good, L.S.A., Uttoxeter, Staffordshire.

The following gentlemen were admitted Members on the 5th inst.:—Frederick Lyndon Attwood, Marylebone road; John Attygalle, Calcutta; John Augustus Ball, Stradbrook, Suffolk; Robert Barker, Sunderland; Frederic Mainzer Charles Beechey, Wokingham; Robert Brennan, Croydon; Frederick John Burge, jun., L.R.C.P., Hammersmith; Henry Parry Chandler, Berners street; Thomas Cuddeford, Plymouth; Alfred John Freeman, Southsea; John Murray Gibbs, Sidmouth, Devon; Eustace Greenaway, Woodford, Essex; James D'Arcy Harvey, St. Just, Cornwall; Henry Hyde, Lamb's Conduit street; Albert Kisch, Circus place, E.C.; Alfred Swaine Lethbridge, M.B. Aberd., Musbury, Devon; John Murray Moore, M.B. Edin., Liverpool; Richard Plowman, L.R.C.P., Coleshill, Warwickshire; John Raby, L.R.C.P., & L.R.C.S. Edin., St. Germans, Cornwall; Samuel Sanders Stephens, Taunton; Henry Stubbs, L.S.A.; Stourbridge; John Hancocke Wathen, Fishguard, Pembrokeshire.

At a meeting of the Council on the 9th inst., the following gentlemen were elected Fellows of the College, their diplomas bearing date respectively Oct. 31st, 1834, and Aug. 4th, 1840:—Richard Rickman Shillitoe (Dep. Coroner for North Herts), Hitchin, Herts; Francis Ayerst Young, Hawkhurst, Cranbrook, Kent.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 9th inst.:—William Bell, Torrington square; William King, Moreton Terrace, Pimlico; David Thomas, Carmarthen; Edward Russell Woodford, Ventnor, Isle of Wight.

LIFE AND DEATH AT THE EAST OF LONDON.—On Saturday week, Mr. Humphreys held an inquiry in Bethnal-green, with respect to the death of a child, supposed to have died of fever caused by the pestilential locality while under the Medical charge of a person practising as a surgeon, but who held no diploma whatever, and the proceedings disclosed a deplorable feature of East-end life. Elizabeth Ann Mayhew, the mother of the deceased, stated that she was the wife of a wood-chopper. The child, who was six years old, had been ailing for three weeks previous to the 5th inst. when it died, and soon after it was taken ill she went to a Mr. Newby, whom she understood to be a properly qualified Medical man, and he attended. He sent the child bottles of "stuff," and it appeared to be getting over the disease (small-pox), but had the "doctor" said, a deal of fever. He said the child was getting on all right, but it gradually sank and died. The house in which the deceased died was a "two-roomed" one, one room above the other, and this was occupied by the family, eight in number. In the upper room slept witness, her husband, and four of the family, the eldest of whom was a daughter, twenty-one years of age, and in the lower room, which was below the level of the street, slept the two boys of the family. In the day the young children were kept in the kitchen, as witness had to be out at work all day. In cross-examination by the Coroner the witness said the roof of the top room was out of order, and the wet came in, and the chimney smoked so that they could not have a fire. She had lived there nearly a year, and the dust had never been removed, for the dustman seldom came down their "place," and she had to do what she could with the dust. A neighbour was then called, and she described the place in the same terms. She had lived in the "place" more than a year, and the dust had been only once removed. There was no dustbin, and there was no water to the closets. One reason for the dust not being taken away was that the dustmen would not take it unless they were paid, and they generally came at the end of the week when the people had no money. She added that in consequence of an inquest held there a short time since, and the exposure of the wretched state of the place, the parish had moved in the matter, and had summoned the owner of the "property" for his neglect. Mr. Newby was then called, and he said he had practised as a surgeon for thirty years, though he held no diploma whatever, and he maintained he had treated the child properly. The Coroner said Mr. Newby must be aware he was contravening the law, but that was a question for the Medical Profession; and as Mr. Newby was not legally qualified, he (the coroner) had instructed a gentleman to report upon the child and the place were it died. Dr. James Edmunds reported that he had made an examination of the place and the child's body. The attack of small-pox was a comparatively slight one, and was one not likely to have terminated fatally under ordinary circumstances, and the Medical treatment it received was such as would have been given it by Medical men. It was to be noticed that vaccination appeared to have been carried out very carelessly in this family, for of five children the vaccine matter had not properly taken in two. The result was remarkable,—the three properly vaccinated had escaped the disease though it had been in the family, and was in the neighbourhood; but the other two had taken it, and one was strongly marked while the other had died. With regard to the "house," it was a dilapidated tenement of two small rooms, with a small shed called a kitchen, behind. The rooms, if such they could be called, were connected by a rickety staircase, so cranky as to be quite unsafe. The roof let in the water, and the floor of the lower room, resting upon the earth, was a foot below the alley or court, and in many places the flooring was broken. The chimneys were so imperfectly constructed as to be likely to smoke, and they did smoke, so poisoning the lungs and preventing ventilation. There was a small yard of a few square feet, leading to a dilapidated privy, without water, with a large heap of stinking refuse surrounding it. There were no taps for water, but there were two orifices whence the water ran in once a day for twenty minutes, and it ran into a small rotten tub, without a cover. The whole yard was overflowed with water, for when the tub, the capacity of which was quite inadequate to the wants of a family, overflowed, there was no place for the water to run off, and the stink arising from the privy and the rotting refuse would be absorbed by the water in the tub, and which was thus rendered unwholesome, if not poisonous. He concluded by saying that these surroundings would account for the death of the child. The coroner and jury expressed their indignation that such tenements should be allowed to stand, and a verdict was returned "That death arose from natural causes, accelerated by the bad sanitary condition of the house in which the parents lived."

ON THE INFLUENCE OF SOCIAL POSITION ON LIFE.—It

is said proverbially that poverty favours longevity, because the poor are not subjected to the bad consequences of luxury and wealth. Dr. Majer shows the folly of the popular dictum. It has been proved by the researches of Benoiston, De Chateauneuf, De Villerme, Casper, and others, that the value of life is less among the impoverished than the rich. Thus, of an equal number of infants of the same age double the number will die of the poorer than of the wealthier class. Where there is the greatest misery, there is the greatest mortality. According to Casper, the mean duration of life among the better classes of Berlin is fifty years, but among the paupers thirty-two years only. The same writer compares the death-rate of the princely and noble houses, given in the 'Almanach de Gotha,' with the indigent of Berlin, and he shows that of 1,000 infants among the former, fifty-seven die in the first five years; but of the same number among the latter, 345. Whilst the half of the poor only have attained the thirty-second year of life, half of the noble have attained the fifty-second. During epidemics the poorer classes are in an especial manner decimated. That simple well-being prolongs life is demonstrated by the low rate or mortality among persons who "assure" their lives in the assurance offices. A fifth or sixth part o negro slaves die annually. But the mortality among th free negroes that serve in the English coloured regiments only 3 per cent., that of slaves being 17 per cent. The l rned professions, followed generally by persons of easy n ans, have an incontestable influence upon the duration of fe. Thus, the mean age of fifty-two French literary men was sixty-nine years. Physicians, according to Dr. Escherich, can not hope for a long life. At all periods of age they succumb in larger number than other professions. But the greatest mortality is during the early periods. Three-fourths die before fifty years of age, and ten-elevenths before sixty. Old men are rare among them. —'Annales d'Hiégiène Publique et de Médecine Legale.'—'Half-Yearly Abstract of the Medical Sciences,' &c.

RESEARCHES ON MARRIAGES OF CONSANGUINITY IN THE COMMUNE OF BATZ, NEAR CROISIE (LOIRE INFERIEURE).—Dr. Viennois spent a month in Batz, the residents of which have, for centuries, been in the habit of contracting marriages of consanguinity, and in living in nearly total isolation from the neighbouring districts. There were forty-six such marriages at the time, in the place. He inquired into the previous history of the husband and of the wife; he examined them and their children, with regard to their physical and intellectual development. He questioned the old members of the community also, and with these various materials he drew up tables which show that consanguinity has brought on no disease, no degeneration, no arrest of development, and that the stock has remained very handsome and very pure. —'Gaz. Hebd. de Med. et de Chir.'—'Half-Yearly Abstract of the Medical Sciences,' &c.

CHILDBED MORTALITY IN VIENNA.—At a late meeting of the Vienna Society of Physicians, Professor Späth stated, in a report of the Clinical Lying-in Hospital for 1864, that out of 8,761 deliveries there were eighty-six deaths.

DEATH OF DR. EASTON.—We are deeply concerned to notice the death of Dr. Easton, Professor of Materia Medica in Glasgow University. The doctor's health had not been for the last two years, so robust as formerly; but on the 11th inst. he attended to his professional duties as usual. The next morning, however, he was suddenly seized, and death ensued after about three hours' illness. Dr. Easton was extensively known and respected as an eminent practising physician, and an able and successful Medical teacher.—'Glasgow Herald.'

A LECTURE TO LUNATICS.—COLNEY HATCH.—MIDDLESEX COUNTY LUNATIC ASYLUM.—Dr. Sheppard, the medical superintendent of the male department, lately commenced his winter course of lectures to the patients. The subject was "Teetotalism," and he hoped they wouldn't look very serious if he began with a text:—"For how great is His goodness, and how great is His beauty. Corn shall make the young men cheerful, and new wine the maids." He said they would perceive at once from the quotation which way the wind blew. He was no advocate for teetotalism, and never had been. It was based upon wrong principles, and the substratum of all the arguments in favour of it was essentially unsound. The abuse of a thing constituted no valid reason for refusing to use it properly. The use of alcohol was an instinct, as much as was the use of tea or salt; and it was our duty to educate our instincts and not to suppress them. Tea was as susceptible of abuse as alcohol, though its effects were slower. The tea-and-buttered-toast section of society were martyrs to dispepsia, which would be remedied by the light wines of France now happily being introduced into this country through the wisdom of the legislature. These wines contained 9 or 10 per cent. of alcohol, instead of the 22 per cent. of bad port and sherry. The lecturer said he had never been drunk but twice in his life—the first time at the age of seventeen, when he was befoozled upon gin-punch by a wicked old Dorsetshire parson who ought to have known better; the second time, ten years ago, at Naples, when he took a strong cup of tea in the middle of the day upon an empty stomach. He took the latter at the wrong time and of the wrong strength, and his stomach and brain were as much on fire as if he had taken spirits. This is just the mistake made by the drinkers of fermented beverages in this country. They drink too much and they drink too strong, and at all times and seasons. The lecturer said he had lived for months together in towns in Germany, France, and Italy, and had never seen such a thing as a drunken man; and yet the ordinary beverage was moderately-fermented wine, both with breakfast, dinner, and supper, and the use of tea was almost unknown. Did those well-meaning total abstinence people reflect how the rigid carrying out of their principles would subvert the order of nature? It would involve discrowning the hills of their purple glories, and the valleys of their teeming produce. There were whole tracts of country—such as the sunny slopes of the Rhine and the Loire—as clearly marked out for the culture of the vine as were the sandy soils of Lancashire for the potatoe, or the barren rocks of Palestine for the olive. It was then shown that the persons most liable to acute disease and least able to bear up against depressing influence were drunkards and teetotalers, whilst the temporate men tided over the difficulties which beset the two extremes. In this high-pressure age the withdrawal of alcoholic stimulus from society would cause it to collapse in a fortnight. It would shrink up like a paper kite. The strong man would bow down in agony, and the fountain of life would be dried up for the unweaned child. After recommending a little beer for working men, with dinner and supper, condemning spirits as the real curse of this country, and showing how the upper classes had improved since the "old port" school had died out; after urging upon all of them temperance and moderation, the Doctor concluded as follows:—If we who bear rule and are called upon to treat disease in this place are not familiar with the evils of intemperance, I know not who can be. By it, how many good situations are lost, how many prospects ruined, how many characters undermined. By it, how many homes are broken, and how many hearts are broken down! Nor is this all. Do these miserable drunkards forget what they entail upon a future generation? How many of the sots of our day have received from others—if not the fatal heritage of disease, at least the proclivity to drink! How many of the idiots of this island are the brainless harvest of intemperate sowing! Excess of every kind, my friends, is bad. Too long a sermon is cruelty to a congregation. Too long a lecture is equally offensive, and will deprive me of what I am always desirous of securing—your approbation." The quiet demeanour of the patients at these gatherings is most remarkable, and the interest which they take in them is truly gratifying.—'Barnet Press.'

THE CATTLE PLAGUE.—A Committee of the Lords of the Privy Council assembled on the 13th instant to take into consideration questions relating to the cattle plague.

CHOLERA IN AN AMERICAN STEAMER.—The steamer 'Atalanta', arrived at New York, has been detained in quarantine. She had sixty cases of cholera on board, among which were fifteen deaths.

At the recent examination for Prizes in Materia Medica nd Pharmaceutical Chemistry, annually given by the ociety of Apothecaries, the successful candidates were— st. George Rolph Raine (Guy's Hospital), a Gold Medal; nd. William Barnett Burn (St. Bartholomew's Hospital), Silver Medal and a book.

At the Students' Medical Society at Edinburgh much discussion has occurred of the results of acupressure. It is tated that Professor Syme will try the method of temporary gature, described by Mr. Churchill in a recent number of his journal.

APPOINTMENTS FOR THE WEEK.

EDNESDAY, Nov. 22.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

HURSDAY, Nov. 23.—*Operations* at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

RIDAY, Nov. 24.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, Nov. 25.—*Operations* at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-Cross Hospital, 2 p.m.

ONDAY, Nov. 27.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m,; Metropolitan Free Hospital, 2 p.m.

UESDAY, Nov. 28.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

hotographs (coloured) of the Diseases of the Skin. By Alex. B. Squire, M.B. London: John Churchill and Sons.

ay on the Nature and Treatment of Cholera and Fever, with Medical Remarks on the Treatment of Cattle Plague; also n Appendix on Public Health. By James Tucker, M.D., L.R.C.S.E. Dublin: John Falconer; London: John Churhill and Sons.

the Means employed for Correcting the Inverted Image in he Retina of the Eye. By Joseph Swan. London: Bradbury, Evans, and Co.

andbook for Yellow Fever, and a Brief History of Pestilential holera and a Method of Cure. By Thomas Anderson, M.D. ondon: John Churchill and Sons.

heoretical Inquiry into the Physical Cause of Epidemic seases; accompanied with Tables. By A. H. Howe, M.D. ondon: John Churchill and Sons.

Address delivered at the London Hospital Medical College, d October, 1865. By W. Rivington, M.S. London: hn Churchill and Sons. Rivingtons.

's Diaries for 1866.

NOTICES TO CORRESPONDENTS.

requested that all communications intended for the Editor y be sent to the Office of the Journal, No. 20 King William eet, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-Cross Post-office.

NOTICE.—*Complaints having reached us of the non-delivery to Subscribers of the copies of the* MEDICAL CIRCULAR, *we have instituted inquiries as to the cause, and have made such arrangements as will prevent the possibility of a repetition of the same. Any gentleman not having received his copy as usual during the last three weeks, will be kind enough to intimate the same to the Publisher.*

A MEDICAL MAN.—The homœopathic system has been tried in the hospitals of Paris and Vienna, and has failed. We will endeavour to procure the exact dates at which the investigations were made.

INQUIRER.—The disease called *Elephantiasis græcorum* prevails very extensively in Norway and Sweden, and a monograph on the subject has been written and published by Drs. Boeck and Danielsen, of Christiania. Dr. Boeck is now in this country.

DR. T.—The newspaper has been received.

AMICUS.—We are not at all surprised that our remarks have not given satisfaction in the quarter alluded to.

MR. ALEXANDER FERGUSSON.—The letter of our esteemed correspondent appeared, together with some editorial remarks, in our number of October 25. We regret that the extra copies were not sent, but, as it will be perceived by a notice elsewhere, certain irregularities have occurred on the part of one of the persons engaged in our publishing office, and are now in course of further investigation. The copies will be immediately forwarded.

DR. J. M.—The case is published in our present number.

MR. R. T.—The persons in question swore that they were registered, and the magistrate had, or ought to have had, a copy of the register at hand to confirm or contradict the statement. The register is supplied by the Government to certain public offices and departments free of cost.

A HOMŒOPATHIC QUESTION.

To the Editor of the Medical Circular.

SIR,—Will you kindly inform me what is the answer to give to homœopaths when they argue thus:—Since infinitesimal doses of certain drugs—*e.g.*, the emanations of ipecacuanha—act on some persons with peculiar idiosyncrasies, why should they not act in disease?

I am, &c., STUDENS.

New Ormond street,
November 18.

[The answer is, that ipecacuanha acts only upon certain persons with peculiar idiosyncrasies, and this property is therefore an exceptional one. The emanation of flowers has been known to produce unpleasant effects, yet this is not a general property of flowers. But the homœopaths elevate their shadowy fancies to the rank of therapeutic *laws*.—ED. MED. CIRCULAR.]

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FIRST PART of the PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School will commence on Tuesday, December 5th.

SECOND PART of the PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, December 12th.

Registered Medical Practitioners, qualified before January, 1861, are admitted to Examination under Special Bye-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

Pall-Mall East, 1865. H. A. PITMAN, M.D., Registrar.

ARMY MEDICAL DEPARTMENT, Nov. 2, 1865.

A Competitive Examination of Can-

DIDATES for COMMISSIONS in the MEDICAL DEPARTMENT of her Majesty's Army will commence at Chelsea Hospital on MONDAY, March 19, 1866, at ten o'clock, a.m. There will probably be about thirty vacancies.

SUBJECTS OF EXAMINATION:

Obligatory.—Anatomy and Physiology. Surgery.—Medicine, including Therapeutics, the Diseases of Women and Children, Chemistry and Pharmacy, and a Practical Knowledge of Drugs.

Optional.—Comparative Anatomy, Zoology and Botany, with special reference to Materia Medica.

Candidates having the necessary qualifications to practise medicine and surgery under the Medical Act, and who are unmarried, and not under twenty-one nor above twenty-eight years of age, are eligible to attend.

Applications for the printed forms, which must be filled up by intending competitors before their names can be placed on the list of candidates, should be made (in writing) to the Director-General of the Army Medical Department, War-office, London.

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE USE OF ICE IN HYSTERIA.

By HENRY SAMUEL PURDON, M.D., L.R.C.P. Edin.,

'hysician to the Belfast Dispensary for Diseases of the kin ; Assistant-Physician Belfast Charitable Infirmary, &c.

The advantages derived from the employment of ice in any nervous disorders cannot be overrated. We find it eful when applied to the spine, in tetanus, and lately re-mmended by Dr. Chapman in the treatment of cholera ; t as our inquiry lies with regard to its therapeutic value hysteria, I hope to be pardoned for passing over many seases in which it is used with advantage.

Hysteria, as is well known, most frequently occurs in males, and from its simulating nearly every form of dis-se, has well been called "a proteiform malady." In ne cases it appears to be hereditary.

The treatment of this affection has been, and still is, a puted point, some practitioners giving anti-spasmodics, ers volatile stimulants, warm purgatives, &c., but the edy which exerts a specific control over this disease is , and the late Sir Henry Marsh, of Dublin, used it suc-sfully in hysterical vomiting.

The physiological effects of ice, when the cold is not ense, are a diminution of vital activity, followed by re-ion, its direct or primary effect being the abstraction of oric, producing by this means a sedative action, and ening the sensation of pain.

ce, then, when applied topically, produces a sudden, in e cases gradual, impression on the nervous system, thing and allaying irritation, a result which is very de-able to be gained in the treatment of hysteria. In the lowing case ice was the principal agent used :—

Miss B., aged thirteen, of an irritable habit, often suffering n a slight indisposition of a neuralgic character, became subject of an aggravated form of hysteria, with pain and lerness on pressure over the spine ; bowels costive, e scanty, and appetite bad. Occasional delirium, fol-ed by deep sleep. Intolerance of light and sound were tant symptoms. One curious symptom present in this was headache, which subsided daily at a certain hour. paroxysms commenced in the lumbar region, lasting considerable violence for about one hour.

cure was obtained by means of ice, the spine being sponged with iced water, and the cold kept up with ded ice for about two hours daily. After the lapse of night, the paroxysms became of shorter duration and frequent, a cure eventually taking place.

the action of the ice be too energetic, warm drinks be administered, such as coffee, or even weak tea, act slightly as stimulants and occasion no evil s.

SCIENTIFIC ARTICLES.

SONING BY NITROBENZOLE AND ANILINE.

('Chemical News') have already given an account of of the cases of poisoning by nitrobenzole which have ed—and they have been very few—so that it will be essary here to do more than refer to some of the chief arities of the action of this poison. For a long time it became an article of commerce, nitrobenzole was own to be poisonous. Some of it was exhibited as a roduct in the Perfumery Department of the Exhibi-1851, and the Jury of that section, reporting thereon, at it was "probably capable of application in confec-tionery and cookery, as its flavour resembles that of bitter almonds, without containing any prussic acid." It was first shown to be a poison in 1856, but before that time the stupefying effects of its fumes had been noticed by workmen employed in its manufacture.

The first case of poisoning in the human subject occurred in 1860, and was investigated by the author of the paper we notice. A workman spilt some of the liquid upon the front of his clothes, and thus went about breathing an atmosphere charged with the vapour. In the course of four or five hours the man began to feel ill, and in nine hours he died. In all the other cases recorded (only five) some of the liquid has been swallowed, but in none, probably, more than a few drops. All the cases, with one exception, have proved fatal.

With regard to the symptoms, we need only say that they are those of a powerful narcotic poison. The patient, in general, at first becomes drowsy, some convulsions afterwards occur, profound coma gradually comes on, and the sufferer dies.

An investigation of the effects of the poison on animals led to some interesting observations. The most curious and, indeed, startling of these is the circumstance that when but a small dose of the poison is administered, the effects are not developed until the lapse of a considerable time,—in some cases three or four days. Some discomfort which the animal seems to feel at first passes off, and it remains to all appearance perfectly well until seized with a kind of epileptic attack. Paralysis of the hinder extremities succeeds, which is followed by severer symptoms, and the animal dies, it may be as long as nine days after having swallowed the poison.

When death is rapid, the smell of nitrobenzole is perceptible in every tissue of the animal's body ; but in lingering cases no vestige of the smell remains. It has been found, in fact, that the nitrobenzole becomes changed into aniline in the living body—a most important fact, as Dr. Letheby remarks, to the toxicologist, the chemist, and the physiologist.

The effects of aniline are closely analogous to those of nitrobenzole ; but the symptoms do not seem to be delayed, as in the case of the latter poison. On this point, however, we cannot speak with certainty, for Dr. Letheby appears to have administered aniline in rather large doses.

It is a remarkable and, so far as our memory serves us, an unique circumstance, that while analine itself is an energetic poison, its salts are quite innoxious. The sulphate has been administered in large doses—in one case at the London Hospital nearly an ounce was given to a patient in the course of a few days—and the only effect observed was a colouration of the skin, gums, and nails, which all became more or less purple.

We have seen before that nitrobenzole is converted in the body into aniline, and the effects of aniline just described appear to show that aniline is also converted into some of its coloured derivatives.

"The chemist perceives that the nitrobenzole has been changed, by a process of reduction, into aniline, that it has lost it four proportions of oxygen, and has gained two of hydrogen, passing from $C_{12}H_5NO_4$ to $C_{12}H_7N$, and he also perceives in the leaden hue of the face and the *mauve* tint of the lips and nails that subsequent oxidation of the aniline has been effected. The physiologist recognises the fact that these changes have occurred in different parts of the body, that the process of reduction has taken place in the interior of the system, and that the subsequent oxidation has been merely a surface effect." However this may be, these curious facts seem to throw some light on the processes going on in our bodies, and suggests investigations from which further information may be obtained. The mauve colouration speedily disappears from the surface of the body : in what form is the aniline compound eliminated ?

We have already given Dr. Letheby's process for the detection of aniline and nitrobenzole in organic matters, and need now describe it very briefly.

The matters to be examined are bruised in a mortar with a little water, slightly acidulated with sulphuric acid, and

then submitted to distillation. Unchanged nitrobenzole passes over, and may be recognised by its smell. The residue in the retort is treated with strong alcohol to extract sulphate of aniline. The alcoholic solution is treated with slight excess of subacetate of lead to remove organic matters, and excess of lead is got rid of by treating the filtered solution with sulphate of soda. The filtered solution from sulphate of lead is now made alkaline with caustic potash, and distilled to dryness in an oil bath. Aniline is found in the distillate, and may be recognised by the nascent oxygen taste.—'Chemical News.'

CYCLOPS' TWENTY-NINTH LETTER ON PHYSIOLOGY.

To VIGILANS.

SIR,—Have physiologists thoroughly understood the value and uses of adeps, or fat, or sufficiently explained why it is found at various parts of the body and not at others? It has been asserted, and believed as truth, that it is a secretion from the blood, as every other substance and fluid has been. Notwithstanding the minuteness of the blood-vessels spoken of, through which this deposit is to be furnished, they say that the adeps, or fat, is conveyed to the "circumference of the column of blood in these vessels, and transudes through their pores." Now, I do not believe anything of the kind; nor, for one moment, think that this peculiar and useful structure can either be a product of the blood or is capable of supplying it with any of its *bona-fide* properties. It is found everywhere where it is required, and "varies in quantity and consistence in different parts of the body and in different persons." "It is found in considerable quantity between the interstices of the muscles, along the blood-vessels, near the articulations, and in the vicinity of certain organs, as the eyes, the kidneys, and the breasts." "In the eyes it is soft and fluid, and about the kidneys of the consistence of suet." "Between these two extremes there are many gradations, and not exactly the same in any two different parts of the body, the high temperature of which maintains it in a semi-fluid state." "Where it is absolutely fluid it contains no oily substance." "In these cases cellular tissue yields more readily to extension, and membranes are more capable of expansion." "No real adeps is ever found in the skull." "Its quantity is about one-twentieth of the weight of the whole body, varying, of course, in age and sex." "When digestion and absorption are performed with great activity, fat accumulates in proportion." "It is imperfectly animalised; is analogous to the oils extracted from plants; contains very little azote, and much hydrogen and carbon, yielding on distillation water and carbonic acid; varying in its proportions without impairing the order of the functions; it repairs waste, as is seen in hybernating animals, and is greater in the graminivora than the carnivora; the fat of the former being consistent and firm, and that of the latter completely fluid." "A corpulent man on having his diet reduced; the bulk and weight of his body diminishes from the absorption of fat, *which supplies the deficient quantity of blood*." "Adeps may therefore be considered as a substance in reserve by means of which, notwithstanding the small quantity of food, and its want of nutritious qualities, Nature finds wherewith to repair the daily waste." Such, then, is what physiologists say of the fat, always premising that it is a product of the blood, and so deposed from it that it is as it were a capital to be used again. It is a very pretty theory if it was true, and for want of a better it serves all the purposes of the present day with its limited amount of knowledge; but it will not, I think, stand the test of a future.

Physiologists further say that "sebaceous acid is obtained from it by distillation, formed by the combination of *the oxygen of the atmosphere with the hydrogen*, the carbon and the small quantity of azote which it contains, which nearly constitutes it a vegetable acid." "Fat has a great affinity for oxygen; it deprives metallic oxides of a part of their oxygen; in proportion as it absorbs oxygen its density increases." "The cellular system may be looked upon as a vast reservoir; the fat preserves the body in its natural temperature, being a bad conductor of heat, fat persons scarcely feeling the most severe cold; Arctic animals, besides being clothed in a thick fur, are provided with a considerable quantity of fat; so are the fish in frozen seas, and all kinds of whales." "By its unctuous qualities, fat promotes muscular contraction, the motion of different organs, and the free movement, on each side, of different surfaces; it stretches and supports the skin, fills vaculties, and gives to our limbs rounded outlines, &c." "It envelopes and covers over the extremities of nerves, so that if they are too much denuded of adipose and cellular tissue are exposed to external actions as injurious as the rays of the sun to a plant torn up from its native soil." "Both excess and deficiency of fat are more or less injurious to the system." "*According to modern chemists, the use of the fat is to take from the system a part of its hydrogen.*" "Whatever moderates the activity of the circulating system, tends to bring on adipose plethora, such as indolence, hæmorrhages, &c., while great energy of the body causes emaciations." "The medullary juice is a very liquid fat, yet the marrow in bones has different density." "*The secretion of marrow is like that of fat, a mere arterial transudation; it is performed by the medullary membrane* lining the inside of the central cavity of the long bones; which in health gives no mark of sensibility; in diseases of bones after venereal or mercurial actions, the membrane becoming highly vascular, exquisite sensibility then arises."

It will be seen from these extracts that it is the undoubted opinion of physiologists that fat is a secretion from the blood most ingeniously set forth by the gratuitous theory, that the column of blood in the minute vessels, throw all sebaceous matter to their surfaces on purpose to aid the exudation in all parts where this element is required, and transuding it from the few and minute arteries in the medullary membrane, to make marrow. But it does not show why blood in other vessels, endowed with the self-same fatty properties, fails to deposit these where they are not wanted, or why this is not done. Now, all these doctrines put the student of ancient dogmas very much in mind of what anatomists and physiologists once said of the uses of the blood, or as much as was known of it after several centuries of patient research, before the time of Harvey. But when he stepped in and completed the circle or the last and ultimate step, then it was found that they were only pretty theories, if not mere nonsense. Nevertheless, this violence done to received opinions could not be borne easily; it so shocked the general community, that no anathemas or abuse were gross enough to be dealt out against the bold innovator. Now, it is just the same with the fat and its uses. If we can only arrive at some ultimate step far more consistent with truth, we should let in a great flood of light on many subjects which now form stumbling-blocks at every step we take, both in physiology and the practice of medicine. The subject merits serious consideration, and as I have extracted the pith of what is said, and really believed in, I do not see how I can treat of the glands without first disposing of this subject. Can it then be possible for the blood to secrete such an immense quantity of fat shown to exist in body, and if it did, how could the minute arterial vessels support it, considering they never permeate the fat at all? Now, fat could not co-exist without a covering membrane; this membrane is very different to fat, it is highly organised, and what is called animalized, while the fat is an unorganised non-animalized mass. Take the fascia, then, which invests it, and compare it with what it invests; there is no analogy between them; a proof, I think, of what I have already advanced, that the arterial blood can only supply structural powers. Fascia, or skin, is a structure; but fat is only an inspissated liquid. Fat being found where it is, shows that it must be formed in a far different way, because it is, and so readily everywhere, and in the living body is always in a certain state of fluidity, implying that the fluid or rather aqueous portion is always being used up in some way and must be renewed as constantly. The quantity taken for the mere lubrication of the muscles, like grease to machinery or axles of wheels, must be enormous; yet, where most fat it is said to contain no oily substance. What then does it contain? No doubt as pure and aqueous matter as it is possible to conceive, with the smallest admixture of some

matter, such, for instance, as the tears, mere brackish water. The pain of a tooth-ache will sometimes produce a natural insalivation, and water as pure as tears will stream from the mouth. The cellular tissue is ever ready by any bodily exertion to pour this aqueous matter through the skin in the shape of perspiration. But let us reflect on what state of perspiration some persons are subjected to; the greatest, perhaps, are the coal-whippers, who work only in their trowsers, but their labour is so immense that I have seen them in puddles of their own sweat, and while the dust of the coals continually powdered their bodies. the streams of perspiration ran down them striping them like zebras. Can physiologists for one moment say with any justification that this immense sweating is a robbery of the blood and that it is made from the minute arterial vessels they speak of. Why the very largest vessels in the body could not make the continued quantity thus exuded, and if they did, in what condition would these coal-whippers be at the end of the day? On the whole their muscular power is more developed than lessened. There is no ingenuity in the world that can justify the present belief. Fat forms about the "twentieth of the weight of the body, and contains much hydrogen and carbon;" this is all true, but then physioligsts say, "it repairs waste as is seen in hybernating animals." Now this cannot be, for during the winter months these animals waste in every way, both in muscle and fat. The great mistake made in all this seems to me to be the wrong estimate taken of the uses of the fat. Granted that it is wanted for combustion; yet this simply means an internal stove everywhere for the due formation of sufficient caloric for the uses of the body in its living state. The next is the prime use made of the fluids, for it is impossible for animal life to exist without them; so that a long hybernation is merely that time which an animal can live by its own caloric and moisture in a perfectly quiescent state. When it ceases to do the former, or has not enough moisture within itself, the natural conditions would be fever and death. Now why does not the blood continue to make fat during hybernation? Simply because it is too plain that it cannot do so. Some will say it is because the animal is not consuming any food, and therefore no new elements of fat are taken into the system. This is poor logic, for on the other hand the animal has no stools, and it would be as natural to say how can it exist without any actions on its bowels. Physiologists somehow approach the truth even if they do not quite hold of it, for they say that fatty acids are a combination of *the oxygen of the atmosphere with the hydrogen*. Now we know where the one is obtained, but where does it get the other except from the body itself. This I have shown to be the prime use of the fæces to furnish, and that it is the combination of the hydrogens made by the body, meeting oxygen everywhere except in the colon itself, that an immense amount of aqueous fluid is formed in the body in every twenty-four hours, which is as clear as noon-day, never was eliminated from the blood. Now let us go one step further. Fluids in the body have a great tendency by natural law to condensation, and nothing can be more easy of solution than those which are formed by the union of the oxygen of the atmosphere and the hydrogens of the fæces, mixed as they are with carbon and other animal matters to do this and form adeps or fat as an inorganic mass, entirely independent of the blood. Thus nature having made this store, so condenses it on those parts only where it is required and where it is not, she prevents its deposition. She therefore excludes it from the lungs, the liver, the spleen and the brain, and probably other parts, but these principally. If, however, physiologists will still teach the doctrine of its being a formation from the blood, why does not the blood, going to these parts which are known to be excluded from fat, deposit fat there as well as at other places? They say also that it supplies waste, when in truth it also prevents waste. This is why fevers have never been properly understood. Directly a fever sets in, that moment there becomes an absorption of fat with a consequent loss of the aqueous supply to the body. Nature, therefore, endeavours by conserving the fæces to get all the hydrogen she can; but oxygen being in excess together with carbon, little or no moisture is made, while fatty depositions cease all at once, notwithstanding that the blood remains exactly what it was in every respect. Now, as soon as hydrogen can be formed in sufficient quantity for the oxygen taken into the body in every way, then gases meeting in due proportions, aqueous fluids are again formed and fatty condensations take place, and then the fever subsides as a natural sequitur. I ask those who have watched fevers with observing and scrutinizing eyes, and witnessed the shrunken aspect of the patient just at that time when the fever has somewhat abated in its character; how sudden an alteration has taken place, so that they have almost involuntarily explained, "the patient looks better, he will do now." Are these changes then due to the blood or to the gases? I maintain the latter, for it is to them and their equilibrium of action and union in the system that the drawn sunken countenance becomes fuller, and that they again form those fluids which are, and always must be made by them, independently of the blood. As the patient gradually recovers and puts on a plumper appearance and aspect, it is due to the inspissation of these fluids forming fat in cellular tissue, and round about the glands; but which nevertheless in itself is always changing in character. It is in fact the matrix for the diluents which nature is always making and always requiring, and which holds them, retains them, and only parts with them to suit her own purposes by her own wise laws.

I will further illustrate these facts in my next.

I am, &c.,

CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

LEGAL INTELLIGENCE.

TRIAL OF ROBERT HUNTER.

(*Before Mr. Justice* BYLES.)

On Friday morning Robert Hunter, commonly called Dr. Hunter, surrendered to his recognizances at the Central Criminal Court to answer an indictment charging him with rape.

The first witness called was the prosecutrix, Annie Merrick. With the permission of the Judge she was allowed to sit while giving her evidence. She said, in reply to her counsel, Mr. Butler Rigby,—I am the wife of Mr. Samuel Merrick, of 52 Upper Baker street. He is a tobacconist there. Previously to September last I had been suffering from consumption. In that month I consulted the prisoner, and saw him at his house from time to time up to the fourteenth of October. When I first saw him he examined me, and I asked him if he thought he could cure me. He said he could, and that in about two months he would make me as well as ever I was in my life. I gave him a guinea on that occasion, and he told me his terms would be 5*l.* 5s. a month. I said I would see whether I could afford them. On the following day my husband called and paid him 5*l.* 5s. I always went to Hunter according to the arrangement I had made. He did not come to me. On the fourteenth of October I went to him about eleven o'clock. I am sure it was on the fourteenth. I rang at the door or knocked, and I was shown into the waiting-room. A great many patients were there, and I waited more than two hours. I then saw the prisoner in his room on the first floor. He was quite alone. He asked me how I was. I said I felt the pain in my side much worse. He told me to sit down and, he then asked me to inhale something with an instrument which was on the table. There was a vapour coming from the instrument. I inhaled it for about five minutes, and he then took a small bottle from the table and poured some of the contents of it into the instrument which was on the table. I was inhaling the vapour from one end at the time he did so. A few minutes after he had used this bottle a very strange feeling came over me. He had poured the contents into the back part of the instrument, and while the vapour was still coming

out at the other end. It was a stupifying feeling, but I did not feel it so much then as afterwards. It increased. It was a powerless feeling. I retained my consciousness. He then said he would examine the pain in my side, and, it being low, he put his right hand up my clothes to do so. He remarked how much better my lung was, and that he hoped soon to get me about. All at once, while I was sitting on the edge of the chair, he threw me on the back of the chair. It was a kind of position that left me perfectly helpless. I could not move. He then committed the offence with which he is charged. For a second or two I was perfectly powerless. I struggled as much as I could to get away from him. He put his head and mouth over my face, and began kissing me in the most passionate manner, so that I could not scream. I got from him at last, and the chair being on wheels it flew back against a sofa. I took up my gloves and ran towards the door; but it was fastened by a bolt. I turned round and he was coming towards me. He said he hoped I would not think anything of what he had done; but I demanded that the door should be opened. He himself, then unfastened the door, and I went direct out of the house. On leaving the house I stood for a moment to see if I could get a cab, as I was quite unable to walk. I could not see one, and I went to the house of a friend of mine, Mrs. Sharland, about a minute and a half's walk from where I was. I remained there about ten minutes, or scarcely that. I came out and walked partly home along Quebec street. I saw a cab in the distance, and hailed it. On the way I called at Hunter's for an embrocation which he had prescribed for me. The servant gave it to me, and I got into the cab and went straight home. I saw my mother when I got home, and I made a complaint to her. It was then about two o'clock, or a little past. I remained at home after that. I took to my bed, which I kept for a fortnight.

Mr. Rigby.—Did you make any complaint to your husband?

Witness,—I was unable to do so. She continued,—During the time I was in bed my mother and a nurse attended me, my mother sleeping with me at nights. I had not the slightest communication with the prisoner after that. My mother went to him to ask that a doctor might be sent, and Dr. Willes was sent. I had not seen Dr. Willes before. He came to see me on the following Monday morning, the assault having been committed on the Saturday. He attended me three times, Dr. Melville came afterwards. He was one of the visiting doctors from Hunter's.

Mr. Rigby.—When was it you made the complaint to your husband?

Witness.—I first told him of it on the Monday fortnight after it happened.

Did you make a full complaint of what had taken place?

Witness.—No; I did not tell him all.

Mr. Rigby.—Did you at any time make a full disclosure to him?

Witness.—Yes; about two o'clock on the morning of Thursday, the 2nd of November.

Cross-examined by Mr. Serjeant Ballantine.—I had inhaled on several former occasions at Hunter's. I also inhaled at home, and I received an instrument from him for that purpose, but quite a different one from that I saw on his table, and I was also supplied with medicines by him. The terms were six guineas for the first month, and five guineas a month afterwards. I paid six guineas, including the guinea on the first day. The room in which I was with Hunter was a front drawing-room in Upper Seymour street, with houses right opposite, and I believe folding doors separated the room from another room. The patients always sit below. The chair was a low one with a high back, on wheels, and with no arms. The process was to sit on the chair and inhale from an apparatus below and supplied from behind. He pushed the chair back to examine my side. He was on his knees on the ground in front of the chair. I could not at first see what he was doing for my dress. I did not know what was about to happen until he began the assault. He was talking to me up to the very moment of it.

Sejeant Ballantine.—Do you mean to represent that the matter was completed?—No, it was not.

Did you struggle at all?—Yes, I did; and that was the cause of the chair going back.

Was there anything to prevent your screaming?—His face being upon mine did; but not after the chair went back. I was unable to scream. I was quite powerless, and my only object was to get out of that house.

Were you unable to scream?—I did not think of it.

Then it was not that you were physically incapable of screaming?—I did not try. I was too stupified to think of anything but to get out of that house.

Where was the house at which you called?—At the corner of Quebec street; you can see it from the prisoner's house.

I see in your deposition before the magistrate you said you did not scream because you did not like to make a "scene" in the house, you having been violated in this manner?—I really was so surprised and so weak that my only object was to get home to my husband, I never said I ran out of the house, but that I got out of the house as quickly as possible. Witness continued.—The house to which I went at the corner of Quebec street is a public-house, kept by Mrs. Sharland. She did not come down stairs until I had been there a few minutes. I first saw her barmaid. Mrs. Sharland is not here. When I was first examined before the magistrate I declined to give her name, because I did not think it necessary to tell her about such a disgraceful affair, I did not wish to bring in her name. Hunter had prescribed for me before the assault. When I went to him on the 14th of October he asked me how my side was. I said "Much worse," upon which he said he would give me an embrocation to make a blister, and he wrote a prescription and gave it to a man-servant. He said, "Before you go I will just examine your side." That was the first time a blister had been ordered me. It was for the embrocation I called. I have not had any communication with Hunter since the assault.

Serjeant Ballantine.—Neither written nor verbal?—I don't think I have.

Will you swear you have not?—Not to my recollection. I think if I recollect right the blister was not strong enough, and I think I wrote to tell him, and to ask him to take the embrocation a little stronger. I wrote to him on the afternoon of the same day.

Was that after you had told your mother he had committed a rape upon you?—Yes.

Is that your letter?—Yes.

The letter was read by the Deputy-Clerk of Arraigns as follows:—

"Dr. Hunter.

"Dr. Sir,—I think there must have been some mistake in my medicines, as I understood from you that you had prescribed something to make the blister. I only received a bottle labelled 'embrocation,' which I have put on my side without the least effect. I have sent the remainder of the bottle, and should feel obliged by your sending me word if it is what you intended for the blister. I am in such dreadful pain, or would not trouble you so much.

"I beg to remain yours obed'ly,

"52 Upper Baker street." "ANNIE MERRICK.

By the Judge.—That was sent on the same day on which the assault was committed, and about an hour after I had told my mother.

Cross-examination resumed.—I had the embrocation put on as soon as I got home; it had not the least effect. I tried it for an hour, and then gave it up. I wrote the note when I was in bed, and at my brother's suggestion. I had told my mother about the assault, and she begged me not to say anything about it in the letter, as I should have to tell my husband, and Hunter might give me something to injure me. Besides, I wanted still to have the benefit of the month's advice, for which I had paid. I was not aware until now that I had addressed him "Dear Sir." When I made this charge I know there was a charge against my husband and brother for an assault on Hunter. My husband keeps a cigar shop in Upper Baker street. He has done so for about six months. He had previously been for

about three years a traveller for a Mr. Parry. He (my husband) was bankrupt about twelve months ago. After that we lived in apartments at Brompton, and afterwards in Portland street. I don't know a person named Goddard. I have relations in Gloucester of that name. My brother's name is Frederick Goddard Jones. I have never heard of his calling himself Dr. Goddard. I came from Tewkesbury. My brother was once a policeman for about nine months at Cheltenham.

By Mr. Serjeant Robinson.—I was twenty-six years of age on my last birthday. At one time I kept a boarding-house in Conduit street, paying 190*l.* a year rent. I was there three years, and it was only on account of my husband's bankruptcy that we left. Many persons of rank and title lodged with us there. When the letter was written to Hunter I had not made any communication about the assault to my mother. I had mentioned the matter to my mother, and to her alone. I could not scream when the prisoner was committing the assault. What I had inhaled I believe prevent me. I could not scream because I was utterly powerless, and stupified too, and I believe that was from what I had inhaled. On no other occasion had he put anything into the instrument while I was inhaling the vapour.

The chair was produced in court, and identified by the witness, as was also the inhaling apparatus.

Elizabeth Jones, examined by Mr. Serjeant Robinson.—I am the mother of the prosecutrix, and keep a boarding-house in New Bond street. I recollect her coming home from Hunter's on the 14th of October. She reached home after two o'clock. She was crying, and made a complaint to me of some violence that had been done to her. She appeared to be very excited. She called me upstairs and made a communication to me. In about an hour afterwards she took to her bed. On Sunday, she being very much worse, I went to Hunter's and saw a servant maid. It being after four o'clock I found no Medical men there. I went on the Monday, and after waiting an hour and a half, I saw Hunter, though I did not wish to see him. I asked for a visiting doctor to come to my daughter as she was dangerously ill. He directed Dr. Willes to go. Dr. Willes came shortly afterwards and saw her two or three times. She became very much worse. I was nine nights attending her without having my clothes off. There were times when she was unconscious. The Sacrament was administered to her, and I was present. That was about a week after this affair. She was ill for a fortnight after that, and then she improved.

Mr. Serjeant Ballantine.—This is the first time I have been examined in this matter. I was not examined before the grand jury. On the Saturday I assisted in putting my daughter to bed. About an hour she fancied the embrocation was not operating, and I recommended her to write to the doctor. She had before that told me Hunter had grossly insulted her, and after that she told me all about it. She had been an hour in bed before the letter was written. I thought Hunter had made a mistake as to what he had said to her. She wanted to tell her husband about the matter, but I would not let her tell him. When I went to Hunter on the Monday I did not complain, because I was afraid he might give her something to injure her, if he knew I had told what happened. I knew the matter would have to a trial. I did not tell my husband or my son, as for several days we thought she was dying. The first night I saw my daughter she told her husband. She had often threatened to do so before. Her husband when he knew it threatened to shoot Hunter.

Re-examined.—When the embrocation was put on she was suffering great pain. Her screams were frightful.

Emma Wood, examined by Mr. Rigby.—I am in the service of Mrs. Sharland, who keeps the City of Quebec tavern in Quebec street. I remember Mrs. Merrick coming there on the 14th of October, between one and two in the day. She seemed very much excited. I saw her in the bar-parlour. Mrs. Sharland, who was upstairs dressing, was not present at first. Mrs. Merrick was not with me more than five minutes.

Mr. Serjeant Ballantine.—The landlord is dead. Mrs. Sharland went out of town yesterday morning. I don't know where she has gone to. I only know Mrs. Merrick by her coming there occasionally. She did not see Mrs. Sharland more than three minutes. I have not seen Mrs. Merrick since. A Mr. Butler came and gave me a subpœna on Sunday evening last. Mrs. Sharland was then out. I told her I had been subpœnaed when she returned. I did not know Mrs. Sharland was going out of town until yesterday morning, when she had a letter.

Re-examined.—Mrs. Sharland has kept the Quebec Tavern many years.

Frederic Goddard Jones said he was the brother of Mrs. Merrick. He was at the house on the 14th of October, and recollected his sister coming home. She was crying, and she lay down on the sofa at the back of the shop. She asked her mother to take her upstairs. No communication was then made to witness by her as to what Hunter had done. He did not know what had happened until the morning he went to whip Hunter.

By Serjeant Ballantine.—Witness had been a policeman at Cheltenham for about eighteen months. He resigned his situation. He had previously been an apprentice to a carpenter, and had been with a confectioner. He was not twenty when he entered the police. As a boy he was nicknamed "Dr. Goddard," but he had never assumed that name. His brother, with whom he lived near Tewkesbury, had charge of a lunatic patient. Witness had not.

By the Judge.—I went to Hunter's on the 2nd of November, and Mr. Merrick followed immediately afterwards.

Samuel Merrick, the husband, was called by the counsel for the prosecution, but not examined by them.

In reply to Mr. Serjeant Ballantine, he said,—On October the 30th I went to Hunter's and saw him. He then said he could not allow further attendance unless the fees were paid. My mother-in-law did not know I had been to Hunter. I went to him in consequence of Dr. Willes saying he wanted to see me. I had previously paid Hunter six guineas. He said he should require the money down before he further attended my wife, and I arranged it should be paid. I did not pay it because my wife would not have his attendance. I had been bankrupt shortly before. I paid nothing, because they seized my furniture. I owed my last doctor something—probably 18*l.*, and I left Conduit street and Brompton owing a good deal of money, none of which I have paid. I then took a cigar shop, and my wife served in it.

By Serjeant Robinson.—When Hunter asked for money for further attendances I had not heard of what he had done to my wife. On Monday, the 30th of October, when I saw Hunter I had made up my mind to pay 5*l.* 5*s.* more, but my wife said she would not have anything more to do with him, as she had been grossly insulted by him. She did not make a full disclosure to me until very early in the morning of the 2nd of November. After I had heard that, and on the morning of the same day, I went with my brother to Hunter's with a horsewhip.

The prosecutrix was called at the request of the judge, and in reply to questions by him said, that when she went to the door to get out she found it fastened with a bolt. She saw Hunter unfasten it. When he gave the prescription to the servant for the blister he shut the door and bolted it. That was about five minutes before the assault, and witness was inhaling at the time.

Mr. Serjeant Ballantine addressed the jury for the defence, after which Mr. Justice Byles, in summing up the case to the jury, said the indictment charged the prisoner with having feloniously assaulted Annie Merrick, and against her will violently ravished and carnally known her. The case was a peculiar one, and was wanting in some of the circumstances and elements which usually accompanied most cases of this nature. Ordinarily in such cases the question was whether the women consented. No such issue was raised here. The defendant alleged that the assault never took place, and that the story of the prosecutrix was a wicked invention from first to last. And certainly he never remembered a case in which more fearful wickedness was imputed by each party to the other. On the one side it was said that not only had the defendant committed a rape, but a rape

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WEDNESDAY, NOVEMBER 29, 1865.

THE MEDICAL CIRCULAR.

ICE-BAGS IN CHOLERA.

It is really too bad to find all our hopes disappointed, just when we imagined that they were about to be realized. We were told in the most positive manner a week or two since, in the columns of the 'Times,' that the homœopathists had found out the cure for the Rinderpest, and that it was only the obstinacy and blindness of the so-called "allopathic" practitioners that prevented the European public from deriving the benefit of this great "discovery" in the liberation of their flocks and herds from a scourge which is but too tangibly affecting the welfare of the public. But we are now told by the 'Lancet,' "on authority," notwithstanding the assurances given by its friend and patron of the daily press, that the so-called homœopathic treatment of the cattle-plague is a mere humbug, that it has no power whatever over the disease, and, even in the cases selected by the infinitesimal gentry, that it has failed altogether. The unfortunate disciples of Hahnemann are even deprived of the poor consolation of having a grievance, for it turns out that their assertions as to the obstacles thrown in their way by the "allopathists" are quite destitute of foundation, and that every opportunity has been afforded to them to test the merits of their treatment.

But a still more severe disappointment meets us in the collapse of the ice-bags, which have been proclaimed in the leading daily journal as "a discovery" for the cure of cholera, and the merits of which have been exhibited in the largest type, and at the very time when the greatest alarm existed in the public mind as to the approach of the dreaded visitor. It is, of course, quite useless to expect anything like science, far less Medical science, to have any voice in the editorial management of the 'Times,' which, as far as sound or solid information is concerned, is a mere *ignis fatuus*, which "leads to bewilder, and dazzles to blind," and so long as its columns can attract a transient notoriety by the proclamations of some infallible cure for consumption, or small-pox, or cancer, or cholera, or some other formidable malady, so long are its conductors perfectly satisfied that they have performed their duty to society and to mankind. It is of no importance to them whether, by such means, the minds of the weak and the credulous are deluded and their pockets evacuated, or whether pretenders and shallow reasoners in and out of the Profession are raised into unmerited notoriety and fame, while cautious and learned physicians are insulted, abused, or neglected: no, the article serves its temporary purpose, and some new forms of empiricism start up, like the heads of the fabled hydra, to replace their predecessor.

But this week we have something to say of one of our own contemporaries, whom we are at a loss to know how to treat, whether to blame him for his former credulity, or to praise him for his present candour. The theory and practice of the ice-bags, as is well known, were originally promulgated in the columns of the 'Medical Times and Gazette,' not, indeed, in the form of editorial articles, but in such a prominent position in the Journal, as to imply a belief, on the part of the conductors, in the value of the invention, and the application of the agent. The theory, indeed, was so ingenious, if not plausible, and the results were said to be so successful, that even the 'Lancet' actually seemed to vie with its contemporary in giving the widest publicity to the new therapeutical appliance, and Dr. Chapman was in the position of Captain Macheath between Polly Peachum and Lucy Lockit, where he sings: "How happy could I be with either, were t'other dear charmer away;" the ice-bags were patented, and were proclaimed, we verily believe, in many quarters, as an infallible remedy for almost every disease under the sun. Epilepsy, and the whole train of nervous diseases, were at first the only complaints supposed to be amenable to this peculiar treatment, but it was very soon found that such a domain was far too narrow for the jurisdiction of the ice-monarch, and presently all the host of female complaints and irregularities were found to yield, in a magical way, to the same influence; and then there was an easy transition to sea-sickness, and finally to cholera, and all the train of abdominal diseases. We must say, in justice to the 'Times,' that although the "discovery" of the ice treatment of cholera was first made known in its columns, the trumpet of the ice-bag in the other complaints had been blown long before in the pages of our two Medical contempories.

But on turning over the pages of the 'Medical Times and Gazette' of the present week, we can hardly believe our eyes when we find the editor deliberately smashing the image he has himself helped to construct, and wielding his iconoclastic weapons so vigorously and successfully that the ice-bags seem to shrivel into utter insignificance, and the ice itself to melt away like the snow on the hill-top at the approach of the summer dawn. Well may Dr. Chapman exclaim, "*et tu Brute?*" at receiving this unkindly thrust from his former friend and patron, and well may he ruminate on the fickleness of journalistic support, when he sees his pet theories so ruthlessly attacked, and his darling panacea so mercilessly handled.

The 'Medical Times and Gazette' now declares that it cannot understand the scientific principles on which the application of the ice-bags is founded. Now, that is the very predicament we have been in ourselves ever since the ice-bag practice was proposed, but as we do not profess to be able to climb the heights of transcendental therapeutics like our contemporary, we attributed our obtuseness to

some natural defect of apprehension on our own part. But behold! the 'Medical Times and Gazette' is in the same nebulous condition with ourselves, and we can only say, "Why did'nt you say so before?"

True, we were aware that the application of ice to the spine was supposed to lessen the activity of the sympathetic chain of nerves, and thus to dilate the arteries and capillaries distributed to the system, thereby making the circulation more active. But even admitting this hypothesis to be correct, how is it proved that epilepsy really consists in retardation of blood by the action of the vaso-motor parts of the sympathetic system, or is cured by accelerating the circulation in this portion of the nervous textures? And how is it proved that ice possesses this remedial agency? And if ice does possess this property, how comes it that hot water possesses it also, since hot water bags are applied alternately in Dr. Chapman's practice? All these questions we confess ourselves unable to answer, and it is some comfort to us to discover that we are not alone in our perplexity, which is shared by the distinguished editorial staff of our contemporary.

The 'Medical Times and Gazette' now altogether ridicules the theory, and regards the ice-bags and the hot water bags only as modifications of old and well-known external appliances in the shape of warm poultices, cold lotions, &c. We confess that we are very much inclined to be of the same opinion, but we say again, "Dear 'Medical Times and Gazette,' why did'nt you tell us all that before?" Here we have been puzzling our brains for months together to make out the theory of the hot and cold treatment, and on looking with anxious expectation to our contemporary to enlighten our ignorance, he at last turns round upon us and, looking into the ice-bag, like Sir Charles Coldstream looking into the crater of Vesuvius, coolly says, "There is nothing in it," like the knife-grinder in Canning's Sapphics, says, "Story! why bless you, I have none to tell, Sir."

THE CASE OF ROBERT HUNTER.

As we anticipated, the Jury at the Central Criminal Court have acquitted Robert Hunter of the charge of rape preferred against him by a married woman, named Merrick. It is no part of our duty, any more than it is our inclination to endeavour to excite any sympathy for Robert Hunter on professional grounds; but we agree with the Jury, that he is not guilty of the criminal charge preferred against him. We leave to psychologists, and to Old Bailey lawyers to determine the question as to the motives which can induce an apparently respectable married woman, one too who is said to be suffering from the last stage of pulmonary consumption, to come forward in a public court of justice, and describe minutely the story of her own dishonour, when in fact her honour has never been assailed; and we have no doubt that the Jury estimated at their true value the facts, that within an hour after the outrage was said to be perpetrated, the victim returned to the house of the ravisher, gave his infant a shilling, and asked for some embrocation, and on the same day actually wrote him a letter beginning with "Dear Sir," and ending with "Yours obediently." They also probably took into consideration the circumstances that the lady made no complaint whatever to her husband, or to anyone else as to what had happened to her until about a fortnight after the alleged assault, and that at the time of its commission, in broad daylight, and in a house full of people, she made no resistance, and uttered no audible complaint.

We have no intention of entering into details, especially as we publish a report of the trial elsewhere; but we must remark, as a mere scientific point, that the physiological effects described by the prosecutrix as having followed the inhalation, are quite unknown to the Medical world. That Robert Hunter may have discovered some vaporous or gaseous substance, the inhalation of which, while it annihilates all power of resistance, leaves a female in full possession of her consciousness, is perhaps within the limits of possibility; all that we, as Medical writers, can say, is that we know of no such substance, and have some difficulty in believing in its existence.

Having thus expressed an opinion, which we have all along entertained, that Hunter did not commit the crime charged against him, our sympathy is at an end, and we have no desire to join in the shout of triumph raised on his acquittal by the mob collected in the streets of the Old Bailey, and appropriately echoed in the columns of the 'Daily Telegraph.' Strange to say, the 'Times,' which had the distinguished honour of introducing Hunter to this country by publishing in its editorial columns his wonderful powers of curing consumption, does not say a word in favour of its *protégé*, or at least, it had not done so at the time of our writing. It would be really inconsistent in the leading Journal, which sneers at the labours of our native practitioners, if it does not now bestow an eulogium in its leading columns on the transatlantic prodigy who benevolently cures at the rate of only five guineas a month, with an entrance fee of one guinea, a complaint which has hitherto proved, if not incurable, at least somewhat difficult of cure by European physicians.

Since the above was written, the chief daily Journal has devoted a leading article to this case, referring to the prisoner as "a Dr. Hunter." This is rather unkind of the 'Times,' after devoting so many of its valuable pages, no doubt for a valuable consideration, to the promulgation of Dr. Hunter's valuable "discoveries."

REVIEW OF BOOKS.

Clinical Lectures and Reports. By the Medical and Surgical Staff of the London Hospital. Vol. II. 1865. Pp. 415. London: Churchill and Son.

The plan of collecting together and recording the Clinical experience of the staff of a great hospital is an exceedingly good one, and we are glad to find that several of our great Metropolitan establishments have adopted it. We had occasion to notice last year in very favourable terms the appearance of the first volume of Clinical Reports from the London Hospital, and the present book is in every way equal to that which preceded it. The labour and the expense incurred by those who undertake such a work can

be but imperfectly appreciated, except by those who have had similar tasks to perform; and in the present instance the labourers are the more to be commended, because we believe that they neither expect nor receive any reward, except the consciousness of having done their utmost to collect the best materials and to arrange them in the best possible manner.

The contents of this second volume are necessarily of a miscellaneous character, consisting of clinical lectures, original papers or observations, records of cases, reports by advanced students, a list of the more important preparations added to the museum during the past year, statistical reports of Medical and surgical cases during the year 1864, and an index. The illustrations, which consist of lithographs and wood-cuts, are very well executed, and are often of great service in elucidating the subjects described in the text.

It is of course impossible for us to notice all the subjects discussed in the pages before us, but we may select a few which seem to us to possess some points of peculiar interest.

Mr. Curling makes some observations on the treatment of painful cancer of the rectum by establishing an anus in the left loin. He has on a former occasion adduced three cases, in which lumbar colotomy was performed with a view to mitigate many of the distressing symptoms of cancer, and he now publishes a fourth. The operation was so far successful that the patient recovered from its effects, but he sunk soon afterwards, and Mr. Curling considers that the proceeding had been delayed too long. He adds a table of the operations for lumbar colotomy which he has either performed or assisted in, and shows that out of ten cases there were seven recoveries, and he argues that the operation is not so formidable and dangerous as is generally supposed.

Dr. Letheby contributes two papers, one, On Liquid Diffusion in Relation to Physiology and Practical Toxicology, and the other, On the Poisonous Properties of Essence of Mirbane, or Nitro-Benzole. In the former he describes the three methods of investigation pursued by Mr. Graham in studying the diffusion of fluids, one of which is now well known under the name of dialysis; and although this last process is not well calculated to determine the *quantity* of any poison present, it affords a ready means of effecting its *qualitative* examination, while the application of dialysis to the investigation of physiological questions is perhaps still in its infancy. The other paper, on the poisonous properties of nitro-benzole, is a very valuable one, especially at present when this substance is extensively used in commerce for the preparation of the aniline dyes. The oily liquid named nitro-benzole was first obtained in 1834 by Mitscherlich, of Berlin, but in 1844 Dr. Hofman discovered benzole in coal-naphtha, and a cheap and ready method of obtaining nitro-benzole was subsequently discovered; and this substance at last was found to yield the well-known colouring matters by conversion into aniline and subsequent oxidation. Nitro-benzole, however, is a poison, and the immediate object of Dr. Letheby in his paper is to describe some cases of poisoning which have happened with this substance, and to record some experiments made with it upon the lower animals. We have published elsewhere an abstract of these cases taken from the columns of the 'Chemical News.'

Dr. Fraser offers some notes from a Clinical Lecture on Hydrothorax, and some general observations on pleuritic effusions. In this paper the diagnostic marks of pleuritic effusions, as contra-distinguished from cases of consolidation of the lungs, are carefully pointed out, and a number of illustrative cases are related. The same physician makes a few remarks on the statistics of stimulation *versus* depletion, and after some allusion to the chemical questions involved in the discussions raised by the anti-alcoholic party, he proceeds to examine the records of the London Hospital for a series of years, as showing the relation existing between the consumption of alcoholic fluids and the number of cases admitted. The results, although practical and interesting, are not very conclusive, but it appears evident that a steady rise in the employment of stimulants in the treatment of diseases and injuries is still going on; "whatever be the cause," says Dr. Fraser, "we may be assured that the practice is imperative and needful, for it would be a monstrous assumption that a whole staff could be blindly following an objectless routine."

Mr. Hutchinson is, as in the last volume, a large contributor, and his range of subjects is very extensive, as may be inferred from a glance at the title of his papers, including cases of hernia, and on the chief causes of death after hernia-operations; a case of fibro-plastic tumour of the scalp; the diagnosis and treatment of lupus and allied diseases; epithelial cancer; the treatment of cataract; and many others. One of his most interesting papers is on the subject of inherited syphilis, on which Mr. Hutchinson has collected a great mass of information. As a...dication of the hereditary form of the disease, Mr. Hutchinson places great reliance on the appearance of the teeth, which in many cases is sufficiently characteristic, the middle incisors being symmetrically notched. A great number of instances are described in which morbid changes were observed in connexion with hereditary syphilis, and the diagnosis was confirmed by the history of the individuals and of their parents, and by the effects of treatment.

Mr. C. F. Maunder contributes a note on the importance of a differential diagnosis in chancre, and as he is a thorough believer in the duality of the chancrous poison, he insists upon the necessity of arriving at a correct opinion as to the nature of each sore, in order that the treatment, whether with or without mercury, may be regulated accordingly. We may remark, in passing, that the surgical staff of the London Hospital appear to entertain no doubt as to the efficacy of mercury in the treatment of the hard chancre.

Dr. Hughlings Jackson gives some abstracts of lectures on hemiplegia, in which he endeavours to connect the symptoms observed with the nature of the disease, and proposes a classification in accordance with the pathological indications. Thus he describes hemiplegia from apoplexy, from embolism, from syphilis, hysterical hemiplegia, reflex hemiplegia, and pretended hemiplegia; and he also divides the disease into varieties according to its seat, as the corpus striatum and thalamus opticus, the crus cerebri, the pons varolii, the medulla oblongata, and one-half of the spinal cord. On this very difficult subject, Dr. Hughlings Jackson brings to bear a great mass of facts, and a large amount of cautious reasoning.

The above brief notice of some of the subjects touched upon in this volume will give some idea of the number and variety of the topics discussed; and we can only state in conclusion that the whole will ample repay perusal, as being a valuable repertory of facts and experience.

A Guide to the Treatment of Diseases of the Skin; with Suggestions for their Prevention. For the Use of the Student and General Practitioner. Illustrated by Cases. By Thomas Hunt, F.R.C.S., Surgeon to the Western Dispensary for Diseases of the Skin. Eighth Edition. Pp. 260. London: T. Richards. 1865.

The very fact that this work has reached its eighth edition is probably a more emphatic testimony to its merits than any we are able to offer; for what is more complete evidence of the success of a book than its acceptance with the public, and the sale of ten thousand copies? Mr. Hunt is now a veteran practitioner in the department of Dermatology, and he has contributed in no small degree, by his practice and his writings, to simplify the treatment of diseases of the skin. While the leading features of the author's practice have been unaltered, or rather while his views have been strengthened by time and experience, he has introduced a few improvements in arrangement and detail, and a new chapter on ring-worm and other diseases affecting the hairy scalp has been added. Mr. Hunt believes most firmly, as he has ever done, in the constitutional origin of chonic skin diseases, and in the absolute necessity of arsenic as the final remedy, but he prefaces the present edition with a very judicious caution to any patients suffering from skin disease, not to be "so rash as to tamper with arsenical preparations, which ought never to be made

use of excepting under the watchful eye of a Medical practitioner." The illustrative cases adduced by Mr. Hunt are strongly confirmatory of the value of the treatment which he recommends and adopts.

Letts's Diaries for 1866.

These useful works for the year 1866 have just made their appearance, and they are in all respects worthy of the extensive patronage which their predecessors have received at the hands of the public. We understand that their circulation amounts to nearly 300,000, and that it is steadily increasing, and that two prize medals have been awarded to them this year, one in Dublin and the other in Oporto. In addition to the diaries adapted for the use of the general public, there are special ones intended for the Medical Profession, and which contain columns for midwifery and other engagements in which practitioners are concerned in their daily avocations. In point of workmanship, variety of information, and neatness of arrangement, these diaries are in every way to be commended.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

Tuesday, November 7th, 1865.

Dr. Peacock, President.

Mr. Spencer Watson exhibited a specimen from

A CASE OF CROUP IN WHICH TRACHEOTOMY WAS PERFORMED.

A boy, three years old, was attacked by croupy symptoms on September 6 or 7, 1865. He was seen first by Mr. Watson on September 11, when all the symptoms were aggravated in spite of active treatment by antimonials and mercury. On September 13, tracheotomy was performed; and though respiration ceased during the operation, it was restored quickly by having recourse to Silvester's method of artificial inflation. The child rallied, and his breathing became tranquil; but a state of exhaustion ensued, terminating in death thirty-six hours after the operation. On examining the lungs after death, the lower lobes were found to be hepatised, and the croupy membrane extended from the glottis to the ultimate ramifications of the air-tubes. The heart contained pale yellow, and rather firmly adherent coagula.

Mr. Holmes brought forward specimens from, and gave the particulars of, a case of

OPERATION FOR A SOFTENED FIBROID TUMOUR OF THE UTERUS,

mistake for ovarian disease. Mrs. S., married, two children, aged twenty-nine, was a patient in St. George's Hospital in the summer of 1865, in consequence of a tumour which filled up the whole abdomen, and which was producing rapid emaciation, increasing dyspnœa, occasionally recurring in paroxysms, and threatening even to prove fatal. She had been previously a patient in St. George's Hospital under the care of Dr. R. Lee, and again under Mr. Brodhurst, and she had been for some time in the Samaritan Hospital under Mr. Spencer Wells in the early part of the year 1864. In Dr. Lee's opinion, the tumour was ovarian, but closely adherent to the uterus. Under Mr. Wells the disease had been diagnosed as being due to the presence of three fibroid tumours of the uterus. She was never known to have had any uterine hæmorrhage. The tumour was of four years' known duration, and was accidentally discovered by herself by touch. At first time there were no symptoms connected with the disease. Latterly, however, she had been losing flesh, and strength rapidly, and was urgently desirous that some operation should be done if possible. The whole of the anterior part of the abdomen was dull to percussion, but there was slight resonance in either flank; motion of the body had no apparent effect on the mass. There was doubtful fluctuation in most parts. Examination by the vagina and by the rectum showed that the pelvis was filled by the mass. The os uteri was natural. The cervix could be felt, but not the body, and it was impossible to discover whether or no the uterus moved on the tumour. In the month of July, as the dyspnœa had become very urgent, paracentesis was performed by Mr. Holmes; only very little fluid (about half a pint) escaped through the trocar, it was almost colourless, and of a gelatinous consistence, but after the withdrawal of the instrument, as much as a gallon of the same kind of fluid exuded slowly in the space of about twenty-four hours. This gave her great temporary relief; but the tumour again increased, and one night the House-Surgeon was called suddenly to her, as she was thought to be dying of dyspnœa; this was in the month of August, during Mr. Holmes's absence from town. Paracentesis was again performed, and the result was reported as being almost exactly the same as on the previous occasion, that is to say, very slight flow at the time, followed by a copious exudation with great relief to the breathing. On Mr. Holmes's return in September, the woman was anxious that the question should be settled. She had become greatly emaciated, and the pulse was very small and weak. She knew that she had not long to live, and was very desirous of taking the chance of an operation, if it was judged to be justifiable. She had, however, been informed of Mr. Spencer Wells's diagnosis, and was aware that an attempt to remove the tumour, if uterine, would prove fatal. A careful examination was made by Dr. Lee and by the surgeons of the Hospital, and the idea of its being a case of fibroid tumour was rejected, mainly on account of the absence of uterine symptoms, the great extent of the tumour, and the large quantity of fluid evacuated from it. Dr. Lee only took part in the consultation so far as the diagnosis was concerned. The surgeons of the Hospital agreed that it was justifiable to attempt an operation under all the circumstances, and this was accordingly done on September 20. Before operating Mr. Holmes explained to those who were present, as he had previously to the patient, that the operation must be looked on as exploratory only, as his opinion was almost equally divided between ovarian tumour and the fibro-cystic degeneration of the uterus which so closely simulates it, and of which illustrations and cases are found in the Transactions of this Society (vol. xiv., pp. 198, 204), and of which a specimen exists in the museum of St. George's Hospital. However, on cutting down upon the tumour, these doubts were no longer entertained; it looked so exactly like an ovarian tumour that none of the surgeons present doubted that it was so. There were a good many very firm adhesions in front to the abdominal walls and to the omentum, which was spread over its anterior surface, and the vessels in which were of very large size, giving rise to pretty copious hæmorrhage. In some parts it was necessary to use the knife. When the anterior part of the tumour had been cleared as far as possible, the trocar was introduced, but no fluid would flow through, until by squeezing and cutting freely into the tumour its bulk had been so far diminished that it seemed possible to extract it from the wound, which had now been extended to the whole length of the abdomen. The adhesions, however, were universal, and were of extreme density in the neighbourhood of the liver and spleen, necessitating the cautious use of the knife here again. When these had been overcome, the tumour was found to be still more firmly adherent behind to the mesentery, and almost incorporated with the small intestines. The patient had now become excessively exhausted, and in separating as rapidly as possible the tumour from its posterior connections, the small intestine was torn. This, it is believed, took place from the weight of the tumour. The peduncle was of small size, about the circumference of the thumb. A piece of stout wire was twisted round it. The patient rallied after the operation, but after the first rise in the pulse she suddenly sank, as though from internal hæmorrhage, and died the same afternoon, about four hours after the operation. The main tumour which had been removed was of very large size, and weighed above 11 lbs., even after it had been drained of fluid. Its texture was spongy or reticulated, without any actual cysts, but with very large spaces in some parts between its meshes of fibres. It appeared to have resulted

from the softening of an ordinary fibroid tumour. It was attached by the small stalk above mentioned (which was not above 1½ in. in length) to the top of the fundus uteri. The walls of the uterus were full of fibroid tumours of various sizes, the whole forming a mass about as large as a cocoa-nut. This mass formed the second tumour spoken of in the above description of the case. A third tumour, about the shape and size of the spleen, was attached to the fundus uteri on the right side by a pedicle, and was lying in the right iliac fossa. The cavity of the uterus was elongated, measuring from os to fundus about five inches. The peritoneal cavity contained a large quantity of blood, and this hæmorrhage seemed to have been the proximate cause of death.

Mr. HOLMES then made the following remarks:—The above case is presented to the Society as one in which there were unusual difficulties, leading to an error in diagnosis which was not discovered even when the tumour was exposed to the sight. There was, on the one hand, the clear history of a careful diagnosis by so experienced a surgeon as Mr. Spencer Wells; but, without any discredit being cast on that diagnosis, the main tumour might still have been ovarian. Of the co-existence of ovarian cysts of large size with fibroid tumours of the uterus, an example is published in the last volume of these 'Transactions.' So that it was quite possible that the woman, when under Mr. Wells's care migh have presented no visible indication of the ovarian cyst which had grown to such large proportions afterwards. At the time of her last stay in St. George's Hospital, the main tumour masked everything else; and if two of the uterine tumours (supposing them to exist) had been covered and concealed by the larger mass which filled the abdomen. why not the third? Again, the large size and rapid growth of the tumour was much more like ovarian than uterine disease. The great quantity of fluid which the growth yielded on paracentesis was another very deceptive feature in the case, and so was the absence of uterine hæmorrhage and of any perceptible uterine displacement. On the whole, it may be said that no sufficient elements for an exact diagnosis existed at the date of her last stay in St. George's Hospital without an exploratory incision. The operation, however, was only undertaken as an exploratory one; and here one of the most unfortunate peculiarities of the case comes in—viz., that the appearance of the tumour and its uniform semi-fluid consistence were so deceptive that, even after it was exposed, no one doubted that it was an ovarian cyst. This led to persevering attempts at its extraction, and these attempts were necessarily attended with great embarrassment on account of the extensive adhesion of the tumour and the impossibility of lessening its bulk without much violence and consequent loss of blood. It had been found in the early stage of the operation that the lower part was free and pedunculated, and this was an additional encouragement for persisting with the operation. But the abdomen had to be laid open from one end to the other, and the patient was greatly exhausted before the hand could be passed round the upper part of the tumour. When this had been effected, the most difficult part of the operation commenced—viz., the separation of the tumour from its posterior connections. It was in doing this, necessarily in much haste, for the patient's condition was very critical, that the intestine was lacerated; and thus the fatal event was made certain. But even without this it is most improbable that she would have survived long—in fact, she appeared actually to die from hæmorrhage rather than from extravasation of the contents of the intestine. The case is put on record as an interesting example of the great difficulties which surround diagnosis in such cases, and also of the formidable nature of the connections which solid tumours form when growing among the abdominal viscera.

Mr. BRYANT remarked on the interest of the case brought before the Society, and alluded to a preparation which had recently come under his notice at Guy's Hospital which bore upon it, as well as a preparation brought before the notice of the Society by Mr. Wells some time since. He was quite unacquainted with the history of the preparation which he had examined, but he had seen enough to satisfy himself that it was one of cystic disease of the uterine structure, for the uterus was evidently much enlarged by the development of cysts within its walls. These cysts were of great size, and contained fluid said to have been like the fluid of an ovarian dropsy. The tumour had a smooth outline, and doubtless, before death, had simulated that of an ovarian dropsy. The external aspect of the tumour was, however, very different from that exhibited in ovarian disease, for it had a fleshy, fibrous aspect, and would necessarily have suggested to a surgeon during gastrotomy the question of its ovarian nature, and the probability of its being a tumour. Mr. Bryant was unable to say whether the uterine sound had been employed in the case to which he had alluded; but if it had, the cavity of the uterus would have been found much enlarged. A full account of this preparation, with its history, would doubtless be brought under the notice of the Society during the session.

Dr. GRAILY HEWITT asked if the uterine sound had been used?

Mr. HOLMES replied that it had not. It is hardly likely, considering the pressure to which all the parts were subjected by the superincumbent mass, that it would have been possible to pass this instrument to the bottom of the enlarged uterine cavity. Still it may be a matter of regret that it was not used.

TWO CASES OF AMPUTATION AT THE HIP.

Mr. HOLMES exhibited the femora in two cases in which he had recently performed amputation at the hip, with success,—at least, as far as recovery from the operation went. The first was that of a boy, between six and seven years of age, who had been originally admitted into the Hospital for Sick Children, on account of long standing disease of the hip. For this he had been under treatment in various institutions for long periods of time, but was not benefited. Finally, Mr. Holmes determined to try the effect of excision of the head of the femur. The acetabulum was found but slightly affected, but the femur was very soft, almost rotten; and though a good deal of it was removed, it was found impossible to expose more healthy bone. The boy went on pretty well at first, then alarming cerebral symptoms came on. He had fits of screaming, followed by very severe convulsions, in which it was thought probable that he would die. He partially recovered under the influence of counter-irritation, the head being shaved; but the screaming fits still continued. The limb could not well be maintained in position, and the upper end of the femur protruded, and became dead. A sequestrum about two inches long was drawn out with the fingers. Still the screaming fits did not cease, and he suffered greatly from pain, coming on in nocturnal exacerbations. An abscess now formed near the knee, and the probe passed down into softened bone, in the lower part of the femur. It seemed possible that the irritation of the diseased femur was keeping up the cerebral disturbance, and as the limb was clearly useless, it was decided to give the child the chance of life afforded by its removal. This was done on September 6. The aorta being held by Mr. Marsh, of St. Bartholomew's Hospital, by manual pressure, no blood was lost. A large anterior flap was cut from the skin towards the interior; then the connections between the ilium and femur were severed, and the posterior flap cut from within outwards. The vessels were tied, and the acetabulum, which was somewhat softened, was freely gouged out. At the position of the old wound, the cicatrix was so adherent to the os innominatum that it was imposible to bring fresh edges together. Much of the wound healed by first intention, and the child greatly improved in health and general condition; the fits of screaming ceased, and he passed tranquil nights. There was still a little discharge from the position of the old wound when he was sent to the Margate Infirmary, about a month after the operation. Here, however, after a short time, the cerebral symptoms recurred, and at the time of the exhibition of this specimen, he was reported to be sinking from the brain disease. The specimen shown to the Society (with a coloured drawing) exhibited the results of osteo-myelitis, or acute and total disorganising inflammation of the whole shaft, which was separated from the epiphysis, and lying

ad, and in most parts loose in a periosteal case of new me—the epiphysis and the encasing bone being very scular. The medullary cavity was full of pus, and the sue of the dead bone was also infiltrated with pus. The se was brought forward as a good example of this disease, d also as bearing on the question of the feasibility of nputation in chronic disease of the hip, if excision has iled. There are, in Mr. Holmes's opinion, many cases of p-disease in which the local affection is the only disease der which the patient labours—which are in no more ict sense constitutional diseases than the common ronic (so-called "strumous") disease of the knee. This ter disease is every day treated successfully by excision amputation—why not disease of the hip? The answer, course is, that in disease of the knee the femur can be rided above the part affected, which is impossible in the e of the ilium. It is well known, however, that in a tain proportion of cases of hip-disease (as in this) the ease is, if not limited to the femur, at any rate far more tensive in it than in the acetabulum. If in such a case cision has been performed and has failed, so that the tient can never hope for a useful limb, yet seems likely survive for a long period, is it not more reasonable to ve him the chance of an operation than to leave him to tain death? The operation in a child, where the aorta n be thoroughly commanded, need not be a bloody one; d the acetabulum is so completely exposed that it can removed to any extent which may be judged necessary. en if perforated, the whole might readily be taken away, thout in all probability much increasing the risk of the eration. The second case was that of a woman, aged rty-six, a patient in St. George's Hospital, who had ce submitted to the removal of a large tumour, of the urrent fibroid variety, situated at the back of the thigh. the time of the first operation, in the early part of the sent year, the tumour, though of large size, was comatively superficial and easily removed. This operation s performed by Mr. Tatum. She left the house with wound healed, and enjoyed an interval of about three nths' health. The tumour had been pronounced to be he recurrent fibroid variety at the time of the operation, er microscopic examination by Dr. Dickinson. It re-red beneath the scar, and grew rapidly, with much oting pain down the course of the sciatic nerve. The ond operation was performed on June 29 by Mr. Holmes. e mass was ill-defined, infiltrated among the muscles of limb, and extended from the neighbourhood of the hanter to the popliteal space. A great deal of muscular structure was removed, including about inches of the entire circumference of the biceps cle, and the sciatic nerve had to be carefully dis-d from the mass, which adhered to, and appa-y infiltrated, its sheath. The deep parts of the id, however, appeared still infiltrated with the same oid deposit, though it was followed round the femur to the inner side of the limb. The operation was ourse long-continued and bloody, and she recovered it but slowly. Lint, saturated in a solution of iate of copper, was stuffed into the wound, so as, if ble, to induce sloughing of the fragments left behind e tumour. The only noticeable symptoms in her con-cence were the persistence of pain in the course of the c nerve, and a very severe attack of secondary hæmor-, which occurred on July 23, without any very ob-cause. This was so severe that it was decided to am-e the limb if it should recur. However, local measures ed it. The tumour, however, soon began to fungate f the wound, and to grow in the deeper parts, accom-d by exhausting discharge and by sloughing of the ting portion. As her health was rapidly sinking, it lecided to give her the last chance of amputation at oint. The tumour had spread so far upwards that a ould only be obtained from the front; and even here uscles were much infiltrated on the inner side, so that aps had to be formed chiefly of skin. The operation performed on September 14. Mr. Lister's tourniquet pplied on the abdominal aorta; but the instrument omewhat too large, and did not entirely control the hæmorrhage. Still, it very much checked it; and by commanding any bleeding orifices with sponges and finger pressure any great loss of blood was avoided. The anterior flap was cut from the skin inwards, the muscles not being divided till close to the groin, so as to avoid all diseased tissue. The knife was brought straight out at the back, little or no flap being available in the buttock. She was at first in great danger of sinking, and suffered severely from vomiting—the result of chloroform. Her strength was supported by nutrient enemata as long as possible; but then a slight attack of diarrhœa threatened to complete her exhaustion. From this, however, she rallied; much of the stump united by first intention, and it never required any dressing. The silver sutures were left in for a fortnight, when the adhesion of the wound was tolerably complete. She left the Hospital on October 24, to go to a neighbouring charitable institution, where she still remains. Her general health is good, but she suffers severely from pain in the stump, though the latter is very well formed, and there is no present evidence of any return of the disease.

These two cases seemed of some interest as examples of recovery from amputation at the hip performed under very unfavourable circumstances on patients much exhausted by previous disease and operation. This success Mr. Holmes attributed mainly to the aortic pressure, by which excessive hæmorrhage was avoided.

OBITUARY.

DR. J. A. EASTON,
Professor of Materia Medica in the University of Glasgow.

This distinguished physician and worthy man died suddenly at his residence in Blythswood square on the 12th inst. Fully two years ago the doctor was assailed by a sudden illness, which for a time wore a very serious aspect; but he speedily recovered and resumed the full discharge of his extensive professional duties. In August last, however, he had a slight paralytic attack in the face, from which he also came round quickly, and resumed his work; but it was apparent to those who knew him intimately that the attack had left traces of weakness behind, and henceforth his family experienced some uneasiness regarding him. On Sunday morning he was up about eight o'clock, and went into a plunge bath as usual, but on retiring from it he felt ill and went to bed. Rapidly becoming worse, Medical aid was called in, and Drs. Fleming and Coats were in attendance without loss of time; but their aid was of no avail. It was evident to these gentlemen that their friend was suffering under a fatal attack of apoplexy, from which he breathed his last at eleven o'clock.

Dr. Easton, who had completed his fifty-eighth year, was born in India, in which, we believe, his father belonged to the Medical service. While still a boy, he was sent to a relative in this city for his education, and in due course entered the University. He chose the Medical Profession, and was licensed by the faculty in 1828. At first his practice was very limited, as it is in the case of all young Medical men who have to depend entirely upon their own ability and exertions for advancement in the world. His first public appointment was that of a district surgeon, in which capacity he laboured amongst the poor with singular zeal and success. Meanwhile his private practice was extending; he was becoming known as an earnest, accomplished, and experienced physician, for he had the degree of M.D. in 1836; and when the office of surgeon of the police force became vacant in April, 1840, he was selected out of ten candidates for the appointment. He filled this situation till October, 1855, when he resigned the part of it which involved the attendance upon cases of accident in the police office; but he retained the office of surgeon to the force till November, 1859, when he resigned it on account of the great extension of his practice, especially amongst the highest class in the community, which had now been added to the duties of his professional chair.

He was succeeded in the police appointment by Dr. M'Gill, who had for some years previously been his assistant. In the meanwhile he filled appointments in the Medical institutions in the city, and contributed important papers to the Medical periodicals in this and other cities. He officiated for some years as Lecturer upon Materia Medica in the Andersonian Institution, and when the Professorship of Materia Medica in the University became vacant in 1855, he was appointed to the chair by the Government.

Dr. Easton's professional life has been characterised by a well-balanced application to both the scientific and the practical, keeping pace with all that was promulgated by the best authors, whether British or Foreign, on the numerous branches of Medical science. As Professor of Materia Medica his attention was, of course, more especially directed to the wide field of elementary and compound agents which are used in the treatment of disease. The knowledge essential to the successful cultivation and teaching of so vast a subject required an intimate acquaintance with chemistry, botany, natural history, pharmacy, and therapeutics—in all of which he was deeply and accurately learned. As a teacher he had many elements of popularity. He wrote with ease and classical elegance; his illustrations were appropriate and ingenious; and though at times his style and rhetoric may have been rather ornate for a severe and fastidious taste, he never failed to convey to the youthful mind, in a clear and perspicuous manner, a knowledge of whatever subject was under consideration. His kind and genial manner, and the warm interest he took in his students, made him at all times a great favourite among them, and to the confidence with which he inspired them, as a physician and a friend, he owed much of that practice as a consulting physician he was so rapidly obtaining.

During the time he held the appointment of Police-Surgeon in this populous city, his opinion and evidence were sought in all the important cases which occurred involving questions of legal Medicine. In this difficult and delicate branch of his Profession he soon acquired a well-deserved fame.—'Glasgow Herald.'

WILLIAM JEAFFRESON, Esq., F.R.C.S.

Those of our readers whose student-life and early professional interests were contemporaneous with the mature fame of men whose names form a portion of the history of Medicine and surgery of the early part of this century, will hear with regret the death of Mr. William Jeaffreson, of Framlingham, Suffolk, who died on the 8th instant, at the advanced age of seventy-five. Having received his early education at the Bury Grammar School, he became a member of the Royal College of Surgeons in 1812, after studying medicine and surgery for three years at the combined school of Guy's and St. Thomas's Hospitals, to which the name of Sir Astley Cooper attracted so many students. To those acquainted with the history of ovariotomy Mr. Jeaffreson is known as the originator of the minor operation for the removal of ovarian cysts, which he performed several times with success. The reports of these cases were recorded in the "Transactions of the Provincial Medical and Surgical Association," 1836. Although Mr. Jeaffreson was successful in lithotomy, with which operation practice in the eastern counties made him familiar, he at once saw the benefits, in many cases, to be derived from the proper employment of the lithotrite, at a time when that instrument, in the hands of Mr. Costello, was producing results admitting of, and receiving, very various judgments from the Profession. He was the first provincial surgeon who, in the country, performed lithotrity; which operation, by a proper selection of cases, was uniformly successful in his hands, with one exception only, in which case, with commendable candour, he made public the failure and its causes. In consideration of his professional services, he was in 1844 made an Honorary Fellow by the Council of the Royal College of Surgeons. But few of his contemporaries remain, who were in the habit of yearly meeting him at the annual elections and dinner of the College, where he was always cordially received as representing the advance made in provincial surgery in the present century. In his own neighbourhood Mr. Jeaffreson was highly esteemed; and although he had for several years retired from the active duties of life, many will again feel their loss of the surgeon in regretting the death of the friend. In 1848 he joined the Council of the Provincial Medical and Surgical Association, and subsequently acted as the President of the Eastern Branch of that Association on the occasion of their meeting at Framlingham.—'Lancet.'

PARISIAN MEDICAL NEWS.

DISLOCATION OF THE FEMUR ON THE PUBES.

The following remarks are by Dr. Morillon, of Pont Sainte-Maxence, (Oise):—On the 25th of August of the present year, a workman employed in a tan-yard at Pont Sainte-Maxence, was engaged in occupations which compelled him to adopt a squatting attitude, when a bag filled with oak-bark fell upon his back from a height of about eighteen or twenty feet. The man was immediately relieved by his companions from the superincumbent weight, but was unable to rise alone, and was carried to his home, where I was immediately summoned.

The following was the condition in which I found him:—

The left inferior extremity presented a shortening, at least apparent, of two and a half or three inches, the heel resting on the upper part of the malleolus of the uninjured leg, and the foot pointing directly outwards; the thigh was extended, rotated outwardly, and in abduction. The corresponding buttock was flattened, and the inferior fold less marked than usual; the prominence due to the trochanter major was replaced by a deep cavity large enough to admit the closed hand; in addition, the head of the bone was plainly felt in the groin, between the crural artery on the inner side, Poupart's ligament above, the inferior spinous process of the ilium outwardly, and at the back the edge of the acetabulum.

These signs obviously pointed to the existence of the dislocation upwards and forwards on the pubes, which Mr. Malgaigne designates as the *ilio-pubic*.

Being summoned so soon after the occurrence of the accident, I concluded that I could easily reduce the displacement, without the assistance of chloroform, by the method recommended by Desault and Boyer. The patient was laid on a bed, around which the attendants could easily move; a cloth was securely fixed above the ankle, and while the assistants applied vigorous horizontal traction to this part of the limb, the pelvis being at the same time secured by proper means of counter-extension, I endeavoured to rotate the thigh inwards, and, agreeably to the precepts of Dupuytren, to combine this movement with some degree of flexion. These attempts entirely failed in accomplishing the purpose. I then had recourse to chloroform, no less than one ounce of which was inhaled before a satisfactory state of anæsthesia could be induced. Its action on the system was of course closely watched, and all muscular resistance having at last been conquered, I repeated my former efforts, but without greater success.

Reflecting on the various procedures adopted by modern surgeons for the reduction of dislocation of the thigh, which consist in general in flexion combined in succession with direct pressure, rotation inwards, abduction, and slight traction, I was preparing after a slight interval of repose to apply these measures, when it suddenly occurred to me to try a plan which I believe has never yet been employed.

The patient having recovered consciousness, I caused him to be supported in a standing attitude by several vigorous men, and in such a position that the uninjured limb alone rested on the ground, the displaced extremity hanging in an inert manner. I then embraced the thigh with both arms like the trunk of a tree, and acting with all my strength, increased by the weight of my body, exercised vertical traction. Feeling that the head yielded to the efforts, I gently rotated the thigh inwards, and to

peculiar snap indicative of reduction was immediately perceptible. The man was replaced in bed, both legs were secured to each other in order to prevent all motion in the injured joint, and on the 25th of September the patient was enabled to walk with the assistance of crutches.

In his important treatise on dislocation, Mr. Malgaigne, describing the ilio-pubic luxation, adverts, amongst the various methods of reduction used in the days of Hippocrates, to one in which the patient being placed crosswise on the highest step of a vertical ladder, the healthy limb was securely held on one side, while to the other was attached a vase filled with water, or a basket weighted with stones. This procedure, as will be seen on slight reflection, presents some distant analogy with that adopted in the case I have related; but in my procedure the surgeon does not employ a blind power, he can vary the direction and intensity of his efforts, and combine traction with rotation, thus following and directing the head of the bone in its return to its proper situation. In this respect the method resorted to by me differs materially from the vertical extension described by the Father of Medicine, and as I have failed in discovering any mention of it in the many authors I have consulted, I have thought it expedient to trouble you with the present communication.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 6th inst.:—James Henry Wardle, L.R.C.P. and L.R.C.S. Ed., Stalybridge; Isaac Taylor, York; Richard Bottomley Lowell, Manchester; James Hopkins Walters, Barnstaple; Richard Girdleson Lubbock, Norwich; Francis Manley Soldero Sims, Colchester; Henry Cribb, jun., Bishops Stortford; Frederic William Hodder, M.B., Toronto, Canada West; William Leigh, L.R.C.P., Chiswick; Charles Bailey Greenfield, M.B., Edin., Cheltenham; Frederick Sydney Coombe, Trafalgar square, Chelsea; Charles Jas. Harris, L.S.A., King William street, Strand; John Edward Montague Finch, B.A., Cantab., Fisherton, Salisbury; David Gregory Tuckwell, Oxford; James Mare Taylor, L.S.A., Tanley, Staffordshire; William Roberts, Retford, Notts; Nicholas Hall, Salford, Manchester; and David Anderson Coxey, M.D. Edin., Turnham green.

It is stated that out of the sixty-nine candidates who offered themselves for examination, only seven were returned back to their studies for the usual period of six months.

NAVAL SURGEONS.—At a meeting of the Court of Examiners of the Royal College of Surgeons, on the 16th inst., the following gentlemen passed their examinations as Naval Surgeons:—Rinso Robert Siccama, L.S.A., of the Royal Naval Hospital, Haslar, diploma of membership of the College dated July 27, 1857; Samuel Bamfield, L.S.A., of H.M.S. 'St. George,' Portland, diploma of membership of the College dated July 18, 1859; Charles John Cornell, L.S.A., of H.M.S. 'Wellesley,' Chatham, diploma of membership of the College dated July 19, 1859; Henry Packard, L.R.C.P., of the same ship, diploma of membership of the College dated December 6, 1859; John Sampson Levis, M.D., Queen's University, Ireland, of the Royal Naval Hospital, Haslar, diploma of membership of the College dated November 15, 1860; and Robert Nelson, L.R.F.P. and Surgs., Glasgow, diploma of membership of the College dated June 12, 1860, Royal Naval Hospital, Haslar.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, November 16, 1865:—Richard John Lupton, Stanhope street, Hampstead road; Geo. Rendle, 40 Newington causeway, S.E.

NORTH STAFFORDSHIRE MEDICAL SOCIETY.—The annual meeting of this Society was held at Stoke on the 16th inst. Samuel Goddard, Esq. (the retiring president), having read his address, the election of officers for the ensuing year took place, and the following was the result:—President—W. Haslam Davis, Esq. Treasurer—James Yates, Esq. (re-elected). Honorary Secretary—Ralph Goodall, Esq. (re-elected). Committee—Dr. Arlidge, John Alcock, Esq., Dr. Cream (re-elected), C. Orton, Esq. (re-elected), and Dr. Taylor (re-elected). From the Report of the Secretary read and adopted on the occasion, we find that the financial condition of the society is highly gratifying; that there have been five meetings during the past year, at which able and practical papers have been read, and the discussions consequent on the same most interesting and instructive; indeed practical usefulness seems to characterise all the proceedings of this society. The consideration of Medical etiquette also forms a distinguishing feature thereof with marked benefit. At this meeting it was agreed that the Secretary—"Do convene a meeting by circular for the 14th proximo, at the North Staffordshire Hotel, Stoke-upon-Trent, of all the Medical practitioners of the district, to consider the present condition of the 'Club System', with the view to its better administration."

HOMŒOPATHY AND THE CATTLE PLAGUE.—We have authority for stating that the despatches received at the Foreign Office from the Dutch Minister of the Interior announce that the alleged applications of homœopathy to the treatment of cattle affected with the rinderpest in Holland have been much exaggerated; that the statements as to their great success are unfounded, and that there are not now any cattle in Holland being treated "homœopathically" under official sanction. We believe that the total number on which these rumours were based amounted to eighty out of the many thousand cattle affected. With reference to the employment of that treatment in this country, we learn that a physician and veterinarian practising homœopathy, and in whom confidence is reposed by the friends of that practice were despatched to Norwich, where the plague is committing ravages, with a view to undertaking the preventive and curative treatment of the cattle. We learn on good authority that they have rejected all but eight out of a number of cattle offered to them; and our advices, two or three days since, stated that, in the treatment of these, there was complete want of success. We may add that the statement put forward that the Cattle Plague Commission have refused facilities to homœopaths to test their treatment are entirely unfounded. Lord Bury was completely misinformed in this matter. The Commission afford the fullest opportunity to these gentlemen. It is to be regretted that statements so exaggerated and calculated to mislead on both the above subjects should have been hitherto persistently advanced.—'Lancet.'

ILLEGAL DETENTION OF A LUNATIC.—Two persons named Ayres and Harris have been committed by the county magistrates at Oxford for the illegal detention and cruel treatment of a lunatic at Marston in that county.

THE CATTLE PLAGUE.—The Privy Council has published a consolidated order—superseding all previous orders—on the cattle plague. This document gives power to local authorities to appoint inspectors who may order premises to be disinfected and cleansed. They may also order that any animal they suspect of being diseased shall be segregated, and in case of refusal on the part of the owner they may order the animal to be killed. Cattle owners are not to remove diseased cattle by rail, or road, or otherwise, under a penalty. Local authorities may close all the fairs and markets of a district, and where the local authorities of a district adjoining that where the fairs are closed refuse to close the fairs in their district also, they may be set aside, and the orders of the first-named local authorities will be sufficient to close the fairs in the second district also, upon its being shown that there is danger of the infection spreading. No cattle may be moved without a licence from other parts of the country into districts which are closed. In London every animal brought to market must be slaughtered within a specified time. The order is to be in force till the first of March next.

PHARAOH'S SERPENTS.—A meeting of the Pharmaceutical Society was held a few days ago at Edinburgh, and in the course of the proceedings the following communication

was read from Dr. Stevenson Macadam on the poisonous ingredients in Pharaoh's serpents:—"The chemical toy, which is now sold largely in many shops in this city, at prices ranging from 3d. to 1s. each, is composed of a highly dangerous and poisonous substance, called the sulpho-cyanide of mercury. The material is a double-headed poisoned arrow, for it contains two poisonous ingredients—viz., mercury and sulpho-cyanic acid, either of which will kill. Experiments have been made by me upon the lower animals, and I have found that one half of a 6d. Pharaoh's serpent is sufficient to poison a large-sized rabbit in an hour and three quarters. A less dose also destroys life, but takes longer to do so. The toy, therefore, is much too deadly to be regarded as merely amusing; and seeing that it can be purchased by every schoolboy, and brought home to the nursery, it is rather alarming to think that there is enough of poison in one of the serpents to destroy the lives of several children. And the more so that the so-called Pharaoh's serpent is covered with bright tinfoil, and much resembles in outward appearance a piece of chocolate or a comfit. I hope that the rage for the Pharaoh's serpents will die out in Edinburgh without any disastrous consequences, though such have occurred in other places; but it is certainly an anomaly in the law of the kingdom that a grain of arsenic cannot be purchased except under proper restrictions, and that such articles as Pharaoh's serpents, containing as deadly a poison, may be sold in any quantity, and be purchased by any schoolboy or child."

STREET ACCIDENTS.—PRESENTMENT BY THE GRAND JURY.—On Wednesday the grand jury, on the completion of the business before them for the present sessions, came into court and made the following presentment through their foreman, Mr. Furze:—"The case of William Belcher, in which we have returned a true bill for feloniously killing and slaying a poor old woman while crossing a street, induces us to represent the extreme danger to foot passengers in London by the fast and reckless driving of tradesmen's carts, vans, cabs, omnibuses, &c., and the urgent necessity of some greater security and facility to foot passengers than now exist. We do not advocate so much increased severity of punishment as preventive measures by municipal and police ordinance; and we do most earnestly deprecate the prevailing idea of drivers of public and private vehicles generally, that foot passengers are allowed to cross the streets by sufferance only, and not by right.—THOS. H. FURSE, Foreman, &c." The reading of the document by the Deputy Clerk of Arraigns elicited a murmur of approbation in court; and Mr. Justice Byles, addressing the grand jury, said that the portion of the country included within the extensive jurisdiction of that court was very much indebted to them for the services they had performed. With respect to their presentment the metropolis was more especially indebted to them. The last session a cabman was tried and convicted of manslaughter before him; and it was a lamentable fact that such cases were occurring every day. He agreed with them that the case to which they referred was a signal instance of danger to foot passengers, and he trusted their presentment would receive due weight in the proper quarter.

THE 'Lancet' Commissioner on the Bermondsey Union, in speaking of the reports of the visiting committee of that workhouse, animadverts on the extraordinary ignorance of spelling exhibited by the guardians who constitute the committee. One signs his name to a statement that the condition of the house is "verey good;" another pronounces it to be "verry good;" a third testifies that all "appeors quiet;" and a fourth, in reply to the printed question, "Are the lunatics quiet?" "Yes, they har."

THE COLLEGE FELLOWSHIP.—During the past few days there have been examinations going on at the College of Surgeons for the Fellowship of the College, when ten candidates presented themselves—viz., four seniors and six juniors. The following were the questions submitted to the candidates on the 21st inst.:—*Anatomy and Physiology.*—1. Give an account of the structure of voluntary and of involuntary muscular tissue. 2. Describe the cartilages, ligaments, muscles, and nerves of the larynx, and their several uses in reference to the production and modulation of the voice. 3. Describe all the varieties in the course of vessels to be remembered in performing the operation of tracheotomy. 4. Describe the ganglia found about the head and face, their situations and relations; the sources whence they derive motor, sensitive, and sympathetic branches. 5. Give an account of the form, the boundaries and the contents of the axilla, and the relations the contents hold to each other. 6. State the relative position of the duodenum to all the adjacent parts; describe the anatomical structure of the duodenum; enumerate the various secretions entering it, and explain their physiological purposes. On November 23:—*Pathology and Surgery.*—What are the causes of hæmaturia? State the reasons which would induce you to believe that the blood came from the kidney, the bladder, the prostate gland, or the urethra, and give the treatment you would adopt in each case. 2. Enumerate the diseases of the female breast, and give the constitutional and local treatment you would pursue in each disease. 3. How would you treat fracture of the pelvis complicated with laceration of the membranous portion of the urethra? State the symptoms which may arise, and the difficulties you may have to encounter in the treatment of the case. 4. In what case of injury or disease would you puncture the urinary bladder? Name the part of the bladder you would prefer to open, and your reasons for selecting that part. 5. What are the diseases of the prostate gland? Describe the symptoms and treatment of each disease, and the changes which they produce in the urinary organs generally. 6. Describe the symptoms of an urgent case of strangulated intestinal hernia of a few hours' duration; and of an intestinal hernia of long standing which has become strangulated. Explain the means you would employ for the reduction of the intestine in each case, and the treatment, both constitutional and local, you would pursue.

DUBLIN OBSTETRICAL SOCIETY.—The first meeting of the twenty-eighth annual session of the above Society was held on the evening of Saturday, the 18th inst., in the Pillar Room of the building known as the "Rotundo," adjoining and in connection with the Dublin Lying-in Hospital. There was a very large attendance of members and visitors. The chair was taken at half-past 8 o'clock by Dr. Churchill, President of the Society. The report having been read, and a ballot having been opened for the election of officers, the President delivered a most interesting and instructive address, giving a comprehensive sketch of the progress of obstetrical science during the last thirty years; a progress which the establishment of the Dublin Obstetrical Society, originated by Dr. Evory Kennedy during his Mastership of the Hospital, and the subsequent formation of the kindred Societies of London and Edinburgh, has largely contributed to promote. The ballot having closed, Dr. Churchill declared the following officers duly elected for the ensuing year.—*President*: Dr. M'Clintock; *Vice-Presidents*: Drs. Hardy and Johnstone; *Treasurer*: Dr. Halahan; *Secretary*: Dr. Kidd; *Committee*: Drs. J. Byrne, Churchill, Cronyn, Denham, and J. R. Kirkpatrick. The new President having taken the Chair, a vote of thanks to Dr. Churchill, proposed by Dr. Beatty, President of the King and Queen's College of Physicians, and seconded by Dr. Sawyer, was passed unanimously.

THE NEW CHEMICAL PROFESSORSHIP AT OXFORD.—Sir Benjamin Brodie, Bart., M.A., has been appointed Waynflete Professor of Chemistry at Oxford. This appointment will render vacant the Aldrichian Professorship of Chemistry, which will not be filled up now. The friends of science at Oxford are still few in number, and even these we are afraid, do not put out all their strength. From the proceedings of a recent meeting to consider a proposed extension of the University, it would appear that a majority in Convocation are still disposed to regard the University as a manufactory for priests. The Vice-Chancellor, we think it was, said that they did not "want more *apothecaries* and attornies." Under the former designation we suppose the reverend gentleman would include all those students who would devote themselves more particularly

) the natural sciences. But to return: should the Aldri- ıian Professorship not be filled up, we must again insist ıat the funds would be best employed in establishing ıemical scholarships or fellowships which like the adcliffe, should only be held for a limited number of ars.—'Chemical News.'

DR. EDWARDS CRISP ON THE HOMŒOPATHIC TREAT- ENT OF THE CATTLE PLAGUE.—In a letter addressed to e Right Hon. the Lords of the Privy Council, Dr. Crisp ites:—Here, my lords, let me say a few words on the sumed success of the homœopathic treatment in Holland, reported by Viscount Bury at Norwich, although I shall ve occasion to devote one letter to the consideration of s subject. The cures, as reported by Lord Bury, are d to have amounted to seventy-five per cent! My lords, Dr. Hamilton had made himself acquainted with the hology of cattle plague, he must have known that, unless disease assumes a milder type than at present, such an ount of success, under any mode of treatment, is utterly possible. The ten-millionth part of a grain of arsenicum, sphorus, thus, sulphur, or quinine would have, as I ieve, less effect upon this disease than the proceedings of ertain old lady had upon the ocean. The cases treated, ıake bold to say, were not genuine cases of cattle plague. ake the subject of homœopathy the introduction to my ent communication in consequence of the statement le by Professor Simonds at the Farmers' Club, on Mon- last (Nov. 6th), "that Dr. Hamilton would have a fair , and that a certain number of animals would be given im to experiment upon." As Professor Simonds has almost the sole adviser of the Government at this ortant crisis, I presume that this arrangement is made the sanction of your lordships, or by the advice of Royal Commissioners. My lords, it is a very fit and er beginning for the Government, who from the first dealt in infinitesimals, not only as regards the pre- ion of the spread of this disease, but also in relation to ıount of knowledge that might have been obtained, e advice I gave in my first letter had been adopted. eriments, unless they are carried out on a large scale, ıot only useless, but they are sure to lead to injurious .ts. If these trials be made, certain regulations must lopted: experiments practised on eight or ten animals lead to no satisfactory conclusions. A hundred cattle ıst would be necessary; and even then, unless very ite and careful records are kept as to the exact stage disease, the symptoms, the dose of the medicines ıistered, no good will follow. In addition, moreover, ry twenty animals treated homœopathically, twenty be left entirely to nature, so that it may be seen er the "do-nothing treatment" and the globular do nount to the same thing.

ER IN MANCHESTER,—At a special meeting of the on Board of Guardians the consulting Medical officer workhouse read a report showing an alarming increase s of fever lately. He said as many as fourteen persons en admitted into the house in one day, and at one he number in hospital amounted to fifty-two. During t four months considerably more than 100 cases of or typhoid, many of them of the most malignant ıad been under treatment at the Union Hospital. ributed the cause of this lamentable state of things ally to the neglect of the most ordinary laws of and to the pollution of the neighbouring streams vage.

ALEN COLLEGE, OXFORD.—Sir Benjamin Brodie, .A., Baliol College, has been appointed by the above Waynflete Professor of Chemistry. The acceptation appointment will render vacant the Aldrichian Pro- ip of Chemistry, in the Gift of the University, which now be filled up.

APPOINTMENTS FOR THE WEEK.

DAY, NOV. 29.—*Operations* at Middlesex Hospital, 1 St. Mary's Hospital, 1½ p.m.; St. Bartholomew's tal, 1½ p.m.; St. Thomas's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 7½ p.m.—Council.—8 p.m. Dr. M'Donnell, "On a Case of Tubal Fœtation, with Remarks."

THURSDAY, NOV. 30.—*Operations* at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; King's College Medical Society, 8 p.m.—Mr. Fenn, "On the Pathology of Epilepsy."

FRIDAY, DEC. 1.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m.; Archæological Institute of Great Britain and Ireland, 4 p.m; Western Medical and Surgical Society of London, 8 p.m.—Mr. T. Holmes, "On Sub-Periosteal Resection, illustrated by a Case of a Resection of the Entire Shaft of the Tibia."

SATURDAY, DEC. 2.—*Operations* at St. Thomas's Hospital, 9½ a.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-Cross Hospital, 2 p.m.

MONDAY, DEC. 4.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m,; Metropolitan Free Hospital, 2 p.m.

TUESDAY, DEC. 5.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Cholera Prospects, compiled from Personal Observation in the East. By Tilbury Fox, M.D. London: R. Hardwicke.

Practical Observations on the History, Nature, and Treatment of Cholera Asphyxia. By John Coghlan, M.D. Dublin: Fannin and Co.

NOTICES TO CORRESPONDENTS.

It is requested that all communications intended for the Editor may be sent to the Office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-Cross Post-office.

NOTICE.—*Complaints having reached us of the non-delivery to Subscribers of the copies of the* MEDICAL CIRCULAR, *we have instituted inquiries as to the cause, and have made such arrangements as will prevent the possibility of a repetition of the omission. Any gentleman not having received his copy as usual during the last six weeks, will be kind enough to intimate the same to the Publisher.*

DR. H. S. PURDON.—The communication is inserted.

MR. R. GOODALL.—The report is inserted.

TOXICON.—Nitro-benzole is prepared by the action of nitric acid on benzole, which is now obtained from coal-tar. The formula of nitro-benzole is $C_{12} H_5 NO_4 + HO$.

X. Y.—We understand that legal proceedings are being instituted against the notorious offender alluded to.

ALPHA.—The skeleton may be seen in the Museum of the College of Surgeons.

A VOICE FROM THE COLLIERIES.—The case is a curious one, and not very creditable to the parties concerned; but we must make further inquiries before giving it publicity.

DR. C.—We have received the newspaper, but have failed to perceive the pertinency of the remarks made in the article to which our attention is directed.

PALL MALL.—We understand that the individual in question did obtain the diploma of the College. Whether he can be compelled to return it remains to be seen.

THE OBSTETRICAL SOCIETY OF LONDON.—The notice has been received.

TO STUDENTS, SURGEONS, DENTISTS, AND OTHERS.

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September, 1865.

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OF PROFESSIONAL STUDY.

NOTICE is hereby given, that Regulations for the Registration of Medical Students have been sent to all the recognised Schools of Medicine in England. Students commencing their studies are directed to apply to the Registrar for England, according to the Form with which they will be supplied on application to the several Qualifying Bodies, or at the Schools of Medicine and Hospitals.

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ALFRED S. RICHARDS,
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The Medical Circular.

DR. EDWARDS CRISP ON THE CATTLE PLAGUE.

The preservative power of Nature is so potent that men, and the lower animals also, will get well in spite of the officiousness of the doctor. As reported in the Medical Times and Gazette,' Dr. Colling, Massachusetts, U.S., stated at the Medical Society of that place, that during the epidemic of typhus in 1847-48 he took care of 300 cases of this fever *without administering drugs*. The cases were taken indiscriminately, and included those in a dying state. The result was 31 deaths in 307 cases. In an epidemic of scarlet-fever, 1848-49, out of 81 cases so cared for, 77 recovered. In 1849, of 40 cases of measles treated without drugs, 39 recovered. In the 'Dublin Medical Press,' Oct. 25, 1865, p. 388, in Dr. Nicholls' Medical report of the Langford Poor-law Union, of 135 cases of fever treated without stimulants, 7 died; and of these some were admitted in a hopeless condition. Of 47 cases of small-pox, 1 died. Of 30 cases of scarlatina, 3 died. Of 220 cases of measles, 11 died. Dr. Nicholls remarks that he still continues the unstimulating mode of treatment, that for sixteen years he had found so successful. Dr. Mills, of Dublin, as mentioned, in his work on the utility of bloodletting in fever, 1813, states that he treated 504 cases of typhus by small bleedings from the arm; out of these only 18 died.

I allude to these cases—and they might be multiplied to a great extent—for several reasons. First, to show that if the patients had been treated by globules, the result could scarcely been more successful. Secondly, to endeavour to convince the modern advocates of stimulation in *all* disease that patients *may* recover from fever without alcohol. Thirdly, for the purpose of showing that vitiated and impure blood may be taken from the body in typhus fever without killing the patient; and lastly, to especially exhibit the great difference between the mortality of the cattle plague and human typhus.

With these preliminary remarks, I proceed to the main purport of my letter—viz., as to the resemblance the so-called cattle murrain bears to typhus or typhoid fever in the human subject. On Monday last, at the meeting alluded to, Professor Simonds told the farmers *that the disease was of a typhus or typhoid nature, but that he thought it more like phus fever*. As you are probably unacquainted, my Lords, with the history and practice of medicine, I will endeavour to make my remarks as plain and intelligible as possible, so that they may be understood by all. My previous conclusions have been the result of my own observations, but in the following *resumé* I shall have to borrow largely from the best writers upon the subject of fever, many of whom have added valuable statistical information to their works.

In this country we have four fevers that prevail at certain times, but one (the typhoid) may be said to be endemic, as it is rarely or never absent:—1st, The simple fever; 2nd, The typhus; 3rd, The relapsing or "famine" fever; 4th, Typhoid fever. Some suppose that these fevers are not specifically distinct, but only varieties of the same affection; this, however, is not the general belief, and it was only until about the year 1835 that the differences between these fevers was clearly recognised.

I need say but little about simple fever, as it does not arise like the others from a specific poison. These fevers may be generated spontaneously, or they may arise, as is generally the case, from causes that are under human control. There are some who deny that these fevers are contagious; but their number is gradually diminishing. As my object is to make a brief comparison between the symptoms and morbid appearances of the three last-named fevers and those of cattle-plague, I will give a short outline of the important features of each. In all there are premonitory symptoms which are well known—heat, chills, languor, headache, dry skin, and quick pulse. The exact period of incubation is unknown, but it may probably vary from one to twenty-one days; some believe the period may be much longer. In the relapsing fever the premonitory symptoms are generally less marked.

Typhus, as is well known, has at various times made fearful ravages in camps, jails, and crowded and unhealthy localities; but in no instance on record has it spread in the same manner as cattle-plague; indeed, as I said before, there are some who question its contagious nature—isolated cases both of typhus and typhoid fever often occurring without their being communicated to the attendants; in this respect forming a remarkable contrast to the contagion of cattle-plague. There is another most important symptom absent in typhus and in relapsing fever—viz., diarrhœa; for, as a general rule, the bowels are constipated in these affections. In typhus a rash appears upon the skin from the third to eighth day; but is not renewed as in typhoid fever.

In the relapsing or famine fever there is no eruption. This fever, as is well known, is the attendant on partial starvation, and on the deprivation of the ordinary necessaries of life; whereas the typhoid fever, unlike the two former, attacks people that are well fed and in good circumstances. In this fever a relapse generally takes place on the fourteenth day, and this may be repeated two or three times.

The typhoid fever, constantly present in this country, is, like typhus, attended with a skin eruption, appearing between the seventh and fourteenth days, sometimes very slight and scarcely perceptible; but, unlike the eruption of typhus, it appears and disappears, its duration varying from fourteen to twenty-one days. This fever is not, like the others, so dependent upon unhealthy localities, bad ventilation, and aggregation of persons. It more frequently attacks young persons; and after a certain period, is attended with tenderness about the abdomen, diarrhœa of an offensive character, the evacuations being of a dirty-yellow colour, and showing a great tendency to fermentation. The appetite is less impaired than in typhus, and the fever is not so contagious.

The duration of these fevers varies from three to six weeks, and the mortality in hospital and workhouse practice from 2 to 18 per cent., the famine fever being much less fatal. I believe in private practice the fatality is less. I have only given a brief outline of the characters of these fevers; but it is enough for my present purpose, Delirium, twitching of muscles, brown and dry tongue. petechial spots, and other symptoms may be present, according to the nature of the fever and the stage of the disease. By some, typhus and typhoid fever are classed with the exanthemata; but, in speaking of exanthematous affections, I adopt the ordinary acceptation of the term, including scarlatina, measles, small-pox, &c.

We now come to the morbid appearances in these fevers, which are very important *by way of comparison*. For typhus fever there is no specific lesion; the organs generally, from the impure state of the blood are preternaturally vascular, the lungs congested, and the spleen and other parts softened; *ecchymoses* may occur in the intestinal mucous membrane, and other accidental complications may exist, as in the other fevers.

In the relapsing fever the spleen and liver are generally enlarged, especially the former, and these are the chief morbid alterations.

In the typhoid fever, Peyer's glands and the solitary glands in the lower part of the ileum are generally enlarged and ulcerated, forming, in this respect, a remarkable contrast to the state of the intestinal mucous membrane in cattle and sheep-plague. The mesenteric glands, too, in this fever are enlarged, and contain a peculiar deposit; whereas in cattle-plague they are nearly in a normal state.

So, my Lords, if we look to the chain of symptoms—to the morbid appearances—to the duration, the rate of mortality, and to the comparative contagious nature of the fevers of this country, and to the like matters in cattle and

sheep plague, we finn such manifest and essential differences that the terms "typhus" and "typhoid," as employed by the government and its advisers, must be abandoned. It is this error on the part of your Lordships' advisers, I believe, that has led to such disastrous results as regards treatment; for persons believing, on what they consider to be *high authority*, that this disease is typhus fever, have poured stimulants and irritants into the stomachs of oxen, cows, and calves without limit, and in this way, as I believe, have greatly increased the mortality; globules and infinitesimals, although I deny their efficacy, would have had this merit at least, that they *could have done no harm*, and nature might in some cases have righted herself.

"CYCLOPS'" THIRTIETH LETTER ON PHYSIOLOGY.

To VIGILANS.

SIR,—To continue the subject of the fat in the body from my last. It is fully admitted that the oxydising processes in the system are very great and continuous; then if this is the case, there must always be opposing elements in the same proportion; oxygen and carbon would soon wear and burn the body up, if it were not for the hydrogen. Now as we live in a gaseous element, the very fact of this wonderful organism of gases, which is perpetually changing and producing the phenomena we see, of wind, rain, storms, snow, lightning and thunder, and even solid bodies such as aërolites; yet it is always returning to a state, sufficiently fixed for animal and vegetable life. Besides this, it exercises a pressure on the body of fifteen pounds to every square inch; so that it would seem that much oxygen must always be actually forced into it. The resistance to this must be what the body makes within itself. Now, as chemists can reduce all matter to certain component elementary parts uniting in certain atomic proportions according to Dalton's theory, I cannot but wonder at the silence on the subject of the actions of the gases in the body, I have therefore suggested the idea of many fluids having their origin in the body, independent of the blood, to the refutation of the belief that they are produced from the blood, which appears to me to be unintelligible and inconsistent, as well as untenable and impossible. Our latest writers on the nature and formation of fat, say, "All fatty acids combine with a base to form a soluble compound." Well, this we will imagine as near an aqueous one as it is possible to be, because they go on to say,—"this is carried into the blood, where it is again formed into an insoluble compound when it is deposited as fat." Now, "how in the name of all the gods at once" can an insoluable compound permeate such membranous structures as the arterial by exosmose and this substance too, to be fat. It is quite a gratuitious theory, and quite incomprehensible and only made to uphold the fixed idea, that every element must first go into the blood for every other element to be made from or out of it. It seems to me a very roundabout way for Nature to do very simple things when she can do them so much better and easier and does so, whatever physiologists believe or say to the contrary, as I have already set forth. Now, I apprehend that the real positive fatty elements of food are used more by her to make hydrogens in the system and suspend and retain them, or she would not have been so careful in her provision of forming bile to saponify them. These saponaceous or fatty particles hold immense quantities of hydrogen, so that uniting with oxygen in the alimentary canal, even in the state of new ingesta, may actually double or treble the quantity and bulk of chyle; thus enabling the small intestines in their knuckling and millstoning process to press into the lacteals, all the necessary elements to be derived from the whole mass; while on the other hand all the insoluble portions are carried into the colon where oxygen does not permeate. The very fact of the solid masses sent there, becoming fæces, immediately make a large quantity of hydrogen, which by exosmose passes through the membranous coat and then meeting with oxygen and carbon, aqueous elements are formed and become condensed wherever they can be deposited, in the shape of adeps or fat. There can be little doubt, as physiologists say, that fat is a fuel of the body, and the more oxygen there is consumed, especially in summer, the fatter the body becomes, and that the concentrated cold air of winter consumes it more rapidly and the body gets thinner. Now here again physiologists spoil everything and refute themselves; for they say,—"These facts show that the influence of the fat is to *supply the blood, when destitute of combustible materials with a quantity of fuel for combustion.*" Can anything be irreconciliable with common sense. Really this fat is made to do such strange things that if nobody ever heard of it before, instead of its being an ingenious theory worked into the minds of men by degrees and there finding some repose, they would be perfectly astounded at it. What a combustible material the blood must be! But I deny all these doctrines *in toto*. Let me only refer to the character and constituents of the blood corpuscles, from whence it may be supposed the fatty deposits are produced. Their chemical composition in 1,000 parts are, water 688 and solids 312. Of these solids, globulin claims ninety and Hæmatin five per cent; the remaining five per cent. consists of fat, extractive and mineral matters, and salts. The fat is small in quantity but yet larger than in the liquor sanguinis. The principal acid of these corpuscles is phosphoric and the principal base is potash, which no doubt keeps the fat saponaceous: so that if we divide the fat, extractive and mineral matters and salts in equal parts, we find one and quarter of each for every 1,000 parts scarcely an eighth per cent. to be the prime depositor of one twentieth part of the weight of the body. Taking all the circumstances together I think this a very convincing proof that the fat cannot be formed from any deposition or exudation of the blood. It appears to me that what there is in the blood is only a sufficient proportion for the necessary lubrication of the vessels themselves through which it passes, and only justifying physiologists in saying that it is one of its elementary constituents and no more.

The fact explains itself that the body makes more fat in the summer and consequently has greater powers to store it by inspissation, in the form of fat than in the winter as the greatest real combustion that is always taking place in the body is by the assistance of the gases; their rapid transit and consequent various formations from them; the resistance they offer to atmospheric pressure by actually adhering it and using it and all this too outside the blood vessels and not in them, and having little or no connection with the arterial currents. There is no doubt that oxydising influences take place within them, as well as everywhere else, but the two actions are distinct. This is shown particularly at their termination, namely in the capillaries, which will not pass blood without oxygen, and oxygen is the natural stimulant of veins. In all this imaginary circumlocution of fattydeposits and how Nature acts, physiologists conclude by saying that, "At any rate, however far we may be from comprehending the exact nature and seat of these changes, there can be no doubt that starchy and saccharine food is capable of being converted into fat." In this I am sure nobody can differ in opinion, but if we can only get meat or fat by consuming fatty and oily things or those which produce fat, we have a right to ask where the vegetable kingdom, which produces such quantities, gets its fatty oily matters, whether it be a cereal, or a tree, or their nuts such as linseed, colza, &c. How are these obtained? Not as is inferred by the physiologists as to the body, by being manured with oil and fat; but by that peculiar combination of the hydrogens, carbons and oxygen, which we see in the natural combination in these plants to produce fat, and which are the very self-same processes that are performed in our own bodies, independent of our food, which must be admitted assists largely, but does not wholly cause the secretion. Some persons are careful not to take the slightest portion of fat in their food, yet they cannot eat anything without getting its elements. Fat must therefore, in the healthy body be always in a mechanical condition, easily acted upon both by heat and cold. It is in every part the nucleus of moisture and the pure and lakes and standing waters. As an inspissated

ll times ready for reduction to a fluid state. It is the reat sponge or filterer of fluids to absorb gases and to thale them. Being rich in hydrogen it absorbs the oxygen id becomes a fluid. The electric heat given out in all their nions produce carbon or warmth. Along the nerves it nstantly supplies that moisture which is wanted for their ectrical actions as much as the fluids in galvanic troughs. ow deficient are patients under fevers of nervous powers sympathies; and in delirium from want of these fluids, nsation ceases and the nerves are powerless to feel or preciate. The soft unctuous state of all our tissues, ous and mucous membranes, fasciæ and interstices, all ow the value of the aqueous matter from fatty deposits. t to say that all this is a deposit from the blood, when system has the same laws and power of using them and nsequent means to make this adeps independently of the od equally as the plants and cereals, is a mere assump- n the sooner it is banished from physiology the sooner l some truth dawn on natural laws. The actions of the es of the body, for which I am contending, are ill under- od. Even the blood is imperfectly known, for it has dently given to it, too much to do. Rich as the arterial culation is, with all matters to preserve and renovate ncture it is to me an impossibility that it can deposit fat l make secretions as well. We give acts to vegetation n certain elementary laws and deny the same to the ly, which has precisely similar ones for the same purposes. admit one can do a thing, but that it is done by a erent law in a higher organism, while the same laws duce precisely similar results. The heart cannot act hout its due supply of lubricating fat or grease, hence it lways well supplied with fat on its upper portion; nor any other muscle. The highly sensitive state of the ly could not exist without an immense supply of fluid ependent of the natural blood currents. Unless a large ount of fluid was made in the body independent of what drink, neither digestion, chylification nor appropriation ld go on. The changes which take place, of conversion n albumen into gelatine in the mesenteric glands could take place without independent fluids. Nor could the vary glands eliminate their secretions without them; l lastly, the secretions of the kidney from the blood ld not pass without the assistance of these independent ds.

The amount of fat in the body and the general plumpness mbonpoint of individuals are always in ratio to the size calibre of their colons. The fæces being the prime lucers of the hydrogens, it is seen that thin persons do make so much fat, simply because their fæces have not uch room to act, nor are their colons expansive enough he generating of this gas. They have upon a broad ciple a more conserved and constipated idiocyncrasy, they make enough fat, and consequently enough ous matter for all the purposes required. Neither do as a rule perspire so much as the fatter individuals; re nevertheless equally healthy, wiry and long-lived. gradations in size of individuals depend upon the colon, hose with prominent Falstaff abdomens show them ve large colons, especially transverse arches of that s. They are more dependent for this bulk on the e and size of the colon, than on the stomach, duo- n or small intestines. Even if they have, as they do, more actions on the bowels than the thin wiry ct, their fæces exhale more hydrogen and they absorb n more readily and in far greater proportions. It m happens that individuals of this character have less two actions on their bowels every day and often more, hey secrete saliva, perspire and micturate in propor-

They lay up great store also of fat everywhere, such the omentum and about the kidneys and glands. I long come then to this conclusion, that the fatty and matters we consume are necessary to attract and absorb ygen from the immense amount of hydrogen they n, and that these form additional aqueous fluids in rocesses of digestion, while the refuse from these ses goes into the colon to help these fæces in the tion of hydrogen, which by excosmose permeates it ghout all its wonderful length and as the colon does not receive oxygen the quantity generated is something enormous, and were it not for this, as well as the other gases, such as sulphur, phosphorus, &c., we should not have the animal and vital life and existence which we now exhibit. It is for purposes of the kind above stated that the Esquimaux and other inhabitants of the Polar regions require so much blubber. On the other hand, instead of the fat which we take in our diet, making fat in the blood and the blood depositing it; which I hold to be a false theory from beginning to end; the fat is an extraneous deposit from other sources such as I have herein set forth. Other uses of this wonderful and beautiful structure I shall reserve for my next.

I am &c., Cyclops.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. Barnes continues his lectures "On Puerperal Fever," and he now treats of the means by which this disease is propagated. The principal sources of the fever are an animal poison generated by the crowding of lying-in women together; bad sanitary conditions; exposure to some contagious disease; and direct inoculation of cadaveric matter, or of other animal poison, by means of persons coming into contact with the lying-in woman. Dr. Barnes especially considers the question of poisoning by cadaveric matter, and he concludes that although this matter is one of the causes of puerperal fever, it is not the sole, or even a common cause, but that the matter from bodies which have died of infectious or zymotic disease is a very dangerous element in producing the malady. He then considers the relative influence exerted by Medical men and nurses in the propagation of the fever, and he concludes that the latter have the greatest share in the result, because they are more in contact with the patients and remain longer with them, and often neglect a change of clothes. He recommends that nurses should be relieved of their duties two hours each day, that they should wear white cotton dresses, that they should take a warm-bath once a week, and that if they have been in attendance on a case of puerperal fever, they should not attend another case of midwifery for at least a fortnight.——Sir Ranald Martin communicates "Some Observations on Hepatic Disease amongst Europeans in the East Indies," his present subject being "Chronic Enlargement of the Liver." In this affection mercury is injurious rather than beneficial, although this metal was formerly employed as an alterative in chronic as well as acute affections of the liver. But Sir R. Martin believes that mercury, improperly used, actually causes hepatic enlargement.——Dr. W. H. Stone, of the Brompton Hospital, contributes a paper "On Madeira," in which he briefly describes the nature of its climate in reference to the treatment of tubercular consumption. Although he believes that the effects of the climate of Madeira in this disease have been unduly extolled, he thinks that a certain class of pulmonary invalids may derive benefit from residing there, especially those in whom the progress of the disease has been arrested. The writer mentions parenthetically that the cultivation of the vine, suspended for many years in Madeira, has been resumed during the last two years, and that the production of wine is now very considerable.——Dr. John Brunton describes and figures a "New Otoscope or Speculum Auris," the ad-

vantages of which he believes to consist in simplicity of construction, ease of application, precision and minuteness with which the ear may be examined, and some other points.——Dr. R. P. COTTON offers some "Notes on a Certain Form of Hæmoptysis, unassociated with Pulmonary Tuberculosis." After remarking that hæmoptysis is usually regarded only as another name for phthisis, he states that he has frequently seen cases of spitting of blood in which there was no tubercular deposition in the lungs, and he then describes three cases in which there was hæmoptysis but no phthisis. His conclusions on the subject are as follows:—

"1st. There is a form of true hæmoptysis in which the expectoration is of a dark colour, and of a more or less watery consistence, bearing a close resemblance to a mixture of red-currant jelly and water.

"2nd. That such hæmoptysis is of non-tubercular origin, and may proceed from any part of the gastro-pulmonary mucous membrane.

"3rd. That it is attributable to a morbid and fluid condition of the blood, allied, at least in appearance, to that which is met with in purpura and scurvy."

——Dr. L. W. SEDGWICK, in a "Note on Uric Acid," adduces a case to show an exception to the rule given in the text-books that pale deposits in the urine dissolved by heat are urates, and that deposits of uric acid are not dissolved by boiling. In the case described, the uric-acid crystals were dissolved by heat.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. BENCE JONES continues his lectures "On Local Chemical Disorders arising from Suboxidation, and their Mechanical Results," his present subjects being the "Effects of Intense Cold," and "General and Local Fatty Deposit and Production." He shows that the process of fattening, whether natural or artificial, is caused either by taking more fatty matters into the system than can be removed by the influence of oxygen, or by diminishing the quantity of oxygen supplied to the tissues. Dr. Jones relates a series of experiments made upon the lower animals by the administration of phosphorus, the result of which is to produce acute fatty disease in consequence of the phosphorus suddenly diminishing the oxygen in the body. Phosphoric acid produces the same effect.——Dr. GEORGE HARLEY continues his course of lectures "On the Urine and Diseases of the Urinary Organs," his present subject being "Albuminuria." The morbid conditions which are characterised by the presence of albumen in the urine, although sometimes all classed together under the name of Bright's Disease, really arise from very different causes and necessitate a new arrangement. Dr. Harley therefore proposes a classification of such cases under several distinct heads, according as the disease is temporary or permanent, traumatic or idiopathic, and according to the complications it may present. In some cases the disease originates in the kidney; in others the kidney is only secondarily affected. The rest of the lecture is devoted to the consideration of acute albuminuria or nephritis, to which Dr. Harley proposes to restrict the term "Bright's Disease," as this is accompanied by dropsy.——Dr. JOHN W. OGLE communicates some "Reminiscences of the Cholera at St. George's Hospital in the years 1849 and 1854." There were eighty-six fatal cases of cholera treated in the hospital, fourteen in 1849, one in 1853, and seventy-one in 1854, and the symptoms, treatment, and post-mortem appearances are given in thirty-six cases. Among other remarks made by Dr. Ogle, it appears that in some of the cases there was preliminary diarrhœa, and in others this symptom was absent.

REVIEW OF BOOKS.

The Optical Defects of the Eye and their Consequences Asthenopia and Strabismus. By John Zachariah Laurence, F.R.C.S., M.B., Surgeon to the Ophthalmic Hospital, Southwark, &c. Pp. 112. London: Robert Hardwicke. 1865.

Mr. Laurence's work is a valuable contribution to English ophthalmic literature. Whilst it may be said to be a faithful exponent of the views held by the modern school of ophthalmology respecting the anomalies of refraction and accommodation, it presents evidence of a large amount of original observation. Mr. Laurence, as he informs us in his preface, has had the advantage of studying the optical defects of the eye at Professor Donders' clinic in Utrecht, in addition to which he has spent several years in the observation and treatment of cases at the Ophthalmic Hospital, Southwark. The work before us is the result of that practical experience, and in order to give a general idea of it, we shall proceed to a brief analysis of each chapter.

Mr. Laurence prefaces the main subject of his book by a chapter of "optical considerations." It is to the absence of any such preliminary information that he ascribes the unintelligible character which most of the communications hitherto published on this subject have possessed for the Profession at large. In Chapter I. the nature of light and the actions of lenses are discussed, and plentifully illustrated by wood engravings. Chapter II. treats of "Physiological Optics." After describing the alterations which take place in the course of parallel rays of light in their passage through the refractive media of the eye, Mr. Laurence proceeds to a consideration of the power of adjustment. He considers with Young, Max Langenbeck, and Cramer, that the phenomena of adjustment are produced by a change in the convexity of the crystalline lens and he explains in a clear and concise manner that the increased convexity of the lens for the focussing of divergent rays of light upon the retina may be illustrated by supposing it to be equivalent to an actual superimposition of a convex lens on the anterior surface of the crystalline when at rest; the focal length of the imaginary auxiliary lens being exactly sufficient to convert the divergent, into parallel rays before they are convexed to their focus upon the retina. Mr. Laurence next discusses the various opinions in reference to the "mechanism of accommodation," from which we gather that he inclines to the views of Porterfield, H. Müller, and Helmholtz, that the ciliary muscle is the active agent in the act of accommodation, and that the iris is not an essential part of the accommodatory apparatus, although there is no doubt that it assists materially by its movements to increase the definition of the retinal images. This chapter concludes with a description of "Binocular Vision."

The first twenty-nine pages, devoted by the author to these preliminary observations, embody in a short space all the essential optical information for the proper consideration of the optical diseases of the eye. This information is, as far as we are aware, not given in any similar modern work in the English language. The following three chapters are respectively devoted to myopia, hypermetropia and astigmatism, each of these anomalies of refraction being illustrated by cases.

At page 38, Mr. Laurence relates an interesting case of progressive myopia of 1-1⅞, unaccompanied by staphyloma posticum or buphthalmos. At page 40, a rather novel, but exceedingly useful optometer is described, which consists of an ordinary shoemaker's rule, the fixed upright serving when notched out for the reception of the patient's eye and the sliding upright for the attachment of the test-type.

At page 44 reference is made to the very distressing "dazzling" experienced by high myopics in the employ-

ment of their reducing glasses, "causing such patients invariably to prefer lower glasses to those which completely neutralise their myopia." Mr. Laurence informs us that he has succeeded in finding the remedy: "it consists simply in tinting the glass." Two cases are next given which evidence the utility of this plan of treatment. Chapter V. contains a clear and concise exposition of the phenomena of astigmatism, and the rationale of the action of cylindrical lenses.

The anomalies of accommodation—viz., Presbyopia, and Paralysis of Accommodation, are treated of in Chapters VII. and VIII., the latter disease being illustrated by elaborate reports of several cases in which the Calabar bean was employed and the effects carefully noted. The concluding chapter is upon "the connection between convergent strabismus and hypermetropia.

Mr. Laurence furnishes statistics of the acuity of vision in thirty-three cases of unilateral convergent squint, the object being, to show that the duration of a squint powerfully influences the diminution of a patient's vision, pointing clearly to the necessity of performing tenotomy at a much earlier age than is usual for its practice, in order to avoid the total and irretrievable exclusion of the squinting eye from the act of vision.

Patients suffering from optical defects of the eye form a very large proportion of the cases which present themselves to the ophthalmic surgeon. It is strange, therefore, that until recently these diseases should have been surrounded by so much mystery and confusion. Now, however, the veil is removed, and these affections are reduced to a scientific and satisfactory system. To all those who wish to acquire a sound knowledge of these diseases, we advise a perusal of Mr. Laurence's work. To the general practitioner it presents a faithful epitome of the existing state of our knowledge of the optical defects of the eye, and to the ophthalmic surgeon it affords information and statistics well worthy of his consideration. We may finally mention that the book is illustrated throughout with figures so clear, as to materially assist a practitioner in thoroughly understanding the work before him.

On Flooding after Delivery, and its Scientific Treatment; with a Special Chapter on the Preventive Treatment. By Lumley Earle, M.D., Obstetric Surgeon to the Queen's Hospital, Birmingham, Honorary Medical Officer to the Hospital for Sick Children, &c. Pp 244. London: Hardwicke. 1865.

Of all the dangers which accompany the process of parturition, hæmorrhage is avowedly one of the most formidable, and most rapidly destructive to life. In no circumstances connected with attendance on lying-in women are promptness of action and coolness of judgment more necessary on the part of the practitioner than in this serious complication, and on no point of obstetrical surgery ought the student to be better informed. In nearly all other complications and accidents of the lying-in condition, it is possible for the Medical attendant to seek for advice and assistance under the pressure of dangerous symptoms, but in the instance of post-partum hæmorrhage he must be prepared to act energetically and at once; and on the course he adopts will the life of his patient in many instances depend. Dr. Lumley Earle has therefore done a good service to practical midwifery in choosing this subject for his present book, and in pointing out clearly the dangers to be apprehended, the methods of distinctly recognising their presence, the means to be adopted to obviate their results, and the precautions to be taken to prevent their return.

Dr. Earle is well qualified by his previous training and his present professional position to write on such a topic; for after filling with credit the post of physician-accoucheur's assistant at King's College, London, he performed for some time the laborious duties belonging to the office of Resident Surgeon-Accoucheur to the Birmingham General Dispensary, and he now holds an important obstetric appointment in the Queen's Hospital in the same town. He has thus had ample experience of the phenomena attending the parturient state, and his views and opinions are therefore founded upon, and strengthened by personal observation.

After describing the signs and symptoms of post-partum hæmorrhage, Dr. Earle devotes a chapter to "Preventive Treatment," on the importance of which he insists the more strongly, because he believes that at least half the number of cases in which this accident occurs might be prevented by ordinary care on the part of the Medical man or the patient. The precautions which may be employed to prevent flooding after delivery should have for their aim the two points of perfect rest of body and perfect contraction of the uterus, and minute directions are given in order to effect these objects. Among other precautions the use of a binder adjusted *before* the termination of labour is strongly enjoined, as any exertion on the part of the mother after the delivery is thus avoided, and the binder can be more easily and more equally applied. Another important precaution is to take care that the placenta is expelled soon after the birth of the child, and if this is not done by the natural efforts, then manual assistance should be cautiously rendered. No definite time, however, is prescribed for the removal of the placenta, but it is recommended that it should be withdrawn as soon as it is known to be detached, and the placenta and membranes should be thoroughly examined to ascertain whether they have come away perfect. In reference to the proposal of Dr. Rigby to apply the child to the breast soon after delivery as a means of preventing post-partum hæmorrhage, Dr. Earle objects that such a plan sometimes causes the mother to make undue exertion, and he therefore proposes a measure which effects the same object but without the attendant inconvenience—namely, to compress the breast with the hand—a proceeding which causes the uterus to contract almost instantaneously, and insures perfect rest to the mother, while it can be kept up for any length of time, and involves no chance of failure in its application.

The remedies for post-partum hæmorrhage consisting chiefly of pressure on the uterus, the application of cold, the administration of stimulants and of ergot, and the introduction of the hand into the uterus, are all briefly but clearly described, and brandy is recommended as a most useful and, indeed, indispensable article to be used in the emergency. "Many a woman," says Dr. Earle, "has lost her life from the want of this agent," and he recommends that it should be given freely, either pure, or diluted with half the quantity of cold-water.

The different conditions causing post-partum hæmorrhage are successively passed in review, both those which exist before the expulsion of the placenta, and those which arise after it, and the accidents of ruptured placenta and retained membranes are fully described; then the author points out that distention of the bladder is by no means so infrequent a cause of flooding as is generally supposed, and he directs particular attention to be paid to this point with a view of removing the obstruction by the catheter.

The more rare causes of post-partum hæmorrhage are then considered, such as rupture of the os uteri, or of a thrombus in the cervix, sloughing of the vagina, rupture of the perinæum, thrombus of the vulva, purpura, polypus, &c., and the concluding chapter is devoted to the after-treatment, including a description of the process of transfusion, and of the instruments by which that operation may be most conveniently performed.

From the above brief notice it will be seen that Dr. Earle has brought together in his very interesting volume many subjects of the greatest importance in the practice of midwifery, and considering the gravity of the affection described, and the plain and concise rules given for its diagnosis and treatment, we feel sure that his remarks will be extensively perused, while his precepts may perhaps be the means of saving many a life, which might, under inefficient or erroneous treatment, run the risk of being sacrificed.

Photographs (coloured from Life) of the Diseases of the Skin. Number X. By Alex. Balmanno Squire, M.B. Lond. London: Churchill and Sons.

The present number of this series presents us with a

photograph of *Erythema tuberculatum*, erythema being selected to represent the exanthematous group of skin diseases. The patient from whom the photograph is taken was a strumous boy, and the eruption appeared on the back of the legs, with somewhat of a symmetrical arrangement. The representation, like the rest of the series, is very good, and the different colour of the patches exhibits very clearly the stages of the disease, the more recent ones being of a rose-red tint, while the older are of a purple or brownish colour.

MEDICAL AND SURGICAL EXAMINATIONS AT THE UNIVERSITY OE CAMBRIDGE.

The Examinations, first and second, for the M.B. Degree, and that for the Degree of Master in Surgery, at the University of Cambridge, have just terminated. The questions proposed are of a very searching character, and the examinations were partly by printed papers, and partly conducted *vivâ voce* by means of specimens and descriptions of cases in Addenbrooke's Hospital. From the extensive series of Examination papers in Anatomy, Chemistry, Physiology, Comparative Anatomy, Botany, Medical Jurisprudence, Pathology, Surgery, Medicine, and Midwifery, we publish the following, which are the respective papers in Medicine and Surgery.

EXAMINATION FOR THE DEGREE OF MASTER IN SURGERY. MICHAELMAS TERM, 1865.

Pathology and the Principles and Practice of Surgery.

1. In what bones is osseous union after fracture the exception rather than the rule? and what is the cause of this in each instance? What are the common causes of failure of osseous union in other bones? In which of these bones does the failure most frequently occur, and why?

2. What are the symptoms of popliteal aneurism? With what diseases may it be confounded in practice? Give the diagnostic marks in each case.

3. How would you distinguish a hydrocele in which the contained fluid is blood-stained, from an irreducible hernia extending to the lower part of the scrotum?

4. Describe the operations in use for the formation of an artificial pupil, indicating the condition of the eye in which each method might be recommended.

5. Give the symptoms and treatment of common inflammation of the hip-joint. What structure is usually first affected? What symptoms would lead you to suppose that the cartilages are affected?

6. What are the usual symptoms of intus-susception of the intestine?

What treatment is, in your opinion, applicable at each period of the disease? State your reasons for the treatment which you recommend.

7. Describe the process of the formation of an abscess and of the advance of the matter to the surface. What is the use of a poultice? Why does the pus usually become collected into a cavity, and under what circumstances is it likely to be diffused?

8. Describe the symptoms of cancer of the bladder and the signs on which you would rely in its diagnosis from the several affections with which it might be confounded.

9. Relate a case of cancer of the tongue. What are the usual microscopical appearances in this disease?

10. In a bullet-wound of the chest, what symptoms would lead you to the conclusion that the lung had been wounded? Point out the degree of importance to be attached to each symptom.

Viva voce Examination.—Examination of selected specimens and examination of patients in Addenbrooke's Hospital.

SECOND EXAMINATION FOR THE M.B. DEGREE. MICHAELMAS TERM, 1865.

Pathology and the Practice of Physic.

1. Describe the symptoms and course of phenomena characterising a complete paroxysm of ague. In what other diseases do paroxysms, more or less resembling those of ague in their periodicity and symptoms, not unfrequently occur?

2. What are the chief peculiarities which distinguish erysipelas in relation to the conditions of its occurrence and to the prevailing type and class of the constitutional symptoms mostly accompanying it? and what does the consideration of these peculiarities suggest as to the method of treatment to be followed in its early as well as in its more advanced stage?

3. In what, besides the uniformity and limited extent of its seat, does the special pathology of lead palsy consist, distinguishing it from most other forms of paralysis? What remedies would you employ with a view to remove this local affection as well as counteract the general effects of the poisoning?

Detail briefly or refer to any case in which the remedies you recommend have been effectual.

4. What do you understand by the term *General Paralysis of the Insane?* Describe the usual course of development of this disease, and especially note the earliest indications of its approach.

5. In auscultation of the lungs describe what is meant by *fine crepitation*. What value do you assign to it as an indication of pulmonary disease? What accompanying signs or symptoms are required to give precision to its import? Taken singly, what are the pulmonary lesions in which it occurs?

6. In what emergencies would you have recourse to puncturing the chest? Would you resort to it only as an extreme measure, or do you think its success is oftener secured by its employment at a comparatively early period. Give reasons in support of your opinion in this matter.

7. What are the varieties of the casts of the uriniferous tubes or other morphological elements discoverable by the microscope in the urine of patients suffering from kidney disease? Can the precise form of the renal lesion be approximately determined, or the prognosis be rendered more accurate by discrimination of these products? If they can, what special form of lesion would you say corresponded to one or other of these casts? Or in the progress of any single case is there any relation to be noticed between the change in the *character* of the casts and the probable change in one direction or another, of the renal lesion itself? If so, specify such relation.

8. Give the diagnostic characters of *Lepra Vulgaris*. Does *Psoriasis* exist as an essentially distinct form of cutaneous disease? If so, what other diseases does it mostly resemble in their chronic stage or inveterate form? Refer to authorities, or state the grounds of your own opinion in this matter.

9. What are the symptoms of the disease called "Laryngismus Stridulus?" What is its probable pathology, and what the treatment that it requires?

10. What are the symptoms of the chronic ulcer of the stomach which tends to perforation, and what should be the treatment?

11. What part of the nervous centres is considered by Van der Kolk as especially implicated in epilepsy? What is the condition of the blood-vessels of that part stated by him to be, as the effect of frequent epileptic seizures? What local treatment does he advocate based on his view of the anatomical relations of the disease?

GENERAL CORRESPONDENCE.

THE COLLAPSE OF THE ICE-BAGS.

To the Editor of the Medical Circular.

SIR,—Your editorial remarks on the ice-bag are both just and fitting, but you are perhaps a little too lenient towards your contemporaries. The value of cold to the back by affusion, ice-filled ox bladders and the like, in those disorders of the nervous system for which the ice-bags were recommended, has been long known to therapeutics, and the use of the cold wet sheet in cholera has

had and still has its advocates. From this point of view the caoutchouc ice-bags could only be looked upon as a method of withdrawing heat from the surface of the body (or of applying cold), the convenience or inconvenience of which experience would determine. The astounding novelty of the thing consisted solely in the hypothesis of the promulgator. Ignoring all experimental researches into the effects of a lower temperature of the skin upon the nerve centres, though the appropriate incident excitor or sensory nerves, or more correctly, perhaps, being entirely ignorant of such researches, he laid it down as a *fact* that where his ice-bags were applied to the back, the temperature of the sympathetic ganglia in front of the vertebral column was lowered by the direct withdrawal of the heat of the body! How the intense ignorance and rashness which this hypothesis revealed escaped the notice of intelligent editors is the marvel; even the two able editors of the 'Medico-Psychological Journal' got into that ice-bag mess. Let us hope our watchdogs will take warning by their sad experience in that affair, and be better dogs for the future.

I am, &c., A READER.

P.S.—Our friend, the 'Medical Times and Gazette,' published some articles on the murders by Forward, whose case the writer strongly prejudged, and in which he falls foul of the "mad doctors,"—such men as Esquirol, Conolly, Pritchard, Laycock—very much in the ice-bag style of ignorance and rashness. I would suggest a revision of opinions in that direction also.

OBSCENE PUBLICATIONS.

To the Editor of the Medical Circular.

SIR,—I think that the Medical Profession, as well as the public at large, are much indebted to "Detector" for his fearless and startling exposure of the system of extortion practised by the obscene Quack fraternity of London, in the letters which appeared in your Journal a few months ago, and are now published in a separate form, and I am sure, I for one, read his astounding disclosures with the utmost amazement, as doubtless did many others.

On Sunday last (of all days in the week), I found my breakfast table polluted by the presence of one of these vile and obscene publications, in the shape of a small cloth bound volume, by Messrs. Harvey, I think, of somewhere in London, upon their so-called "Sir Astley Cooper's Vital Restorative," the second I have received within eighteen months, and which I committed bodily to the flames, there and then.

Now, Sir, I wish to ask you two questions, which form my object in writing this:—

1st. What possible motive can these people have in sending their beastly publications to the Medical Profession, the class of all others most calculated to detect their utter worthlessness and falsity, except it be to offer them a deliberate insult?

2nd. Could not the same law which deals with the distributors of offensive and obscene publications of other classes, be brought to bear upon the gratuitous circulation of these highly injurious and disgusting productions?

A corner in your Journal and an answer to my two queries will much oblige.

Yours, &c., M.D.

Deddington, Oxon, November 28, 1865.

[It is to be regretted that no means at present exist to punish such offenders.—EDITOR MED. CIRCULAR.]

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged for space to lay before the Poor-law Medical officers a list of the subscriptions I have received since the last Report was published, in July. I need scarcely say that, with a debt of nearly 9*l.* still existing, I am powerless for any active exertion, which I much regret, as the annexed letter, received within the last few days, clearly proves that there is great need of an improvement in the position of the Poor-law Medical officers.

Subscriptions received since July 3, 1865:—West Somerset British Medical Association, 2*l.*; Dowling, J. H., Cerne, 5s.; Loveless, W. R., Stockbridge, 5s.; Jardine, J. L. Dorking, 5s.; Prowse, W., Amersham, 5s; Faithorne, G., Amersham, 5s.; Sniethman, G. T., Amersham, 5s.; Brickwell, B. A., Amersham, 5s.; Clarke and Elliott, Barnstaple, 10s.; Rees, H., Amersham, 5s.; Willis, R., Taverstock, 5s.; Jeston, W. and Jeston, R. P., Henley, 20s.; Jackson, T., Gateshead, 10s.

I am, &c.,

RICHARD GRIFFIN.

12, Royal terrace, Weymouth, Nov. 27, 1865

"MY DEAR SIR,—I forward P.O.O. towards expenses of your praiseworthy endeavour to promote and increase the payment and better the standing of 'Poor-law Medical officers.' In most Unions remuneration for services cannot be worse. The relieving officer appears to have entire control over the Medical officer—whoever makes application he gives an *Order* and frequently when none is wanted. Two cases occurred with me lately, both about nine miles from my residence (of course within my district), and when I visited case No. 1., I found my "patient" working at a mangle. On asking why they requested my services, the mother coolly said the relieving officer asked how they were, her reply was, that the daughter was not very well, and he forthwith gave an order. Case No. 2.—The woman had gone from home two days previous to my visit (her daughter informed me) to help her sister to kill and salt a pig, and would not return until the end of the week. Thus you will observe by the double journey I travelled a distance of thirty-six miles for no purpose. If by your perseverance you can do anything for us in the forthcoming Session of Parliament, the Profession will have great reason to rejoice. If need be I shall not object to a further donation. I may mention that my salary is 30*l.* per annum for a very large district. I am, &c., ——.

MEDICAL STUDENTS.—The returns of the number of gentlemen, now pursuing their professional studies at the metropolitan and provincial hospitals recognised by the Council of the Royal College of Surgeons of England, have now been made to the government inspectors of anatomy (Mr. Charles Hawkins and Dr. Cursham). From these documents it appears, in comparison with those of last year, that notwithstanding the recent stringent regulations requiring a higher standard of preliminary education and examination, there is an increase, instead of the great decrease which had been anticipated from the above cause, in the number of students at the different Medical schools in the United Kingdom. In this metropolis there are at the present time 1,022 registered Medical students at the eleven recognised hospitals, being an increase of forty-one over the number of last session, and no less than 316 are new entries, or first-year's men, representing an increase over the number of last year of seven. At the nine recognised provincial hospitals there are 249 gentlemen pursuing their studies. Curiously enough, this is the exact number at only one of our large metropolitan schools—that of Guy's, where there are upwards of eighty new entries. At the provincial schools there has been an increase of only two over the number of last year. The above numbers do not represent the whole of the students pursuing their studies, as many have omitted or are ineligible to register, not having passed a preliminary examination in arts, &c., in pursuance of the regulations of the Medical Council of Education and Registration. It is also stated that there is a great increase in the number of gentlemen pursuing their studies exclusively for the dental diploma of the Royal College of Surgeons. It is important that the members of a commission, now sitting to inquire into the relative position and the grievances of assistant-surgeons in her Majesty's army and navy, should know that a great number of the metropolitan Medical students now attach the titles of B.A. and M.A., Oxon., Cantab., or Lond., to their names, and that there are many highly qualified gentlemen anxious to enter on the naval and military services of their country if assured of better treatment in the respective services.

WEDNESDAY, DECEMBER 6, 1865.

THE MEDICAL CIRCULAR.

THE HOMŒOPATHIC QUACKS AND THE CATTLE PLAGUE.

The homœopathic quacks have now a splendid opportunity of vindicating their theories from the contempt with which they have been so long and so justly regarded by the Medical Profession. Just as successful rebellion becomes patriotism, and triumphant dissent becomes orthodoxy, so do scientific doctrines, however extravagant or ridiculous they may at first sight appear, become elevated into established truths when they have been ratified by common assent and by the test of experience. It has been very truly asserted that the world did not at first receive the theory of the circulation of the blood or admit the efficacy of vaccination; and the modern science of chemistry and the wonderful developments of steam power may be said to have sprung from a few philosophic experiments by Dr. Black on latent heat, and on fixed air or carbonic acid. So again the brilliant discoveries in electricity and galvanism, with all their train of important consequences to science and art, may be said to have sprung from some apparently insignificant experiments with amber and sealing wax, and with the muscles of a recently dissected frog. Thus, there is nothing more extraordinary in the supposition that diseases should be cured by the same agencies that have produced them, or that infinitesimal doses should cause changes in the living organism, than that a kettlefull of boiling water should set a cotton-mill in action, or that the contact of some metals with an acid solution should be the means of conveying intelligence between the most remote quarters of the globe.

The only difference between the two sets of phenomena is the following:—We *know* that a certain quantity of boiling water will set a steam-engine in action, and that the contact of metals and acid in a galvanic battery will work the electric telegraph; but we do *not* know that a decillionth of a grain of sand or sugar of milk will cause or cure a given disease. One set of facts rests for its authenticity on the researches of scientific men and the common experience of mankind, the other set of alleged facts rests only on the fancies of a German dreamer and the statements of a few persons whose veracity, to say the least, is not yet fully established.

It is admitted that there are difficulties in the investigation of the action of therapeutic agents on human beings, but such difficulties do not exist in the case of brute animals or of inanimate matter. It is obviously cruel to allow a patient to endure the agonies of pain while we are determining whether his sufferings will be allayed by a billionth of a grain of charcoal or flint, when we know, or, at least, believe, that a grain of opium will procure him relief and repose. But such an experiment is quite justifiable in the lower animals, and if an infinitesimal dose of "arse nicum or of "thus" should be found to relieve neuralgia in a monkey, or peritonitis in a cat, we should not grudge the sufferings endured by the animal in the performance of so important a therapeutical experiment. Nay, more, if it should be proved by an adequate number of credible witnesses that the homœopathic drugs in infinitesimal doses did really produce the effects attributed to them, we would become homœopathists ourselves. It is only because the so-called homœopathists have alleged what is not true, and have asserted their power to cure diseases which they know are beyond their skill, that we denounce them as impostors and quacks, and their so-called "system" as a tissue of folly and deception.

It is unnecessary to remind professional readers that legitimate Medicine makes no claim to infallibility. We do not profess to banish disease and death from mankind, or to proclaim a panacea for all diseases. Furthermore, we do not allege that all diseases are to be treated in the same manner or by the same remedies, or even that every disease has a specific remedy. So far from the number of specifics being likely to increase, they are daily diminishing, and we may probably before long see the day when we may have no specifics at all. We fully admit that Holloway's pills are supposed, by a certain portion of the public, to cure all diseases; and another portion has an equal faith in Morison's pills; and still, another portion believes in the efficacy of the homœopathic globules. Now, we are sufficiently catholic in our notions to admit that Holloway's pills, and Morison's pills, and Hahnemann's globules *may* be efficient in certain cases, just as we believe that in some cases a purgative may be necessary, and that in a few cases it is better to give some globules, or, in other words, to do nothing at all. But we utterly and entirely deny that any, or all these forms of quackery are able to do what legitimate Medicine is unable to accomplish, and our incredulity on this point will continue until proof is brought forward to the contrary.

Now is the time for the proof to be adduced. A grievous disease has attacked our oxen, and legitimate Medicine admits its inability to announce any specific remedy for the plague. There is nothing extraordinary in this confession. Disease has swept away the grapes in Madeira, and has also prevailed extensively in the wine-growing districts of Europe. Potatoes have suffered from the occasional visits of a mysterious disease, and a sterilizing blight has periodically visited our hops, our corn-crops, and other forms of vegetation. Science has attempted, with more or less success, to unravel the nature of these epidemics, or rather *epiphytes* and to prevent their recurrence, but science has made no pretence of infallibly effecting cures. But homœopathy arrogantly assumes to do what science, or, indeed, any human power, makes no pretence of effecting, and it is only right that homœopathy should now make good its assumptions. So far from legitimate Medicine, or what is foolishly called *allopathy*, offering any opposition to a trial of the homœopathic system, the fullest opportunities are now afforded for the experiments, which are certainly performed under the most favourable auspices. The leading daily journal

although utterly ignorant of the very groundwork on which Medicine rests, and therefore quite incapable even of understanding the points at present under discussion, is an avowed champion of what we consider the homœopathic delusion, and has therefore the power, by the force of its circulation, to prejudge the question. Here we have some thousands of cattle perishing every week from the attacks of a mysterious but fatal disease, which Medicine professes its inability to cure: homœopathy declares that it can cure. The system of Hahnemann is now therefore fairly before the world: if the globules of "arsenicum" can be shown upon credible evidence to be more efficacious than the "do-nothing" system, we shall as we have before said, be among the first to accept the new doctrine; but if, on the contrary, the homœopathic plan should fail, we shall continue to regard it, as we have hitherto done, as a delusion and a sham.

THE CASE OF ROBERT HUNTER.

Although Robert Hunter has been acquitted, and we believe rightly, of the charge of rape preferred against him, yet there were a few features of the case which have caused some curiosity and have excited some comment in connexion with the proceedings at the Central Crimnal Court, and with the management respectively of the prosecution and the defence. The incidents in question although they appear to manifest a great amount of Old Bailey ingenuity, do not much tend to exalt our notions of criminal law as a British institution. In the first place, it will be remembered that almost immediately after the alleged rape, the ravished lady repaired to the house of a friend, a Mrs. Sharland, to whom, it might be presumed, she related the particulars of the outrage, and who would therefore be a most important witness. But neither on the examination before the magistrate, nor at the trial, was Mrs. Sharland produced, and on the latter occasion it was stated that she had gone into the country. Now surely her evidence was material enough to induce either the prosecution or the defence to require her appearance, and the neglect of both sides to demand her presence, or, for want of it, to request a postponement of the trial, is, to say the least, a very remarkable circumstance. Again, on the examination before the magistrate, Mr. Sleigh, Hunter's advocate, not only insisted upon the great improbability of the story told by the prosecutrix, but he positively asserted that the alleged assault *could not* have been committed, because on the day named, Hunter never saw the prosecutrix at all, and Mr. Sleigh actually called witnesses in support of this statement. These witnesses, some of whom described themselves as registered members of the Medical Profession, completely corroborated Mr. Sleigh's line of defence, and showed most satisfactorily that the prosecutrix did not come to Hunter's house. But on the trial, not only was this line of defence abandoned, but Mr. Sergeant Ballantine, who, in conjunction with Mr. Sleigh, appeared for the accused, not only fully admitted that the prosecutrix *did* visit Hunter on the day named, but he produced a letter written by her to Hunter after the alleged assault, and proving conclusively that she had seen him. Thus we find two barristers (both, too, retained on the same side), one of whom declares before the magistrate that his client never saw his accuser on the day named, and calls witnesses who distinctly swear to the truth of his statement, and the other barrister at the trial drops these same witnesses, and produces a letter conclusively proving that his client *did* see her. Those who regard law as the perfection of reason will perhaps be able to reconcile this apparent anomaly, but as we are Davus, not Œdipus, we confess that the enigma is too much for us. As we believe Hunter intends to prosecute the husband of Mrs. Meyrick, and another person, for an assault upon him, we shall probably hear some more of the story, and in the meantime we leave the facts as they stand to the consideration of the curious.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY

TUESDAY, NOV. 14TH, 1865.

Dr. ALDERSON, F.R.S., PRESIDENT.

A paper by Mr. SQUAREY was communicated by Dr. Garrod,

ON THE INFLUENCE OF THE INGESTION OF COFFEE ON THE UREA AND CHLORIDES IN THE URINE.

Observations were made on three cases whilst Mr. Squarey was residing at University College Hospital as physician's assistant. The coffee was taken three times daily, at first in quarter-ounce doses, and gradually increased till in the third case from four to six ounces were taken each day. The temperature in two of the cases was taken night and morning, and was never found to be above or below the limits of health. The urine was collected every morning at eight a.m., and examined the same day for urea and chlorides. Both analyses were made by Liebig's volumetric method.

Urea.

In the first case the observations were carried on for six weeks. The patient's health was good the whole time and he never complained of any uneasy sensation after taking the coffee. It was taken three times daily in quarter-ounce doses every alternate week. On comparing corresponding weeks of coffee and non-coffee taking, no appreciable difference is to be found. The greatest is in the first and second weeks. The daily average in the second week, when quarter-ounce doses of coffee were taken three times each day, was 2·198 grammes more than in the first week when no coffee was taken; in the third and fourth weeks the daily average was less by ·424 of a gramme in the fourth week when coffee was taken; in the fifth and sixth weeks the daily average was less by ·515 of a gramme in the sixth week when no coffee was taken.

In the second case the observations, owing to an attack of tonsilitis supervening, and the patient leaving the hospital immediately on recovery, were only continued for one week, so that the influence of the coffee can only be judged of by comparing the amount of urea passed per kilogramme of body weight with the normal amount in health. The patient's age was seventeen years; his weight was 115 lbs., or 52 kilogrammes; and he passed on the average ·428 of a gramme of urea per kilogramme of body weight. He was taking half-ounce doses of coffee three times daily.

In the third case the observations were carried on for ten weeks. On comparing the first and second weeks, it is found that the daily average was greater in the second, when three cups of a strong infusion of coffee were taken three times each day, by ·381 of a gramme. On comparing the third and fourth weeks, a great diminution is found in the daily average of the latter, when quarter-ounce doses of coffee were taken three times daily; it was less by 5·099 grammes. Yet in the fifth week, when the same amount of coffee was taken, and in the seventh week, when half an ounce was taken twice a day, and in the eighth week, when half an ounce was taken three times a day, the daily average was greater than in the sixth, when no coffee was taken; so that, although the daily average was lessened one week when quarter-ounce doses of coffee were taken, yet it did not rise when the coffee was left off, or become again diminished when the same and even larger doses were taken. The daily average in the ninth week, when from one and a half to six ounces of coffee were taken each day, was less by 4·795 grammes than in the tenth week, when no coffee was taken; but in the tenth week, the patient not feeling well, the diet, which up to this time had been very strict, was varied, his health and appetite improved, and with it there was naturally a daily increase in the excretion of urea.

From these results, Mr. Squarey argues that coffee in the above doses certainly does not increase the excretion of urea, or diminish it to any appreciable extent; for he says that the slight difference that occurred in the daily average of the six consecutive weeks in the first case was by no means

beyond the limits of health. That in the second case the amount of urea excreted per kilogramme of body weight was quite normal. That although in the third case there was the large diminution of five grammes in the daily average of the fourth week, when coffee was taken, yet this diminution did not recur when the same and even larger doses were taken; nor did the daily average rise when the coffee was left off, which it should have done had the decrease been entirely due to the influence of the coffee. That, according to Dr. Parkes, in his book on the Urine, page 8, says that "the maximum and minimum amounts of urea passed on any one day by an individual are usually about one-fifth above and below his mean amount;" so that in the third case, the patient passing on the average between thirty and thirty-five grammes, an increase or diminution of six grammes would be within the normal limits.

Chlorides.

In the first case the daily average of the two weeks when coffee was taken in quarter-ounce doses was as nearly as possible the same as in the two corresponding weeks when no coffee was taken; the amount excreted per kilogramme of body weight being quite normal.

In the second case, half-ounce doses of coffee being taken three times daily, the amount of chlorides excreted per kilogramme of body weight was ·162 of a gramme—a rather large, but certainly not abnormal proportion for a boy aged seventeen, and weighing 52 kilogrammes.

In the third case the rate of excretion of the chlorides was high throughout the whole course of the observations, both during the coffee taking and the non-coffee taking weeks. The amount excreted per kilogramme of body weight was highest in the seventh week, ·272 of a gramme, when half-ounce doses of coffee were taken twice daily; and lowest in the eighth week, ·168 of a gramme, when half-ounce doses were taken three times each day.

In conclusion, Mr. Squarey states that neither of the patients suffered in any way from ill-effects from taking the coffee. There was never any giddiness, delirium, or unsteadiness of the hands. The patients invariably slept well.

The pulse, noted several times, was generally found to be increased for half an hour or so after taking the coffee.

The PRESIDENT spoke in terms of commendation of the large and patient observation in the author's paper. There were, however, several points in it on which further information was required. In the first place, it was necessary to know more exactly what kind of coffee was used—whether it was Plantation or Mocha, and whether, if it had been bought ground, it had not been adulterated. Again, the amount of exercise taken during the experiments would affect their results considerably. The effect of muscular activity in increasing the amount of urea was shown by its increase in chorea. Coffee would sometimes constipate, and at others would act as an aperient.

Dr. WEBSTER said that what was often sold as coffee might scarcely be coffee, but chicory. His object, however, in rising was to remark, with great submission, that he could scarcely understand the paper. This was not due to any fault in the Secretary's reading, but to using of French names for weights which required calculation. He had, he remarked, protested before against this, and still thought that English words ought to be used before an English society. He thought also the subject should be studied on a more extensive scale, and suggested to the author to inquire more widely into the effects of coffee-drinking. To do this, he had only to go across the Channel to France, and then to Spain, where no coffee was drunk, but only chocolate.

Mr. WILLIAM DUNN read some

OBSERVATIONS ON THE TREATMENT OF HEREDITARY SYPHILIS; WITH CASES TREATED WITHOUT MERCURY.

(*Communicated by* Robert Dunn, F.R.C.S.)

The author first narrated the particulars of some cases of hereditary syphilis which had come under his observation at the Farringdon Dispensary, and which he had successfully treated with chlorate of potash, without using mercury in any form whatever. Out of fifty cases which he had thus treated, he had met with only one case of relapse, which readily yielded to a repetition of the same treatment, and three deaths, one child dying of convulsions, and the other two being in a dying state when first seen by him. The author then entered upon the general treament of syphilis, briefly alluding to and giving the names of those who have advocated the non-mercurial treatment. On the authority of the 'British and Foreign Medico-Chirurgical Review,' he stated that from 1800 to 1835 about eighty thousand cases of syphilis had been treated without mercury. He rejoiced in the belief that the non-mercurial treatment was gaining ground amongst the Profession; and owing to having been so often disappointed himself in the results of specific treatment, he had now abandoned completely the use of mercury in any form in the general treatment of syphilis. In the treatment of hereditary syphilis, he considered that we must be guided by the same general rules which we observe in treating other diseases. All remedies of a depressing or lowering character ought to be avoided; and, on the other hand, tonics, cod-liver oil, strict diet, and extreme cleanliness, were essential to successful treatment. He bore evidence to the marvellous effects upon children of chlorate of potash in combination with hydrochloric acid in this disease. Where the skin was very irritable, he recommended a bran bath, the bowels to be carefully regulated, and the child to be out in the pure air as much as possible. Sixty-three days was the longest period any child had been under his treatment, and eighteen days was the shortest, the average time being about thirty days.

MR. HENRY LEE said that if the experience of other practitioners confirmed the results mentioned by Mr. Dunn, it would leave nothing to be desired with regard to the treatment of syphilis. Unfortunately, however, such was not the case. Out of the number of instances that Mr. Dunn had referred to, a relapse occurred in one case only; and the death-rate of infantile syphilis was as low as 6 per cent. These results proved too much. They were altogether at variance with the experience of those who treated this disease either with or without mercury. Thus, for instance, we were informed in Professor Boeck's published work that out of forty-two children treated by him without mercury, twenty-two died; and these cases were independent of those who died without undergoing the process of treatment recommended by Dr. Boeck. Some rational explanation must therefore be sought for the great difference observed in Mr. Dunn's cases, and where the history of the patients could be traced for a longer period; and this he (Mr. Lee) believed would be found in the fact that in dispensary practice, when mothers found their children not progressing satisfactorily, they took them elsewhere, and in cases of relapse after treatment, they would naturally feel inclined to try some other remedy. If the cases thus abstracted from observation were recorded as cures, it would be the means of affording very favourable statistical returns under any mode of treatment. With regard to the treatment of syphilis generally, it constantly happened to him (Mr. Lee) to have patients who presented themselves after four or five years of non-mercurial treatment still uncured, and regretting that they had lost so much time in fruitless attempts to obtain relief; and he also not unfrequently saw some very severe secondary symptoms after the non-mercurial plan of treatment. Indeed, some of the worst cases of secondary sloughing of the throat and of disease of the bones which he had seen occurred amongst those in which no mercury had been used. He therefore thought that, although mercury might be injudiciously given and might then produce injurious effects, the ill consequences attributed to it in reality very often indeed depended upon other causes. We had now the means of administering this remedy without making any serious demand upon the constitutional powers; and when thus administered with proper care, it was a most valuable remedy, and certainly not followed by the symptoms which had been attributed to it. The author of the paper had alluded to the effect of the mother's milk upon a child. Now he (Mr. Lee) did not believe that any

poisonous influence could be conveyed in this way. The health of the mother might be impaired by syphilis, and the milk would become poor in consequence, and the child might be ill-nourished; but this was quite a different thing from the transmission of the syphilitic poison by the milk. It was a law with regard to syphilis, that a person having that disease could with great difficulty, under any circumstances, be again infected. The child of a syphilitic mother would in all probability be itself syphilitic, and it would then be very difficult to conceive that any fresh poison could be conveyed to it. But we had proof that even a healthy child would not be affected in this way. The following case had come under his (Mr. Lee's) observation in St. George's Hospital. The patient was admitted during the summer of last year, She had had two healthy children, the youngest eight months old. She and her husband had been healthy. After her last confinement she took another child to nurse. This child proved to be syphilitic, and died three weeks before the patient's admission into the hospital. Shortly after taking this child to nurse she noticed a sore on the right nipple, which became very hard all round. Six weeks before her admission, this patient had an eruption, presenting all the characters of syphilis, over the body, and her throat became ulcerated. During these six weeks she continued to suckle her own child as she had previously done. She, however, always kept her own child to the left breast and the other child to the right one. Her child remained perfectly well during the time she continued in the hospital, and was known to have been so in the November following. This patient had recently been confined again, and was attended from St. George's Hospital; and he (Mr. Lee) had reason to believe that the child which she suckled in the summer of 1864 remained healthy at the present time.

Dr. DRYSDALE said he was sorry to think that the respected Professor Boeck was absent that evening, as he had believed that Dr. Water's paper was to be read, for he doubtless would have been able to answer Mr. Henry Lee's question. In his absence he (Dr. Drysdale) would endeavour to give an answer. It must be remembered that the cases mentioned by the Professor in his work included many infants of but a day or two old. Now, in his own experience, such cases were almost uniformly fatal, for children who were much affected by this complaint at birth were often too feeble to breathe; but the cases brought forward by Mr. Dunn were not in this category. Infants were not brought to an hospital by their mothers until they were three or four weeks old, and all of the cases cited by Mr. Dunn were of that age. It was a great and, he thought, rather prevalent error to imagine that all syphilitic children were emaciated and cachectic. Many of them were plump and well nourished; and the old-man look was rather the exception than the rule. There was then nothing surprising in Mr. Dunn's success with the care he had taken of the cases, many of which he (Dr. Drysdale) had seen. The wonder was that these cases should so long have been considered to require a dangerous drug like mercury; he himself, he believed, having been the first to publish a case of infantile syphilis treated without mercury. These facts completed the chain of evidence against mercury in syphilis, since it had been shown by experience of the most extensive kind that the disease in adults was always injured by the drug instead of being alleviated. Bone disease, if it occurred without mercury, was very rare, since Syme, Weedon Cooke, and Spencer Wells had not *seen* cases. In fact, the empirical school of treatment of disease was losing its hold on many of the Profession, and a six months' course of mercury to cure a blood poison would soon be considered an absurdity. Parents much mercurialized were liable to syphilitic children far more than others.

Mr. GEORGE COOPER had seen a large number of cases of infantile syphilis at the Bloomsbury Dispensary, and had nearly always treated them with mercury. In some cases he had tried iodide of potassium, but had always been obliged to fall back on hydrargyrum c. creti. With the latter treatment he had found the symptoms would generally yield, and that the child would improve. He thought the author's remark as to the effect of the mother's milk quite right. He thought the milk did communicate the disease, and that it continued to do so. Hence he had recommended that the child should be weaned, and be fed on cow's milk and, if necessary, on beef-tea.

Mr. SAVORY said: In the course of his remarks, Dr. Drysdale has repeated a statement which he made on a former occasion—to the effect that surgeons treated syphilis empirically with mercury, because they had never tried to cure it by any other means. It could not be admitted that this statement was correct. On the contrary, a very large number of cases of syphilis have been, and still are, treated by many surgeons without any mercury whatever. I appeal to the Fellows present whether this be not so. The treatment of syphilis without mercury is surely no novelty. For myself, I may say that, during the earlier years of my professional studies, I watched the practice of more than one surgeon who treated almost every case of syphilis without mercury, not employing the drug once in a hundred instances; and the result of these observations, compared with subsequent ones, was to lead me to the conclusion that no medicine is comparable with mercury for controlling the progress of syphilis. In such discussions as this, the fact seems to be altogether overlooked that there is such a thing as the natural history of disease. Syphilis does not, more than any other disease, stand still and wait for the doctor. Syphilis is the result of a poison, and, like other poisons, its operation, sooner or later, comes to an end. All poisons acting upon the animal body tend, so far as we know, either to destroy life, or finally to be eliminated from the system; and there is no reason to believe that syphilis is an exception. Syphilis, as a rule, does not tend to kill, but gradually to die out of—to lose its influence on the system; very gradually, it is true, inasmuch as we possess but too abundant evidence to show that it may be carried on under the second, or even third, generation. But then it must not be forgotten that time is most important in modifying or subduing its potency; for, as a rule, it may, perhaps, be said that in proportion to the duration of syphilis so is the activity of the poison reduced; and thus when we treat hereditary, or, as it should rather be called, inherited syphilis, we have a very different condition to cope with from syphilis as it appears soon after inoculation. Thus, in looking over the literature of syphilis, one can observe that various drugs are reputed to possess a more remarkable influence over syphilis in proportion to the length of time it has existed in the body. Iodide of potassium, for instance, is put forth by Gross and others as an efficient remedy for the removal of the later symptoms of constitutional syphilis. In illustration that this fact is too often overlooked, I would refer to what has just fallen from Mr. Lee, who, in reply to Mr. Dunn's statement that hereditary syphilis in infants may be cured by chlorate of potash, quoted the fact that mercury alone had the power of completely curing recently contracted syphilis in the adult. But the conditions are different. Syphilis may, at length, finally disappear under, or appear to succumb to, the employment of means which are powerless to control if in the earlier stages of its progress. The influence of syphilis, mischievous and enduring as it is, cannot run on for ever. It naturally tends to pass away in the course of time.

Mr. SPENCER WELLS asked the author if he thought the administration of small doses of chlorate of potash had any sort of effect. Recently Dr. Gull and Dr. Sutton had published cases of rheumatic fever treated by mint water. This would do good only by amusing the patient, and perhaps the chlorate of potash might be useful by amusing the mother of the syphilitic infant, It would be very interesting to observe the comparative effects of chlorate of potash and some completely neutral drug.

Mr. DUNN, in his reply, said that he had faith in the curative effect of chlorate of potash in the treatment of hereditary syphilis. As regards the question of relapse, he had only met with one case in his own practice, and one in the practice of Mr. Allingham; in the latter case the child had twice returned to the dispensary with syphilitic ulcer of the anus. His (Mr. Dunn's) patients, when they

left off attending at the dispensary, were certainly cured; but he could not say whether they had a relapse or not, for they might have gone to some other institution to be treated. He certainly considered it a most important point in the treatment of the disease that the child should not be suckled by the milk of a syphilitic mother. If the milk does not convey the poison to the child, it must be in an impoverished condition. He mentioned the following case, in which he thought the child must have been poisoned by the syphilitic milk of the nurse:—A child, born of healthy parents, was put out to nurse; the nurse, being syphilitic, had no ulcerations of the breast, but syphilitic alopecia and sore-throat. The child soon showed signs of the disease, and was treated by mercury, and died. The mother has been confined since of a healthy child, which she nursed herself. This child is quite well and healthy, and has not shown any signs of the disease. He also stated that Mr. Whitehead, in his work on 'Hereditary Disease,' mentions cases proving the same fact.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOVEMBER 7TH, 1865.

DR. PEACOCK, PRESIDENT.

MR. SPENCER WELLS exhibited an

ENLARGED SPLEEN REMOVED BY INCISION.

the day before the meeting. The patient was going on tolerably well when Mr. Wells saw her (thirty hours after operation) on his way to the meeting. When removed it weighed six lbs. five ounces, but as nine ounces of blood had drained from its vessels, it now weighed five lbs. twelve ounces. It was eleven inches long, eight broad, and three to four thick. It appeared to be simply hypertrophied, though some spots on the surface appeared like commencing amyloid or lardaceous change. It was not cut into, however, as, being the first case in which the operation had been done in this country, it was to be sent to the Museum of the College of Surgeons. Mr. Wells added, that when Mr. Nunn showed a large spleen in that room two or three years ago, and he (Mr. Wells) had suggested that the patient's life might probably have been saved if the spleen had been removed, Dr. Wilks had approved of the suggestion, and he (Mr. Wells) determined to try what could be done if he met with a suitable case. Soon afterwards he attended a lady, with Dr. Jenner, who had a very large spleen; but there was such extreme leukhæmia co-existing that operation was never seriously thought of. The lady died near Bristol, and Mr. Clarke, of Clifton, who examined the body, was specially requested to do so with reference to the removal of the spleen. He informed Mr. Wells that it was done quite easily, and that, in his opinion, all the blood-vessels might have been easily secured. Mr. Wells afterwards saw cases of enlarged spleen with Dr. Rudd, Dr. Boulton, of Horncastle, and Dr. Gill, of Bow; but in these cases they were the result of intermittent fever, and not in a state of health to render a hazardous operation necessary or justifiable. At length the patient whose spleen was before the Society consulted him six weeks ago. She was married, 34 years of age, and the mother of two children. She had only been ill about a year, and the tumour had only been discovered six months. Its growth had been slow at first, but very rapid lately. Mr. Wells prescribed bromide of potassium and quinine. This proving useless, iron was given; and this being equally useless, excision was proposed, and Dr. Jenner consulted, who said she was dying, that medicine could do no good, while an operation did offer the "*shadow of a chance*" of success. Upon this the patient and her husband desired that the trial should be made. Mr. Wells found the operation quite easy. An incision, seven inches long, was carried along the outer border of the left rectus abdominis, and the spleen was turned out very easily. The vessels were secured by silk ligatures, which were cut off short and returned. There was very little bleeding. The patient had recovered from the shock, there were as yet no signs of peritonitis; and, if she should recover from the operation, all that we know of removal of the healthy spleen in dogs, and in man accidentally by wounds, led to the hope that the absence of the spleen might be tolerated and a good state of health regained.

Dr. CRISP said the case was a very interesting one, but he did not think it was parallel with cases of removal of spleen from dogs. He had, he said, never seen a healthy liver with such a spleen. He thought the liver had more to do with blood formation than the spleen had.

Dr. GIBB had once removed a spleen weighing many pounds from a dog. The enlargement had followed an injury. The dog died in a few days of peritonitis, having been exposed to cold.

Dr. GREENHOW asked Mr. Spencer Wells what was the nature of the hypertrophy of the spleen. This was, he thought, an important question as regards the probability of recovery from such an operation.

Mr. SPENCER WELLS said he should present the specimen to the College of Surgeons, and he had no doubt that Mr. Flower would make a full report.

Dr. CRISP referred again to the specimen, and said there was a kind of enlarged spleen which had not yet been described—viz., that caused by violence. He had no doubt but that in Dr. Gibb's dog the spleen had enlarged from this cause. Dr. Crisp then referred to a specimen in St. Thomas's Hospital in which the enlargement seemed to have been caused by injury, and also to another case in which it came on after a confinement.

Mr. SPENCER WELLS said there was no history of any hurt in his patient's case. It did date from the birth of a child, although it was several months after the abdomen had been observed to be enlarged.

Dr. GIBB said that a kick had been the cause of the enlargement in the dog's spleen, and blood was found under the capsule on removal.

Mr. NUNNELEY, of Leeds, showed a specimen of

BLACK CATARACT.

The patient, seventy-five years of age, had had double cataract. Nothing unusual had been observed in the case. The right lens, which had been the longer affected, was extracted January 19, 1865. It was then quite black at the centre, and nearly so at the margin, but it had become of a lighter colour by keeping. The other lens was extracted in February, and was of a lighter colour, and was also of a lower specific gravity.

Mr. NUNNELEY also showed

FOUR OVARIAN TUMOURS WHICH HAD BEEN REMOVED BY OVARIOTOMY.

The following is his report of them:—

No. 1 tumour was taken from a married woman, aged thirty-six, whose case had been mistaken for, and treated as, ascites, until she was very weak and exhausted. She had been delivered of a child a few months previously. On the nature of the case being explained to her, and the danger of the operation, she was very wishful to have it performed. There was literally universal adhesion of the sac in every direction. When it was punctured with the trochar, the contents were as solid as thick jelly, and would not pass through the tube. A long incision was made into the tumour, other contents were removed with the hand, but it was impossible to detach the sac; the abdominal wound was therefore closed. The woman died twenty-two hours afterwards. Even after death the sac could not be detached, except by tearing through the whole peritoneal surface, which is now seen adhering to the thick walls of the sac. No. 2 was removed from an unmarried woman (one of the largest women I ever saw), aged twenty-six, but who had had one child at the full term, and a miscarriage at the fifth month, when doubtless the ovarian disease had been developed. She had suffered much from distension, and had a good deal of abdominal pain, which induced suspicion of the existence of adhesions. These were found to exist to a considerable degree to the peritoneum, to the omentum, and in a less degree to the intestines. There was very little peritoneal fluid. The tumour sprang from the right ovary, and had a moderately long pedicle. It was tied with China twist, and secured with

one of the uniting pins. The wound healed without any trouble, though for three days there was much distressing sickness; when this abated, the woman rapidly recovered. Six months after the operation she married, and at once became pregnant, and was delivered of a very large child. She has since remained well. No. 3 tumour, which is solid, was removed from a single woman aged forty-three. It had existed three years. She had been tapped once. There were twenty pints of thick peritoneal fluid. The tumour sprang from the right ovary. There were no adhesions. The pedicle, a moderately long one, was tied with China twist, and included with one of the hare-lip pins which closed the wound. Four of these pins were employed and passed through the peritoneum with small cutaneous wire sutures between. The wound united by first intention; the ligature came away on the eighteenth day. The woman never had a bad symptom; she was up in twelve days, and was walking in the street in less than three weeks. She continues well. No. 4 was removed from a married woman forty-five years of age. She had had two children upwards of twenty years before. The disease had existed several years. In her there were seventeen pints of thick peritoneal fluid. The tumour consisted of the right ovary converted into a mass of small cells, which are so closely bound together as to constitute a solid globular mass weighing six pounds. The pedicle, which was very short, consisted of the broad ligament, spread out to seven inches in breadth, and so short that there was no room to place a ligature securely on it. The hot iron was used with great advantage. A ligature of China twist was also left on it close to the uterus; this was left *in situ* in the pelvis. The wound was secured by three large pins and twisted sutures (the peritoneum being well included) and intervening cutaneous stitches. The wound united by first intention; she was up on the twelth day, and on the fourteenth was removed to a distance in a cab, as her nurse was seized with idiopathic erysipelas. The ligature came away on the twentieth day. She was well from the first. To these two women Dutch liquid (the chloride of olefiant gas) was administered as an anæsthetic.

Mr. NUNNELEY then showed

TWO OVARIAN TUMOURS REMOVED FROM ONE PATIENT.

The two smaller tumours are, he believed, instances of malignant disease of the ovaries. They were taken from a woman, who had been married several years, but had not been pregnant; her health had not been good for a long time past. There was no suspicion of the existence of malignant disease. She was a very large size, owing to the quantity of peritoneal fluid—indeed, so great that as it flowed out and the parietes collapsed, some who witnessed the operation were disposed to suspect a mistake in the diagnosis had been made. However, both ovaries were found to be involved, and were removed. When taken out of the body, the tumours had the appearance of masses of half-boiled sago. The pedicles were so short as to be with very great difficulty secured. The woman never rallied from the operation; intense and constant sickness continued; she died on the third day. On post-mortem, a small quantity of blood (perhaps one-third of an ounce) was found in the pelvis, which must have escaped from one of the pedicles, though the ligature on both appeared to be tightly fixed, it was probably caused by the constant strain of vomiting. There was some diffuse inflammation of the peritoneum.

Mr. NUNNELEY also exhibited

AN ENTIRE TONGUE SUCCESSFULLY REMOVED DURING LIFE.

The entire tongue had been removed, on the 2nd of this month, from a man, aged thirty-five, by a submental opening. He never had a bad symptom, and is now quite well. The disease, which had existed sixteen or eighteen months, became worse two months before the operation, and from the pain and difficulty of speaking, the impossibility of mastication, and difficulty of deglutition, was fast wearing the patient out. He has already recovered strength and flesh; indeed, he says that he is as well as he ever was. Talks with great distinctness and swallows with facility.

Mr. SPENCER WELLS thought that one of the specimens was not one of an ovarian tumour, but a fibrous outgrowth of the uterus.

The specimen was, therefore, referred to a Committee.

Mr. NUNNELEY said, in reply to Mr. Barwell, that the patient whose case he had related in a paper read before the Medical and Chirurgical Society remained well for twelve months and then died of Consumption. It was remarkable that both of these patients could talk well, in spite of the removal of their tongues.

Several specimens were exhibited by Dr. Crisp, Dr Tilbury Fox, Mr. Barwell, &c., a report of which will appear next week.

PARISIAN MEDICAL NEWS.

THE CHOLERA.

In the presence of a scourge, which invades alike all nations, and oversteps every frontier, the great hygienic measures, adopted by the different governments with a view of preventing its recurrence, should be received with feelings of gratitude; and on the scientific press more especially devolves the duty of recording the acts suggestive of such measures, were it only as an encouragement to further exertion, and for the purpose of taking note of all the documents calculated to throw light on the epidemics to which they refer.

On the subject of the nature of the measures which it may be deemed useful or practicable to adopt for the purpose of preventing the return of cholera, we can only form mere conjectures; but the plan of an international sanitary conference entrusted with the duty of instituting an inquiry on the subject has received the approbation of almost every government; and, as it is observed in a letter from Rome, published in the 'Moniteur du Soir,' the plan proposed touched too nearly the interests of humanity not to be hailed by unanimous assent.

We can add nothing to what is already well known as to the course followed by the epidemic in its progress towards Paris. Cholera may be an inoculable, or properly speaking a contagious disease, but it is unquestionably infectious. It may, therefore, not unreasonably be argued that the scourge which now again visits the capital may chiefly have been brought by waggons laden with goods at Marseilles, and forwarded by rail from the Lyons to the Western terminus, in the warehouses of which they were opened. This would account for the first appearance of the disease in the 17th and 18th arrondissements, in which it appeared at first to be confined, but whence it has since extended over the entire city and some of the adjacent boroughs.

From the 1st to the 15th of October, the epidemic has steadily gained ground in Paris, thus contradicting all the reassuring predictions of certain optimist journals, which, like Florian's parrot, each morning repeated, "*It will be nothing.*" The returns from the hospitals are now, it is true, more satisfactory, but this is referable to the fact that many mild cases are at present admitted into the wards, in a less advanced stage of the disease than at first; but in the city the mortality has unceasingly increased, and, as in former epidemics, from the destitute the evil has ascended to a higher class of persons, who have, however, not yet numbered many victims.

The decrease of the mortality from cholera set in on the 20th, and up to the present date the improvement has steadily continued, although several districts still suffer severely.

We must not omit to remark that by far the greater number of the victims are persons who for several days had suffered from diarrhœa, or were weakened by some accidental cause. In the 'Quartier St. Georges,' which we reside in, the removals of the 8th of October, the quarter day for small tenants, have exercised some influence on the symptoms in several instances. These removals, from a sixth flat to another equally high floor in another house, necessarily entail on an entire family considerable, although transient, fatigue, privations, and change of diet. The conveyance of the poor furniture is performed piecemeal and requires numerous journeys to and fro; the men drink, the

women suffer, and as no cooking is practicable, pork-butchers' meat, or other improper food is consumed, and if an epidemic is prevalent, it finds a soil ready prepared for its development. Here, as ever, the terrible law *væ victis* finds constant application. We cannot assert that the weak only are liable to cholera; for it carries off numerous vigorous individuals, but it chiefly attacks those who are weakened —a condition which may suddenly and temporarily occur even in the most athletic subjects. Without, therefore, entirely agreeing in every item of the doctrine propounded by M. Jules Guérin, we assent to the practical inferences he deduces from them. Whether the diarrhœa be, as he professes, a milder form of cholera, which we are inclined to doubt, or is merely like over-exertion, sorrow, sexual indulgence, &c., a cause of exhaustion which predisposes the system to the manifestation of the epidemic, we conceive it is desirable to check the intestinal exudation, especially when it assumes a serous or watery aspect.

Several communications, reproduced in the present number, dwell on the premonitory symptoms of cholera, and in our report of the transactions of learned societies, our readers will find the new arguments adduced by M. Jules Guérin in support of his favourite theme. The subject being still *sub judice*, we likewise invite notice to statistical returns of an opposite tendency. M. Guérin's views will, however, meet with no contradiction on one point, viz., the more or less marked influence of the epidemic on the greater part of the population.

In the last impresion of the 'Gazette Médicale,' M. Guérin sagaciously remarks that even before diarrhœa sets in, preliminary symptoms are observed entirely distinct from the nervous agitation, traceable as much to alarm as to the influence of the morbid principle on the system. They consist in something more tangible, and affect equally persons who are fearless, and those whose thoughts incessantly dwell on the chances of infection. The premonitory signs alluded to consist in a kind of torpor and disteusion of the abdominal viscera, accompanied by a sensation of local uneasiness, especially after meals and during the progress of intestinal digestion. The alimentary bolus would seem to meet with some unusual impediment to its progress, and with a morbid condition of the organs, which recurs after ceasing for a time. This state is obviously connected with the choleraic influence, and coincides with very slight cramps, and a transient feeling of nausea; it invariably precedes and gives notice of the approach of diarrhœa. Few individuals, says M. Guérin, are entirely free from these symptoms.

If we were in possession of sufficiently delicate instruments of investigation, and enabled, for instance, to study the minute elements in which epidemics originate with the degree of precision afforded by the microscope for the inspection of minute particles of matter, we should doubtless soon acquire the proof that not a single individual altogether escapes the operation of the deleterious atmosphere we inhale.

The remedy suggested by M. Guérin for the morbid condition here pointed out is the exhibition of charcoal. The flatulency and abdominal disturbances are promptly dispelled by this substance, which may be taken in the shape of lozenges (three or four daily before meals). M. Guérin proposes the following simple explanation of the good effects of the remedy. The charcoal acts as a disinfectant, and neutralises the evil influence of the poison; twenty-four hours after the administration of the lozenges the motions acquire a homogenous black colour, and are almost entirely *inodorous*, a fact which the learned Professor dwells on as important and suggestive.

If diarrhœa supervenes, it should, of course, be checked, but it would be a mistake to suppose, although such is the opinion entertained by M. Guérin, that the chances of cholera are absolutely averted, because the premonitory intestinal relaxation has been successfully arrested. The assertion is unhappily disproved by too large a number of facts, in which it plainly appears that death in cholera is not the result of mere loss of serum. In these almost desperate cases, ammonia, emetics, electricity, and even depletion, advocated by M. Gendrin, sometimes restore the power of absorption and rescue the patients from their apparently inevitable fate.

Of the manifold formulas forwarded from all directions, all, of course, warranted to effect a cure in most cases, we need say little; we shall merely record a very few, but the large number of these nostrums shows that the specific remedy for cholera has still to be discovered, and that we cannot yet boast of a system of treatment applicable to the disease in general. In this respect, learned professors are on a par with the humblest practitioners, and the most eminent of the members of the Academy has recently explained in a few quaint words the silence of the Institute on the subject. We reproduce his remarks from the pages of the 'Union Médicale:'—

"M. Velpeau," says M. Maximin Legrand, in his report of a recent meeting of the Academy of Sciences, "had laid several new works on the table; he had presented a volume on 'Iodotherapy,' by M. Boinet; another on chalazium and tumours of the eyelids, by Professor De Luca, of Naples; a memoir, by M. Brochard, on the mode of propagation of cholera, in which the author, from his experience of the epidemic in 1849, pronounces the disease to be contagious; he had also presented a pamphlet in English by M. Jennery, in which that gentleman expresses his conviction that a cure of cholera can invariably be effected with camphor powder and 'the aromatic confection of the British Pharmacopœia.' M. Velpeau took this opportunity of reminding his audience that in 1832 camphor was considered an infallible remedy, and yet had proved utterly inefficacious to arrest the progress of the scourge.

"Other communications, to which we shall presently advert, had already been made on the same subject, when M. Le Verrier rose to address the chair.

"The learned director of the Observatory of Paris apologised in the first place for his boldness in speaking on a subject with which he was not familiar. He had been much gratified by the intelligence that it was intended to attack the causes of cholera at its point of departure; this was, of course, satisfactory, but would require time; the enemy, however, being actually within our walls, it would be desirable to know exactly how the disease is at present to be contended with, without prejudice to future sanitary operations. All the remedies suggested seem to be tabooed by the Medical Profession, and he wished to know if any were deserving of confidence.

"M. Coste has proposed sanitary measures, and recently pointed out researches which ought to be made. Had I been present on that occasion, said M. Le Verrier, I should assuredly have approved of the latter, and voted for the former. This, however, does not give us the information we require; Medical men are probably engaged in this important inquiry, but they keep their own counsel, and we know nothing of their investigations, on which they maintain a most discouraging silence. They should, in the first place, teach us what is to be done in the event of an attack of cholera. What measure should be resorted to before a Medical man can be summoned? The daily papers supply us, it is true, with a few formulas, perhaps a dozen; but they all differ from each other; which is the best?

"During this address, a member of the Academy, who also happens to be the director of one of the largest government institutions, glided out of the room, audibly murmuring as he passed the reporters bench, 'I must be gone. All this talk about cholera will at last give it to us.'

"M. Le Verrier concluded by adjuring those who are acquainted with the truth as to the present epidemic, to communicate it without any reservation.

"M. Velpeau replied, and the following is the sense, if not the verbal reproduction of his observations.

"I have but little to say in reply to M. Le Verrier. Our colleague is desirous that we should point out the remedies most useful in cholera. It is easy to put such a question, but difficult to indicate any method of treatment of absolutely reliable efficacy; it would be dangerous to allow the public to indulge in a deceptive security in remedial agents of doubtful power.

"The failure of the various medications advocated is attributable to a grievous mistake of the public, and even

of Professional men, who are under the impression that diseases are not susceptible of a spontaneous cure. Many affections yield without treatment, and it must be acknowledged, sometimes, in spite of all treatment. To this fact we must not be wilfully blind. An opposite opinion, however, unfortunately prevails, and every person has a pet remedy for every disease, and every one thinks himself competent to advise. The same remark was already made long ago to Louis XIV. by his physician Fagon : 'Yes,' said the King, 'everyone gives advice in these matters but myself.' Fagon's royal client was not fond of contradiction, even from his doctor, who on this occasion made no reply. A few days after, he appeared before the King with his face bandaged up. 'What is the matter with you?' inquired Louis XIV. 'Nothing please your Majesty,' said Fagon, but a mere swelled face.' 'You must get well,' answered the king, 'I know a capital remedy for such ailments.' . . . 'You perceive, Sire, that you also sometimes venture on giving Medical advice.'

"Every person, therefore, has his own favourite remedy. In general, and in the case of trifling affections, this is a matter of no importance; not so, however, in the case of cholera, which destroys life in a few hours. After the exhibition of a remedy, the symptoms have yielded once, twice, thrice, or oftener; hence it is inferred that the cure has been the consequence of the treatment. The inference is a natural one, but almost invariably incorrect.

"Cholera, like other diseases, does not always end fatally; death follows in about one-half only, even of the worst cases. In all the visitations of this epidemic, a host of different remedies have been resorted to, hence arises a degree of confusion in which neither the public nor the Medical Profession have been enabled to discriminate the share in the issue of the treatment adopted, of the disease itself or of other intervening causes.

"In 1832, as M. Serres will remember, a great variety of medications was instituted at La Pitié for cholera. The result was occasionally favourable, and sometimes the reverse, but it was always impossible to account for the different effects produced by the same medicines.

"When an epidemic exists, I may parenthetically remark, that it is but fair to make allowance for deaths from different causes, which are all placed to the account of the prevalent disease.

"With regard to premonitory symptoms, we may say that they are present in many, but not in all instances of cholera. Too often the disease breaks out without previous notice, and causes death in a few hours.

"Hygienic precautions are the best safeguard; whoever lives *wisely*, will seldom suffer from cholera.

"As to the most trustworthy remedies, I conceive that if colic and nausea supervene, the patient should swallow three or four drops of laudanum poured over a lump of sugar moistened in water. In general this very simple plan arrests the further progress of the symptoms; in the contrary case, a larger quantity of laudanum should be exhibited, and several enemas of bran water containing ten drops of laudanum should be taken in the course of the day. When the attack assumes a more serious form, and vomiting sets in, the patient must be considered in great peril, because the remedies introduced into the stomach are no longer absorbed, and become perfectly useless. External measures of treatment must now be resorted to, such as frictions, hot blankets, &c., very insufficient defences against so formidable an enemy. This, however, is the sad truth, and cannot be altered by idle lamentations."

M. Velpeau's remarks afforded slender comfort to the learned astronomer, but should not be interpreted as an absolute negation of the power of Medical interposition in cholera. Although the pathology of this disease is still an unsolved problem, clinical observation informs us of its effects on the system, and in many cases suggests the remedies best calculated to assist the efforts of nature. M. Velpeau, who is a most sagacious observer, is not slow to take advantage of every opportunity in which interference offers a chance of success, and does not remain inactive in cases of cholera. It was our intention to advert in the concluding part of the present article to the transactions of the Medical Congress at Bordeaux; but the question of cholera is at present of paramount importance, and must take precedence over all others.—'Journal of Practical Medicine and Surgery' for November.

MEDICAL NEWS.

UNIVERSITY INTELLIGENCE.—UNIVERSITY OF LONDON.—Second M.B. Examination, 1865.—*Pass Examination.*—*First Division.*—Bryan Holme Allen, University College; Thomas Bond, Kings's College; Alexander Bruce, University College; Peter Maury Deas, University of Edinburgh; George Wallington Grabham, St. Thomas's Hospital; Charles Augustus Greaves, St. Thomas's Hospital; Thomas Henry Green, University College; William George Vawdry Lush, St. Bartholomew's Hospital; Arthur George Mickley, Guy's Hospital; George Oliver, University College; Richard Douglas Powell, University College; Revett Coleridge Powles, King's College; Frederick William Richards, St. Bartholomew's Hospital; George Henry Savage, Guy's Hospital; Charles Smith, Guy's Hospital; William Vicary Snow, University College; Francis Thomas Taylor, B.A., Guy's Hospital; Henry Trimen, King's College; Ebenezer Fulham Turner, Guy's Hospital.—*Second Division.*—Thomas Robinson Glynn, St. Bartholomew's Hospital; Walter Anstice Harvey, St. Bartholomew's Hospital; Frederick Fawson Lee, St. George's Hospital; Duncan Maclachlan Maclure (st. bef. '39), Westminster Hospital.—EXAMINATION FOR HONOURS.—*Medicine.*—*First Class.*—Revett Coleridge Powles (scholarship and gold medal), King's College; George Oliver* (gold medal), University College; Bryan Holme Allen,* University College; Peter Maury Deas,* University of Edinburgh; Charles Augustus Greaves,* St. Thomas's Hospital, and George Henry Savage,* Guy's Hospital (equal); Alexander Bruce, University College; William Vicary Snow, University College; Richard Douglas Powell, University College; Francis Thomas Tayler, B.A., Guy's Hospital, and Henry Trimen, King's College (equal); Thomas Henry Green, University College; Charles Smith, Guy's Hospital; William George Vawdry Lush, St. Bartholomew's Hospital.—*Second Class.*—Ebenezer Fulham Turner, Guy's Hospital.—*Midwifery.—First Class.*—Revett Coleridge Powles (scholership and gold medal), King's College; Arthur George Mickley* (gold medal), Guy's Hospital; Peter Maury Deas,* University of Edinburgh; George Oliver,* University College, and Francis Thomas Tayler,* B.A., Guy's Hospital (equal); Thomas Bond, King's College; George Henry Savage, Guy's Hospital; Charles Smith, Guy's Hospital; Charles Augustus Greaves, St. Thomas's Hospital, and William George Vawdry Lush, St. Bartholomew's Hospital (equal); Alexander Bruce, University College.—*Second Class.*—Henry Trimen, King's College; William Vicary Snow, University College; Bryan Holme Allen, University College.—*Forensic Medicine.—First Class.*—Peter Maury Deas (gold medal), University of Edinburgh; William George Vawdrey Lush, St. Bartholomew's Hospital; Revett Coleridge Powles, King's College; Alexander Bruce, University College.—*Second Class.*—Bryan Holme Allen, University College; Charles Augustus Greaves, St. Thomas's Hospital.—*Third Class.*—Thomas Bond, King's College.

* Obtained sufficient number of marks to qualify for the scholarships.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, November 23, 1865.—Edward Chaffers, late Confederate States Army; William John Land, St. Mary's Hospital; Theodore Thos. Taylor, Cricklade, North Wilts; John Whitehead, 10 Park place, Liverpool road.—The following gentlemen, also on the same day, passed their First Examination:—Herbert William Fagge, Guy's Hospital; Joseph Loane, London Hospital; Francis Ewbank, St. Bartholomews' Hospital; Thomas Henry Willan, St. Bartholomews' Hospital.

THE COMMISSION ON VENEREAL DISEASE.—Although

the Commission sitting at the Admiralty has now closed the inquiry upon which it has been occupied for several months, and concluded the examination of witnesses, the report cannot be completed for some few weeks. The amount of evidence taken has been considerable. Amongst the principal points established will be the usefulness of the system of examinations instituted under the Contagious Diseases Act, and a wide basis of facts will be afforded for supporting an extension of that measure. There is much evidence to show that the moral usefulness of this restrictive system is not greatly inferior to its physical utility. The women detained, and prohibited from diffusing disease, are brought under religious influences while in hospital, and a proportion of them absolutely reclaimed and restored to their friends. Some doubts have been expressed as to the propriety of enforcing the provisions of that Act, as implying a recognition of the vice which is the parent of disease. But the permanent and frightfully extensive injuries inflicted on the population, and especially on the costly trained men of our naval and military forces, involve facts so serious that they cannot be overlooked, and require restrictive and sanitary measures more urgently than most other diseases of which we seek to limit the spread by legislative measures. Morally and religiously there is reason to believe that the unhappy women are likely to be materially benefitted by the influences brought to bear upon them during periods of detention. The necessity for further Lock hospitals, and the advisability of an extension of the Contagious Diseases Act, will probably be among the most important conclusions deducible from the evidence taken. These are matters of national importance, and it was probably chiefly with a view to the solution of these questions that the authorities appointed this Commission. As to the question of treatment the Commission have found much less diversity of opinion than was alleged prior to its appointment. It is very difficult to find now-a-days anyone who carries out a doctrine of salivation in treating venereal disease : it is almost as difficult to find anyone who is blind to the usefulness of mercury, administered in moderate doses, and employed to combat the progress and effects of the syphilitic poison without any view to salivation. Nevertheless, a few surgeons are found who altogether ignore the use of mercury. The evidence on the other side is overwhelming. The question of the infecting power of hard and soft chancres is likely to be decided on the evidence in favour of both soft and hard chancres possessing a true syphilitic virus capable of infecting the system. A good deal of striking evidence has been adduced in this direction. Although the general result of the Commission will, we apprehend, be to show a substantial agreement of the leading surgeons upon most of the important points in the doctrines and treatment of syphilis, and to confirm the generally received opinions as against the special crotchets of individuals more or less eminent.—'Lancet.'

THE INSURANCE FRAUDS BY A PHYSICIAN.—Thompson Whalley, M.D., of Mirfield, was brought before the Dewsbury magistrates recently, charged with obtaining a security from the British Prudential Assurance Company—to wit, a policy for 33*l.* 6s., on the life of Law Walker, of Mirfield, labourer. The case was similar to the one heard on the previous day, with the exception that the person assured is still alive. In the Medical report, which the prisoner had presented prior to the policy being issued, Walker was described as being healthy, while the fact was that Walker had, for two years, been suffering from abscess of the spine, and had been discharged from the Huddersfield Infirmary as incurable. He had also, within a week or two of the time the policy was effected, been a recipient of relief from the Dewsbury Board of Guardians. Walker swore in court that he knew nothing whatever of the policy upon his life having been effected, and had not signed the declaration produced, but had heard his wife say that she knew something about it. The Bench decided to commit the prisoner for trial at the Leeds spring assizes, and Mr. Allsop, the solicitor for the prosecution, then proposed to go into a charge of fraud upon the British Nation Company to the amount of 1,000*l.*, by a policy on the life of Mrs. Bottomley, of Huddersfield, who is still living; but the Bench declined to go into the case, as they considered the two charges upon which the prisoner had been committed were sufficient. Bail was accepted for the prisoner's appearance, himself in 1,000*l.* and two sureties in 500*l.*—'Manchester Courier.'

FEVER IN SPITALFIELDS.—On Wednesday Mr. Humphreys held an inquest upon the bodies of George Anson and Margaret Anson, his wife, both thirty-eight years of age. Mr. Turner, clerk to the Whitechapel Board of Works, represented that body. The man, George Anson, was a furniture-packer, earning 30s. a week, who rented one room at 2s. 9d. a week at 27 Grey Eagle street, the property of Mr. H. F. Waring, the owner of very extensive house property in Spitalfields and Bethnal-green. Anson frequently complained of the foul state of the house, but without avail. A fortnight ago his wife was seized with illness—sickness, loss of appetite, and a sort of skin over the eyes. He was similarly attacked on two days after, and she died on the 22nd and he on the 24th ult. The actual condition of the house property in question was described as follows by the witnesses examined :—Mary Davis said that she lived on the ground floor, where she kept a coal shop. She had lived there seven years, and during that time had lost six children. Nothing had been done by the landlord to her place during the last seven years, though she paid 4s. a week rent. All her children died under the age of two years and a quarter. She had two living now. In reply to Mr. Turner, she stated that sanitary inspectors had sometimes called, and that they had caused the nuisance from the stable next door to be abated lately. Her sleeping room was below the level of the backyard, and the drainage from the stable in question flowed over her yard and past her window. That was altered. Twenty persons lived in the house. In the back room on the first floor lived a man and his five children, paying 1s. 9d. a week rent, for the room was very small. In the next room the deceased and their son lived. Over that room a woman and her two children lodged, and in the apartment next to hers lived a family consisting of a man, his daughter, and a little boy. They paid 2s. 6d. a week rent. In witness's room the flooring was laid level on the earth ; there were no rafters. Dr. T. Sarvis said that he was called in to the two deceased persons on Saturday week, and found them both delirious in one bed. They had typhoid fever. There was an accumulation of vegetable and other refuse outside the door; the passage and stairs were extremely dirty, the walls dilapidated and filthy ; the closet was in a disgraceful state, and the flooring was partly destroyed. The water, which was kept in an old tar barrel, was quite unfit to drink, through the foul exhalations from the drain and closet. The two persons ill were so surrounded by unhealthy influences, that he considered there was not a chance of their recovery if they remained there. He advised their daughter (a girl of fifteen or sixteen) to have them removed to the Fever Hospital ; that was not done, and they died. Mr. Turner cross-examined Dr. Sarvis with a view to show that it was an actual advantage not to have a dust-bin on the premises, as the rubbish, being thrown into the street, would be removed when the streets were swept three times a week. The witness said that as a matter of fact the same heaps of rubbish were seen by him in the street unremoved from Saturday week until Thursday last. Dr. Henry Letheby also testified to the filthy and insalubrious condition of the place. The inmates informed him that the water could only be used for washing purposes, and there was no tap to the old tar barrels, which they had themselves supplied. Mr. Isaac Battram, assistant-inspector under the Whitechapel Board of Works, said that he had served a notice some time back upon a Mrs. Waring with reference to this house, but it turned out that it was Mr. H. F. Waring, of 450 Hackney road, who was the owner of the property. He was served with a notice on the 24th of October, and with a compulsory notice on Thursday last. There were four house owners named Waring, and they gave much trouble. He had served them with nineteen notices since the 16th of August last. Dr. John

iddle, Medical officer of the Whitechapel district, said hat he had three inspecters under him, and that every ouse in the district was visited and inspected. Grey agle street was the worst place in the district. Fever and iarrhœa prevailed much there. He had to complain of the nduct of Mr. Waring with reference to the state in which e kept his house property. The Coroner having summed), the jury returned a verdict:—"That George Anson id his wife, Margaret Anson, died from typhoid fever; d that the filthy condition and overcrowded state of the emises engendered such fever; and the jurors further y that more prompt measures ought to have been taken th respect to the said premises by the district authoies."

MEDICINE AND SURGERY AMONG THE CHINESE.—At a eting of the West Kent Medico-Chirurgical Society on iday, November 10th, Mr. William Lockhart, F.R.C.S., R.G.S., who has laboured for more than a quarter of a ıtury among the Chinese as a Medical missionary, brought ore the meeting a few details of the results of his obserions. He stated that the Chinese have practically no owledge of anatomy or surgery: they have, however, ne little knowledge of Medicine. They consider diseases der five classes: those proceeding from heat, cold, dry-s, dampness, and wind—being conditions of the atmoıere which induce or vary the various forms of disease. practice, however, these crude notions are, among the ter educated, very much set at nought; and they apply ir remedies to the symptoms, discovering by experience at relieves or cures, and giving the same Medicine when ke set of signs of illness appears. Theoretically, they bad practitioners; but practically they manage simple ases very well; and the results are, on the whole satis-ory as far as ordinary Medical ailments are concerned. ey know nothing of practical human anatomy; and their gery is really barbarous. The little anatomical knowledge y possess is derived from the lower animals, which they ly to the altered conformation of the human body. Still, hey are well educated on many subjects, and have to pass ugh long courses of study, the ordinary class of Medical a are to be considered among the best informed; which ibtlessly enables them to apply principles in keeping h keen observation, and thus become really useful ctitioners of the healing art to all cases except surgery, hich branch of Medicine a lower grade of men is attached. re failures in surgery are very marked and painful. ing no knowledge of the courses of the arteries, they ıot apply a ligature; consequently, many cases of simple nds, where vessels are divided, perish. The same want ıowledge of the bones is fraught with like sad results heir treatment of fractures. All they do with the ure, simple or compound, is to bind it up tightly with id of dextrine consisting of pitch and gum, with plaster 'aris, &c., without having previously adjusted the ure; consequently, one sees limbs distorted in every ble way, and often, too, extremities sacrificed to injuus pressure. Similar plasters are not unfrequently to treat injuries and disease of the trunk, or, in some , purely Medical complaints—hiding, as it were, from vation the indications of illness! Gun-shot wounds, ich Mr Lockhart had seen many, are covered with the compound, and often left unexamined until the most ful consequences ensue—grangrene, &c. Of eye-dis-they have no knowledge.

RDER IN AN ASYLUM.—On Tuesday week a deplorable ly was perpetrated in the West Riding Pauper Lunatic m at Wakefield. One of the inmates named Waite, labouring under an extraordinary delusion, murdered w patient, named Burran, with a garden spade. The an inoffensive and quiet man, was re-admitted for a time into the Asylum in February, 1863, having discharged in 1859, relieved, but not cured of ıtia. He was a woolcomber, and a native of Allerton, Bradford. Waite, who comes from Sheffield, has s been deemed of strong suicidal tendencies, but has been considered dangerous to others. Within the w days, however, he has laboured under great excite-

On Tuesday, about half-past ten in the morning, an attendant left Burran alone making beds in one of the dormitories, while he went to the kitchen for beef-tea for other patients. On returning, Waite, who was then sitting by one of the day-room fires, beckoned to him. The day-rooms are on the same story as the dormitories. Waite said, "If you'll come with me I'll show you something that will astonish you;" and getting up from his seat he led the way into the dormitory in which deceased had been left. On entering the room Kimpton was horrified to find Burran prostrate on his face in the middle of a large pool of blood. Near him was a second extensive patch of gore, and the bedclothes were also covered with a quantity of big red splashes. Lying at a distance was an ordinary garden spade. From this blood was trickling to the floor. Turning aghast to Waite, the attendant asked him what he had done. Waite at first said he had done nothing; but, being pressed, he admitted that he had killed Burran with the shovel. Mr. Cleaton, the Medical superintendent, was at once sent for, and while waiting his arrival the attendant proceeded to search Waite, who was then exhibiting great disquietude and excitement. On him was found a piece of slate about a foot long and three or four inches broad, in the middle of which was a large sanguinary spot. Blood, too, was to be distinctly traced upon the man's clothes. As soon as the search was over Waite fell down in a fit, and was carried out of the room raving. On the arrival of Mr. Cleaton it was found that a terrible onslaught had been made upon Burran. The lower part of his visage was utterly defaced; the facial bones were completely fractured, the structures frightfully lacerated, and the blood vessels at the base of the brain entirely dissevered—in fact, from all appearance, Waite must have made a deadly aim with the edge of the spade at Burran's countenance, and wielded it with dreadful force and effect. Death, from all appearances had ensued instantaneously. On Wednesday evening Mr. Taylor, borough and county coroner, held an examination over Burran's remains. The jury, after a short consultation, returned a verdict of "Wilful Murder" against Jonathan Waite, and he was fully committed upon the coroner's warrant to take his trial at the next assizes.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, DEC. 6.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; St. Thomas's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Obstetrical Society of London, 7 p.m.—Council; 8 p.m. Dr. U. West, "On a "Variety of Placenta;" Dr. Greenhalgh, "On the Merits of Cæsarean Section;" and other papers by Drs. Eastlake, Meadows, &c.

THURSDAY, DEC. 7.—*Operations* at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Chemical Society, 8 p.m.—Dr. Gladstone, "On Pyrophosphotreamic Acd;" Harveian Society of London, 8 p.m.—Dr. Sanderson, "On the Relations between the Cattle Plague and Similar Diseases in Man;" King's College Medical Society, 8 p.m.—Clinical Meeting.

FRIDAY, DEC. 8.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, DEC. 9.—*Operations* at St. Thomas's Hospital, 9½ a.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-Cross Hospital, 2 p.m.

MONDAY, DEC. 11.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m,; Metropolitan Free Hospital, 2 p.m.

TUESDAY, DEC. 12.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; National Orthopædic Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Outlines of Elementary Botany, for the Use of Students. By Alex. Silver, M.A., C.M., M.D. London: Henry Renshaw.

Journal of Social Science. Edited by Edwin Lankester, M.D., F.R.S., &c. London: Chapman and Hall.

On Cancer: its Allies and Counterfeits. By T. W. Cooke,

Esq., Surgeon to the Cancer Hospital, &c. London: Longmans, Green, and Co.

NOTICES TO CORRESPONDENTS.

It is requested that all communications intended for the Editor may be sent to the Office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

To SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

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NOTICE.—*Complaints having reached us of the non-delivery to Subscribers of the copies of the* MEDICAL CIRCULAR, *we have instituted inquiries as to the cause, and have made such arrangements as will prevent the possibility of a repetition of the omission. Any gentleman not having received his copy as usual during the last seven weeks, will be kind enough to intimate the same to the Publisher.*

A READER.—The letter is inserted.

M.D. CANTAB.—The communication has been received.

MR. GRIFFIN'S letter is inserted.

A SUFFERER.—The pretended discovery of spermatozoa in the urine is an old device of the obscene quacks. The so-called spermatozoa shown by these gentry are common paste-eels (*vibriones*) kept for the purpose of deception.

THE HARVEIAN SOCIETY.—The notice has been received.

M.D.—The letter is inserted.

AN ASSISTANT-SURGEON'S Memorial to the Members of the House of Commons has been received.

DR. H.—The newspaper has been received.

MR. H. C.—The nomenclature of skin diseases is a very difficult subject of study, as hardly two authors agree in their views. But you cannot do wrong in consulting the book of Willan and Bateman in the first instance, and then you can read the works of more recent authors.

DR. J. K. (Aberdeen).—It is quite certain that the rinderpest, whatever it may be, is not analogous to the typhoid fever in the human subject, at least if the inflammation and ulceration of Peyer's patches are admitted to be diagnostic of that disease.

CHIRURGUS.—We are very sceptical as to the existence of an antidote to poisoning by prussic acid, which is too rapid in its operation to admit of any antidote being successfully administered.

TO STUDENTS, SURGEONS, DENTISTS, AND OTHERS.

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The Medical Circular.

REVIEW OF BOOKS.

he Principles and Practice of Medical Jurisprudence. By Alfred Swaine Taylor, M.D., F.R.S., Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. Pp. 1186. London: Churchill and Sons. 1865.

edical books in the present day seem to undergo a kind alternate process of expansion and contraction, or *vice rsâ*. A small volume makes its appearance in the first stance, perhaps, professing to set forth in a condensed m the facts and theories embraced in a given department Medical knowledge; but this gradually swells, by the hesion of new material, to a bulky tome, or the addi- nal matter is compressed, by means of using smaller pe, into a book of the same outward size as its prede- ssors. In other cases the type and the pages and the mber of the volumes are all augmented, until the whole umes an awful degree of magnitude, inspiring a kind of ror into the mind of the student who has to cram for examination, and perhaps awakening a somewhat nilar feeling in the examiner himself. Anon it is found at there is a redundancy of material in the ponderous ok of elements, and forthwith a ruthless editor cuts wn, with unsparing hand, an enormous amount of la- riously collected details, and the mountain again shrinks o the dimensions of a hillock.

Dr. Alfred Taylor's 'Manual of Medical Jurisprudence' first peared in the modest form which we have just alluded to one of the early phases in the history of a modern work Medical knowledge, but as it has been for twenty years fore the Profession, and passed through seven large tions, the accretion of matter which has attended each cessive edition has rendered it necessary to revise the an on which it was originally constructed, and to amplify e whole subject so much as to fill the large volume now fore us. It is only right to mention, in reference to the servations above made as to the expansion and contrac- n of books, that Dr. Taylor has not left to others the k of condensing his pages, but that he continues to do himself, and he announces that the small volume will be ublished as hitherto, to serve as a manual for the use of dents of Law and Medicine. Thus the reader with ited time will be able to gather the outlines of the de- tment of Medical Jurisprudence from the careful usal of the manual, while the more advanced scholar or titioner will find in the larger 'Principles and Practice' full discussion of all the topics on which opinions are en, together with numerous reports and analyses of law es illustrating the views propounded in the text.

he 'Manual of Medical Jurisprudence' is so well wn, and so generally used as a text-book, that it would uperfluous in us to offer any testimony as to its merits, we rather confine ourselves to the duty of pointing out features in which the present large volume differs from small one. Among the new subjects introduced are the s and Phenomena of Death, with an account of the nges which take place in the Dead Body, a subject ch has been lately very ably illustrated by a series of ndred cases in Guy's Hospital, collected by Dr. Taylor self, and Dr. Wilks; Putrefaction in Air and Water its Conditions; the Identity of Bones, Skeletons, and ilated Remains; Sudden Death, which subject, how- , is not very fully treated, except as regards death from on or violence; the Presumption of Survivorship; ntaneous Combustion, which is very amply discussed, only with reference to its alleged occurrence in the an subject, but as it occurs in certain vegetable and ral substances; and Life Insurance, which forms the ct of the last chapter.

In those chapters which admit of illustration, engravings have been introduced, the subject of Poisoning being rendered the more intelligible by the representation of crystalline forms of mineral and organic poisons as observed with the microscope; and the leaves and seeds of poisonous plants are also represented, the leaves being engraved from photographic copies of the natural leaves, showing their complete form and structure, and the seeds of their natural size and shape as well as magnified. These engravings are exceedingly well executed, the crystalline forms are very distinctly delineated, and the botanical illustrations (white figures on a black ground), are life-like in their accuracy.

The progress of Medical Jurisprudence, or in other words the multiplication of cases in which a Medical man is liable to be consulted and examined in courts of law, has been so great in late years that the most laborious industry, as well as the most refined science, is necessary to keep pace with the questions daily raised in this department. The difficulty is infinitely increased by the inherent complexity of some of the questions discussed, by the advances made in chemical and microscopical science, and, in another direction, by the conflicting decisions of judges, the hair-splitting tendencies of barristers, and the general ignorance, on all scientific points, of juries. Thus, a book on Medical Jurisprudence is necessarily loaded with the records of cases and decisions, and the author sometimes agrees with, and sometimes dissents from, the conclusions adopted. Dr. Alfred Taylor has been in the habit, for a series of years, of watching cases in which Medical men are engaged in the law courts, and he himself has had no small personal experience of the difficulties in which even a highly skilled and scientific witness is often involved. In the present large work we accordingly find the details of a great variety of cases, indeed, we might say of all the cases involving Medical questions tried of late years, and we must admit that, even in those in which he has himself been personally engaged, and in some of which his side has been unsuccessful, his observations are generally fair and impartial. The worst part of our present system of Medical Jurisprudence is that Medical witnesses are called for one or other side of a legal case, and thus almost necessarily become partisans, instead of being unbiassed advisers of those who administer justice; but this subject, however important, is foreign to our present review, which we close with the observation that Dr. Taylor's 'Principles and Practice of Medical Jurisprudence' is a work in every way worthy of the previous high reputation of the author.

Manual of Materia Medica and Therapeutics; being an Abridgment of the late Dr. Pereira's Elements of Materia Medica, arranged in Conformity with the British Pharmacopœia, and adapted to the Use of Medical Practitioners, Chemists and Druggists, Medical and Pharmaceutical Students, &c. By Frederick John Farre, M.D. Cantab., F.L.S., Senior Physician to St. Bartholomew's Hospital, and Lecturer on Materia Medica in St. Bartholomew's College. Assisted by Robert Bentley, M.R.C.S., F.L.S., Professor of Botany in King's College, London; and by Robert Warington, F.R.S., F.C.S., Chemical Operator to the Society of Apothecaries. Pp. 614. London: Longman, Green, and Co. 1865.

There are scarcely any practitioners of middle age who have not heard of, even if they have not read, that vast storehouse of pharmacological knowledge known as 'Pereira's Elements of Materia Medica.' Originating in a course of lectures delivered by that physician, and published in the columns of the now extinct 'Medical Gazette,' they made their appearance in an expanded form, in a book of two volumes, which subsequently swelled still more amply into three. In this massive treatise or encyclopædia was contained everything relating to Materia Medica in its widest sense, and the author appeared to have made it his business to collect together not only all the information he could find as to the drugs employed in Medicine, but also as to every other therapeutical appliance, and he moreover amply discussed the different modes of classification of

drugs, and the different opinions held as to the efficacy of each one, and the methods of its administration. The consequence was that the work outgrew the capacities of the readers for whom it was intended, and Pereira's 'Materia Medica,' while it formed a valuable repository of facts for teachers and lecturers, became, from its very bulk, and the multifarious nature of its contents, almost useless to the busy practitioner and the student.

The task of condensation, which had therefore become necessary, in order to meet the demands of the present generation of readers, has been entrusted to the able and experienced hands of Dr. Frederick Farre, who, in conjunction with Mr. Bentley, in the botanical department, and Mr. Warington, in the chemical, has reduced the book to something like readable proportions; and, while cutting away much matter, which, however valuable, did not perhaps precisely belong to a work on pharmacology, he has left all the essential parts of the subject untouched, except where the progress of science has rendered it necessary to correct errors or to add new facts. Dr. Farre tells us in his preface that his plan of excision has been formed upon a strict adherence to certain rules—namely, to omit all remedial agents, except those which Dr. Pereira termed pharmacological, thus passing over the influence of the mind, of light, heat, electricity, food, exercise, climate, &c. Secondly, to omit all pharmacological remedies which are not officinal, or contained in the British Pharmacopœia, and thirdly, to omit all classifications of medicines, except the two which Dr. Pereira himself adopted—namely, one founded on the chemical classification of the inorganic bodies, and on the botanical and zoological classification of the plants and animals yielding the organic bodies, the other classification founded on their physiological effects.

A very remarkable difference between the present volume and Pereira's 'Elements' is of course observable in the fact, that the drugs in the former are all arranged in accordance with the British Pharmacopœia, while in the latter the formulæ of the different colleges of London, Edinburgh, and Dublin, were all described under each drug. The rigid exclusion, too, from Dr. Farre's work, of all articles not included in the British Pharmacopœia, deprives the reader of the description of a few valuable drugs, while it includes the description of many which may perhaps be considered useless or objectionable; but these were essential features of the condensed book, and we have no right to find fault with Dr. Farre, because he has carried out his own intentions. The British Pharmacopœia was avowedly a compromise of conflicting claims, and the next edition, whenever it appears, is not likely to please everybody: some drugs will inevitably be introduced, the value of which is not universally, or even generally recognised, while still many more will be omitted in spite of the strong recommendations of those who are in the habit of using them. On the whole, we cannot say that in our opinion the British Pharmacopœia is an inadequate representative of the existing state of pharmacology, although it must, like other similar works, be subject to periodical changes, in accordance with the advance of discovery in science and art.

In the therapeutical portions of Dr. Pereira's book, the present editor has had rather a difficult task to perform, because some of the opinions expressed in the original are not in accordance with those held in the present day, when, we may remark parenthetically, it is the fashion to depreciate therapeutics altogether. Thus, Dr. Pereira's views upon blood-letting, and the use of mercury, for instance, would now probably be warmly contested, but Dr. Farre has thought it better not to interfere with Dr. Pereira's opinions, except in cases where they are manifestly erroneous, as he justly remarks that the present opinions and practice are still recent, and may in their turn yield to further experience.

That it was desirable to retain the substance of Pereira's 'Materia Medica' for the use of the present race of students and Practitioners of Medicine and Pharmacy, cannot be doubted, and we have no hesitation in expressing our opinion, that the work in its present form will be, as it deserves to be, universally acceptable.

Hand-book for Yellow Fever: describing its Pathology and Treatment, as observed in unintermitted Practice during Half-a-Century; to which is adjoined a Brief History of Pestilential Cholera, and a Method of Cure, as detailed in a Series of Official Reports made during the Prevalence of the Epidemic in the Island of Trinidad in 1854. By Thomas Anderson, M.D., Health Officer in Trinidad. Pp. 80. London: Churchill and Sons. 1866.

When a gentleman offers us the result of the experience of nearly half-a-century, we are bound to receive it at least with respect, and with this feeling we opened the little volume before us, which gives a brief account of the yellow fever, and a still briefer account of cholera. As Dr. Anderson has attended many cases of yellow fever, he is enabled to write practically on the treatment, and that which he recommends is the administration of an infusion of ipecacuanha in the early stage, followed by a full dose (ten grains) of calomel, and some castor-oil, and as soon as the bowels are unloaded, a mixture is to be given containing quinine, held in solution by sulphuric acid. This mixture is to be taken in divided doses, until a quantity amounting to thirty grains of quinine has been administered, after which period the quinine may be resumed, but at prolonged intervals. The treatment of cholera, as proposed by Dr. Anderson, consists in the administration of ammonia in the form of a fluid drachm of the aromatic spirit, with a claret glassful of Seltzer water, and repeated hourly till the frequency of the discharges is checked. This result is said by the author to ensue in a few hours if given early, but he gives no details of cases so treated. Dr. Anderson, in his preface, anticipates little commendation for his book on the part of the Profession, and in this respect, he will, perhaps not be disappointed, but he hopes that the community at large will be more indulgent, which may perhaps be the case. This "Hand-book," in truth, has very little Medical value.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. W. H. DICKINSON, of St. George's Hospital, commences the number with an address "On the Progress of Medicine during the last Three Centuries," being the Thruston speech, delivered at Caius College, Cambridge, 1865. In this brief, but discursive sketch, Dr. *Dickinson* passes rapidly in review the condition of Medicine and its professors from the time of Galen to that of Caius, and from the latter to that of the physicians of our own day. The state of Medicine in Europe at the time of Caius is thus described:—

"The time of Dr. Caius was a period of change and activity. The influence of the priesthood was declining before the spread of knowledge. The dominant class had been enabled to hinder, but not to prevent, the rise of a spirit of inquiry. Dr. Caius was seven years old when Luther nailed his ninety-five propositions to the church-gate of Wittenburg. The age of authority was ending and the age of inquiry was at hand. Galen did not fare better than the Pope. Vesalius was labouring at anatomy, and after spending a life in turbulent controversy, had so far corrected and added to the descriptions of the older writers that the science could scarcely be carried further with the aid of the microscope. All the anatomical discoveries since his time have been minute, such as pertained to the lymphatics, the valves of the veins, and the distribution of nerves. Surgery, which depends on the large facts of anatomy and on the obvious effects of outward applications, was consequently further advanced than the more profound and indirect science of Medicine. The old belief that all nature consisted of four elements—earth, air, fire and water, had been expanded into a complete system of Medicine, of which traces may be found in the present day. There were four humours present in the human body—blood, which had the properties of air; melancholy, those

of earth; choler, of fire; phlegm, of water. These were the 'second elements,' or the 'elements of man.' The functions of the organs were arranged accordingly. The liver made the blood; the spleen, melancholy; the gall-bladder was the source of choler; the stomach, of phlegm. As one or another humour prevailed, the temperament of the individual was formed, and he became sanguine, melancholy, choleric, or phlegmatic. His character and morbid tendencies depended upon the predominance of one fluid over the others. The old physicians gave elaborate rules by which the temperament can be ascertained. The appearance of the person, the colour of the skin and of the urine, the boldness or timidity of the temper, the colour of objects presented to the imagination in dreams, the sex of progeny, and many other particulars, are dwelt upon as signs of one of the four constitutions. Nor was this an unimportant question; not only were food and medicine given with regard to these considerations, but young men were admonished that their success in life depended upon their bearing them in mind in choosing a profession."

——Inspector-General Sir RANALD MARTIN continues his observations "On Hepatic Disease amongst Europeans in the East Indies," his present subject being "Chronic Engorgement of the Liver." In the treatment of this complaint he long ago became convinced of the inutility of mercury, and he therefore employed the nitro-muriatic acid in the form of bath, the use of which he describes at some length, and the efficacy of which he illustrates by the detail of several cases.——Mr. ROBERT ELLIS contributes a paper "On the Radical Cure of Prolapsus Uteri," and describes the operation he performs for the remedy of that condition. He states that all cases are not suited to the operation, but that a judicious selection should be made in order to insure success. Patients above sixty-five and young unmarried women are not fit subjects, but married women at the close of the child-bearing period up to fifty-five or sixty, offer the most favourable conditions for the proceeding. The operation consists in denuding a portion of the mucous membrane of the vagina, and then joining together the denuded surfaces by *flat ribbons* of silver, a method of suture introduced by the author of the paper.

THE 'MEDICAL TIMES AND GAZETTE.'

Dr. C. HANDFIELD JONES continues his Lumleian Lectures "On Some Points in the Pathology of Nervous Diseases," and he now describes the condition which he terms "inhibitory paresis" of the heart, or a kind of semi-paralysis of that organ, caused by nervous influences, and not by appreciable disease. Dr. Jones adduces several cases illustrating the existence of this condition as a consequence of nervous agency; but, as the whole subject is a difficult one, it will be better to describe its principal features in Dr. Jones's own language:—

> If, now, we consider the various causes which we have seen to produce inhibitory paresis, we shall, I think, be satisfied that they are all such as are likely to exercise an injurious and depressing influence on the nervous centres. Thus strong currents of electricity, cold and wet, intestinal irritations, fæcal accumulation, gastric, cutaneous, uterine irritation, diseased teeth, and the like, can scarcely be regarded as promoters of the natural and healthful functional excitement, but very much the reverse. The special effect which they produce depends in great measure on which part is the weakest, and, consequently, most prone to suffer depression or derangement of its normal mode of nutrition. The inhibitory influence seems to be more ready to act on the nervous centres which it first reaches, but it may also, as we have seen, diffuse itself very widely, or may only act on a remote centre. It probably produces its injurious effect wherever the resisting power is insufficient; in fact, *it finds out the weak point.* Diseased teeth commonly produce palsy of some of the highest situated nerves; but in a case recorded by Mr. Castle, of New York, they produced paraplegia, which soon ceased after their removal. The essential idea of the inhibitory theory is that an impression conveyed to a nervous centre by afferent nerves may weaken or paralyse, instead of exciting, its action, either from the congenital or acquired debility and sensitiveness of the centre itself, or because the impression is unduly intense or absolutely injurious. Both these things have, in every such case, to be considered—viz., the state of the nerve force, and the kind and amount of impression, as the resulting phenomena will vary with the variations of either. A gentleman of high scientific attainments told me the other day that the music (?) of a street organ distressed him so as to render him almost pulseless. Here, of course, the nerve force was in a very feeble and impressionable condition. It is clear that these views are of very material importance in relation to practical medicine, that they are utterly opposed to anything like routine procedure, and that they lead us to careful consideration of each individual case, not only as regards physical signs, but also as regards the very varying functional energies. It may be added that the state of the nervous centres seems also to determine to a great extent the length of time during which the depression shall continue, even after the inhibitory agency has ceased. Stronger centres recover at once, as soon as the morbid impression is removed; weaker ones, more slowly, and sometimes not without the aid of tonics and restoratives. Indeed, we find the same variations to prevail here as we do in many diseases. Two persons are affected with the same malady at the same time—it may be rheumatic fever; in one the system soon throws off, as it were, the disorder, and springs back to health; in the other it abides in its ill state, and shows but little tendency to spontaneous recovery. This must, I think, ever greatly interfere with attempts to ascertain what is called the natural history of disease."

——Dr. GEORGE HARLEY continues his lectures "On the Diseases of the Urinary Organs," his present subject being the pathology of albuminuria. He describes the microscopical appearances of the blood-corpuscles and the hyaline casts found in the albuminous urine; and in reference to the former he remarks that they sometimes appear nucleated and irregular in outline, but he observes that these appearances are partly optical phenomena and due to the action of saline urine on normal blood-cells. He then successively describes the hypertrophied kidney, the fatty degeneration of the kidney, and the waxy and the cirrhosed kidney.——Professor UNTERBERGER, of Dorpat, Russia, Director of the Veterinary School in that city, contributes an article "On the Cattle Plague," and confirms the opinion now entertained that the disease came to England from abroad, but he denies that it came from Revel. In the treatment, Professor Unterberger recommends neither medicines nor inoculation, but approves of the adoption of strict measures of veterinary police for the eradication of the pestilence.——Mr. WM. WATMOUGH relates a "Case showing an Unusual Course and Termination of an Abdominal Tumour." The tumour opened externally, and discharged a large quantity of what appeared to be gall stones. They consisted of cholesterine with nuclei of carbonate of lime and biliary pigment.

'JOURNAL OF SOCIAL SCIENCE,' including the Sessional Papers of the National Association for the Promotion of Social Science. Edited by EDWIN LANKESTER, M.D, F.R.S. &c. No. I. NOVEMBER, 1865.

This Journal has been started with the object of circulating

the papers read before the meetings of the National Association for the Promotion of Social Science, and of supplying original papers and various information on the subjects embraced in the departments of the Association. These departments, we are informed in an introductory address, are classed under the heads of Law, Education, Political Economy, and Health, which topics, it is contended, should be studied not alone from a professional point of view by certain classes of persons, but by the community at large. The manner in which it is proposed to treat these subjects may be gathered from the following extract from the introduction :—

"What we shall endeavour to show is, that there is no member of a civilised community, however low, that is not interested in understanding and discussing the great principles by which the welfare of society is regulated, and it will be our constant aim to present the subjects with which we deal in a language and style that can be appreciated by the great bulk of those who have been educated to read their own tongues. Whilst we hope to secure contributors to our pages whose names will at once be a guarantee of the soundness of their views, and the earnestness of their purpose, our pages will be open to the freest discussion. At the same time that we can admire the earnestness with which men maintain their religious and political principles, we shall not advocate practical action in social questions on the grounds of religious and political parties. Holding the right of every member of a free state to act upon his political and religious views, we shall be open to the fair and honourable discussion of all questions connected with the recognised sphere of the activity of the Social Science Association. That the questions interesting to human society must have a limit in our pages, as well as in the proceedings of the Association, will be evident to all when it is considered that, in its widest sense, social science embraces the consideration of the principles involved in the cultivation of the fine arts, the science of theology, and the practice of law and medicine."

Besides the proceedings of the Association for the Promotion of Social Science lately held at Sheffield, which are very fully reported, the present number contains articles on the Cholera, the Cattle Plague, the Protective Duties of America, and the Examination of Girls, and there is a monthly chronicle on passing events, together with a report of the proceedings of societies, and a department for reviews and one for correspondence.

"CYCLOPS'" THIRTY-FIRST LETTER ON PHYSIOLOGY.

To VIGILANS.

SIR,—I have shown in my previous letters that large quantities of aqueous fluids are made in the body independent of the blood, and that these stand in close relationship to the fat. That while on the one hand fat is made by the inspissation of inorganic fluids formed from certain gases, and that it has of itself when so formed, the power of holding a large quantity of fluid as a reservoir in many parts, for the common uses of the system. In none probably is it so important as in its connection with the glands; organs which have large powers of secreting important salts to be used again in the system and which are deeply imbedded in fat. It is my duty to show that it would be perfectly impossible for the salivary and other glands to form their peculiar secretions without the inorganic fluids supplied by the fat, and furthermore that it would be equally impossible they could be conveyed from their secreting cells without being diluted with inorganic fluid elements. It seems to be so deeply a rooted conviction that all elements are made from the blood that I cannot reiterate my denial of this too frequently. Nature having placed certain organs and structures of a certain character in given localities, has consequently endowed them with their own peculiar powers. Nothing can be more remarkable in a physiological point of view than that periosteum secretes bone. Plant the periosteum where you may, the result will be ossific deposit. If bone is destroyed and becomes exfoliated, a fresh periosteum must be first formed before that portion of bone is renewed. The blood, therefore, supplies only structural power to periosteum and periosteum supplies bone. Similar facts occur throughout all other structures. Blood supplies glandular structure, but the glands from their own inherent powers secrete certain elements. If we take the salivary glands alone and consider the immense amount of saliva that is formed daily by every individual, the wonder is, not how the glands can do it, but how the blood can supply sufficient elements as well as the inorganic aqueous matters; and so it will remain to the end of time unless the question is solved in a more simple manner. In all analyses of these secretions a vast percentage is always found to be water, which holds in solution their constituent bases. The salivary glands themselves evidently form these latter; but it is totally impossible they can also form the aqueous or diluent mass as well. Therefore, this is supplied by the inorganic fluid derived from the fat, which in the first place helps them in the formation of their bases, and adds the principal quantity of fluid when these are excreted from the glands themselves. There does not appear to me a wiser or more beautiful provision of Nature, than in the gland theory viewed in this way. It opens up a large field of thought and at once relieves us from the oppressive idea, as well as the impossible one, that the blood is the only active medium in all these matters.

Let us see how modern physiologists view these things. They say that the secreting glands of plants are presumed to be structures specially adapted for the elaboration of secretions, but yet they profess not to understand them. They infer that a peculiar condensation of tissue secretes a fluid and then excretes it in as peculiar a way, and suppose this process to be connected with the vascular system in the interior of the plant. In fact, all being doubt and uncertainty, specious theories are made, but always with the plea that this or that fact has not been sufficiently investigated, or not sufficiently revealed, and, therefore, not yet understood.

Speaking of the acid and alkaline secretions supplied by plants, "We know," say the best authorities, "scarcely anything." Still they are always harping on the same string—namely, that all secretions, glandular of course included, must be eliminated from the blood. But if anyone once begins to investigate all these matters with a doubt how it is possible these things can be done, it is then that the more he reads up the subject even by the best authorities, the less satisfaction he will get, and his doubts will at last culminate in perfect disbelief, and he will arrive at the same conclusion I have long since, of the speciousness of the theories advanced.

Now, one fact of this kind is as good as a thousand, and I will take it from the latest, as well as what is considered the first authority. In speaking of fat I have alluded to its investing membrane, which is an organised substance whose duty is to envelope a large inorganised mass and for no other purpose whatever. Of the same character are the fasciæ of glands. Speaking then of the glands, our authorities say :—"In all cases, the secretion is formed by a special organ or gland, more or less complicated in structure; it may be regarded as a sac, formed of a membrane, on the outside of which blood-vessels ramify and provided with an orifice by which the contents may be either transmitted to the place where their presence is required or carried out of the system altogether." "*It is the membrane of which this sac is formed that constitutes the true secreting organ*; and, although our means of observation do not at present enable us to distinguish any marked differences in its structure in the different glands, it is *manifest* that such variations must exist, since the conformation of the secreting sacs, or tubes, into masses of various shape and texture, has nothing to do with the character of their products, this

being entirely determined by that of the membrane through which they are transuded from the blood." "It is not a little curious to remark, also, that all the secreting membranes of which glands are formed, are prolongations either of the skin, or of the mucous membranes, which are continuations of it." "A secretion of a more peculiar nature is formed by one of the modifications of cellular tissue, *the adipose*, the fatty matter which its vesicles contain being strictly a secretion *from the membrane forming their walls*, and as these cells have no outlet, their contents are stored up in them, like the corresponding secretions of plants, until their re-absorption is required for the purposes of the economy." So, in the first place, the "*secretion is formed by a special gland, with an orifice to transmit it where it is required, or to carry it out of the system altogether.*" But if it is required by the system, it goes to the right place, and if it is not, it somehow vanishes. This is very pretty logic, as Nature ever made anything that she did not want, and always for some specific use. But then the sac or investing membrane of these glands is considered in the next paragraph "the true secreting organ." Now, this is quite of a piece with the other. Then I say, why this work of supererogation at all? The sequitur is quite natural, the confession of not knowing how all these things happen, though it is naively said that it is *manifest* something does happen. Then to say—"the various shapes and texture of the sacs and tubes have nothing to do with the character of their products" is equally gratuitous, for did they not, Nature could not have made them so. But that, "all the different products are entirely determined by the investing membrane through which they transude from the blood." Yet, this is actually written and firmly believed in, with all the list which I have quoted above. No wonder Medicine is a mystery, and its practice oftener a curse than a blessing to mankind, when the physiology of its simplest secretions are not understood, and the *half-science* itself in so low a condition. Let us trace a number of causes to prove one great fact. A thin girl marries—conception takes place with gradual utero-gestation. The first thing noticed, is a general dampness occurring throughout the body. In fact, the whole character of the individual becomes altered. The neighbouring organ to the uterus, namely, the colon, increases in calibre, more hydrogen is generated and oxygen proportionally consumed, and more aqueous elements are the result, so much so, that in a few months a greater deposit of fat ensues from the causes I have laid down. Every gland becomes more active and is able to secrete more of its ases of supply, and the surrounding fat supplies also more aqueous diluents. The sympathies throughout the whole system are roused to their utmost, and for the first time, the breasts assume a character they never had before. They enlarge, and after parturition secrete milk in often very abundant quantities. Now, here are glands different in their character to the salivary. It is a fact noticed by the older physiologists that the milk glands, or rather the membranous fasciæ that invests them have very few blood-vessels compared to their bulk, and even with the great increase of the mammary glands during lactation, the arteries preserve their almost capillary minuteness throughout all their ramifications. Now, this fact is totally at variance with the notions above stated. If there was any truth in them, the blood-vessels in the investing membranes ought, as a matter of course, to become larger and carry more blood to the parts; which they do not. But as respects the glands themselves they become larger and more active, and the quantity of fat itself surrounding them is greatly increased. Still the older physiologists worked hard for their theories, by saying that the milk was excreted from the chyle; but this reversion of the lymphatic vessels being justly considered untenable they, like all others, fell back upon the blood. It will thus be seen that men wish "to reckon without their host," how they run into no end of errors only to be equalled by their infidelity in doing so. The host in all these cases being the whole of the body, have been left out altogether. Nothing appears clearer than that the solids, fluids, and gases form the most perfect equilateral triangle, and if once this third be admitted into all the laws of the secretions of the body, mountains of vexed questions would soon subside from the field of physiology. Milk may be considered as one of the most compound of animal fluids whose parts have but an imperfect affinity to each other. It contains but a small quantity of azote, with a predominance of hydrogen, oxygen, and carbon; but it also contains several salts such as muriate of soda and potass and phosphate of lime. Now muriate of potass does not exist in the blood, and this led some of the older physiologists to doubt the blood supplying the mammary glands at all, with the materials whence milk is secreted. And this is the most consistent view of the whole matter, for there is no doubt in my own mind that the organic constituents of the body have been too much considered and supposed to do more than it is possible they could do, to the exclusion of the inorganic elements and the gases, which has been the fashion entirely to ignore. The consequence has been that most untenable doctrines have been promulgated, which have only served scholastic metaphysicians to lecture upon even in the present day, to the wonder of their hearers only, for while they have endeavoured to retain all these matters in their minds, they have felt they could not do so, for the simple reason that they contained no truth for the mind to grasp.

In last week's MEDICAL CIRCULAR, a distinguished chemical physician, lecturing on fat, says, "that the process of fattening is caused either by taking more fatty matters into the system than can be removed by the influence of oxygen or by diminishing the quantity of oxygen supplied to the tissues." There is truth at the bottom of this, but it is not made apparent by scientific deduction. He must first teach that nothing can be taken into the system that does not undergo the necessary changes to their primitive elements and then become recombined or organised anew. Let him teach that the hydrogens are generated to a large amount in the system from the fat taken, and consequently absorb the oxygen freely. The natural results being aqueous elements, which become inspissated, and fatty deposits are the result. When there is a diminished supply of oxygen to the tissues with a full supply of hydrogen, then greater quantities of fat necessarily ensue. But let him give up the false idea that either eating fat itself or fat producing elements supply fat *per se*, for they do no such thing. This can only be done in the way I have previously said, by their conversion into hydrogens and then combining with oxygen, and if this is not done, many persons to my own knowledge who are great consumers of fat, never made fat nor carried fat themselves in any like proportion.

The further uses of this valuable inorganic mass in its relation to the glands in the formation of diluents to assist the bases of their secretions in the economy of the system. I will further illustrate in my next letter.

I am &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

THE CATTLE PLAGUE.

The Edinburgh Committee on the Cattle Plague, having been commissioned by the Royal Cattle Plague Commission to make observations and experiments in reference to the prevention and treatment of the cattle plague, have considered it desirable, in addition to the experiments on treatment which they propose to institute themselves to obtain a record of observations and experiments made by as large a number as possible of qualified veterinary practitioners throughout the country. With this view they have drawn out the following suggestions for methods of treatment of various kinds, prophylactic and curative, which they are anxious should be tested on an extensive scale. They have also drawn up a schedule for the purpose of rendering definite the record of the results of the methods of treatment suggested by them. The committee, before specifying the various methods of treatment in detail, would premise a few general remarks which they consider to be applicable to all cases:—1. As to general sanitary measures, disinfection, &c.—The committee content themselves with referring

for full information on these matters to the supplement of the report of the Royal Cattle Plague Commission, which is in the hands of all veterinary inspectors. 2. As to food.—The committee deem it desirable to state it as their opinion that as a general rule, at all stages of the disease, and whatever treatment is used, food should not be pressed on the affected animal. They believe that too much even of the softest food is hurtful, the powers of digestion being so greatly impaired by the disease. During the earlier stages, they believe that the safest articles of diet are oatmeal gruel, barleymeal gruel, with linseed tea, hay tea, or bran tea, and that little if any addition to these is needed. During convalescence, it is also very necessary that the food should be both sparing and of easy digestion. The same diet as during the earlier stages may be continued, with the addition of mashes of well-boiled turnips or carrots, but in moderate quantity. When rumination commences to be re-established a handful of sound hay, damped with salt and water, may then be given in addition. 3. As to the maintenance of the heat of the animal.—The tendency to chill of the surface is a marked feature of the disease, and it is very essential that the animal should be guarded against cold. The byre should be kept heated up to a temperature of 65 deg. The animal should be thoroughly rubbed down from time to time, and be kept covered with an ample clean rug fastened on with a roller or band of any kind. 4. As to the state of the bowels.—In the early stages they are apt to be constipated. To remove this condition, mild laxatives may be required, but strong purgatives of all kinds are both unnecessary and unsafe. The best laxatives are either raw linseed oil, in the dose of a chopin-bottleful (an English quart), or from 2oz. to 3oz. of flowers of sulphur, mixed up with two pounds by weight of treacle and two chopin-bottlefuls of water. These doses may be repeated cautiously according to circumstances. Sometimes, even in the early stages, but more frequently when the disease has continued for some days, diarrhœa or scouring is apt to come on, and to prove irritating and exhausting to the animal. The simplest and best treatment for this symptom is one ounce of laudanum, mixed with a chopin-bottleful of lime-water, repeated twice or even thrice a day, if necessary. Having thus premised these general recommendations, the committee proceed to state in detail particular methods of treatment, classified under the heads of—A. Diaphoretic and stimulant treatment; B. Acid treatment; C. Restorative treatment without drugs; D. Prophylactic treatment. A. Diaphoretic and stimulant.—The committee are anxious to give a full trial to the method of exciting sweating by the means of vapour bath. The method of using this agent is as follows:—The animal is to be placed in a stall enclosed on all sides, the height of the enclosure being a few inches more than that of the animal. Over the top of the box or enclosure thus formed is thrown a tarpaulin, which should cover it completely, with the exception that an opening is left in it sufficient for the animal's head to pass through. There is then to be placed on the floor of the enclosure, under the animal a tub containing boiling water to the depth of half-a-foot. A continuous evolution of steam is to be maintained for half-an-hour by means of red-hot bricks thrown into the tub one after another. Under the use of this steam bath, if properly managed, the animal may be expected to become warm and to perspire profusely. After each vapour bath the animal should be washed with tepid water containing M'Dougall's disinfecting soap, taking care to dry it well after the washing. It should then be covered with an ample rug, kept, as already stated, closely applied to its body by means of a roller or band of any kind. The bath may be repeated either on the same day or following days, according to circumstances. During and after the bath the animal should be allowed a draught of cold water, which helps to promote perspiration. The objects chiefly aimed at by the use of the vapour bath are to promote the circulation at the surface, to relieve the congestion of the *mucous membranes*, and to eliminate the poison from the system. Combined with the vapour bath may be used various other remedies not incompatible with it, but calculated to aid its action. Several of these remedies the committee now proceed to mention, it being, however, understood that only one of them is to be used along with the bath in each case were the experiment is made; they are not to be used together in the same case. A 1. Oil of turpentine.—This may be administered in doses of four tablespoonfuls, well shaken up with a chopin-bottleful of gruel, and may be given twice a day. This remedy may be expected to act beneficially by its powers of stimulating and of exciting perspiration. It may probably also, in most cases where it is used, supersede the necessity for giving any laxative medicine. A 2. Infusion of coffee.—The method of preparing this remedy is by infusing two ounces of ground roasted coffee for a quarter of an hour in a chopin-bottleful of boiling water. It must, of course be allowed to cool somewhat before being administered, and may be given in the above quantity every six hours. In addition to its stimulant and nutritive qualities the coffee may act beneficially in consequence of the empyreumatic oil and caseine which it contains. A 3. Carbonate of ammonia.—This medicine, which has been found in many cases to act beneficially as a powerful diffusible stimulant, may be administered three times a-day, in doses of half-an-ounce, either alone or preferably combined with three drachms of nitre dissolved in a chopin-bottleful of gruel. B. Acid treatment.—This treatment is suggested in consequence of the alkaline state of the secretions which is found to exist uniformly in the cattle plague. B 1. Dilute muriatic acid is said to have been successful in Holland. It may be given twice a day in doses of three drachms mixed with a chopin-bottleful of gruel. B 2. Vinegar.—This may be used in doses of 2oz., mixed with a chopin-bottleful of gruel, and may be given four times a day. C. Restorative treatment without drugs.—This consists in carrying out in full the sanitary instructions of the Royal Cattle Plague Commission—in regulating the diet according to the instructions already given—in keeping the animal warm, and in administering two chopin-bottlefuls of good Scotch sweet ale three or four times a day. It is desirable that this system should be carried out in a certain proportion of cases, all drugs being rigidly abstained from. D. Prophylactic treatment.—The committee would further desire to draw attention to the importance of experiments being made as to the efficacy of prophylactic (protective) treatment either in preventing the development of the disease or modyfying the intensity of the symptoms when the disease becomes developed in animals which have been exposed to the infection. In such cases, of course, all the sanitary measures of the Cattle Plague Commission should be strictly carried out. There may also be given at the earliest possible period prophylactic drugs, of which those most deserving of trial seem to be—D 1. Sulphite of soda given morning and evening, in doses of 1oz. dissolved in a bucketful of water. D 2. M'Dougall's solution, of which a wine-glassful in a bucketful of water, may be given twice a day. D. 3. A mixture of half-an-ounce of sulphate of snda and two tablespoonfuls of M'Dougall's solution, in a bucketful of water may be given twice a day. It would have been easy for the committee to have given a much longer catalogue of methods of treatment, but this would only have been embarrassing to practitioners. In the suggestions made they have sought to combine simplicity, safety, and economy. Whatever the results of the experiments may be, all of them may be easily and cheaply carried out under almost any circumstances. It should be borne in mind that the results of the experiments, whether positive or negative, will be important. The committee in conclusion, beg to invite communications as to the results of treatment from practitioners, and are prepared to give their best consideration to any plans which may be proposed for experiment. In name of the committee,

"ANDREW WOOD, M.D., Chairman."

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 30th ult.:—William Soltau Eccles, Granville square, W.C.; Algernon Ewen, Long Sutton, Lincolnshire; Theodore Fennell, Rainhill, Lancashire; John Waller Melson, Newhall street, Birmingham; William Evatt Wright, Witham, Essex.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 28.

Dr. ALDERSON, F.R.S., President.

A PAPER, by Dr. SAMUEL GORDON, describing a

CASE IN WHICH THE OPERATION OF TREPHINING OF THE SPINE WAS PERFORMED

was communicated, with observations, by Dr. ROBERT M'DONNELL. The case reported is that of a man, thirty-one years of age, who met with an injury of the spine on March 27, 1865. He was thrown from a horse into a ditch while hunting, and was immediately affected with paralysis of the lower limbs, rectum, and bladder. When admitted into the Whitworth Hospital, under Dr. Gordon's care, these symptoms still continued, a bed-sore had formed, and there was incontinence of urine, which fluid was alkaline, and contained copious mucopurulent deposit. One of the vertebræ in the lower part of the spine was displaced. The extent to which the spinous process projected was shown in a cast exhibited. Dr. Gordon performed the operation of trephining at the patient's urgent request on June 3. The operation lasted fifty minutes, and was not accompanied by much hæmorrhage. Soon after the operation signs of improvement were noticed. On the fourth day after it the urine became acid, but this condition did not continue; sensation improved, and some days later there was observed an increase of motor power. After some time the urine, which was sometimes alkaline, sometimes neutral, became permanently acid, power over the bladder was restored, and the patient was conscious of the passage of fæces. Within eight weeks he was able to go out, reclining in a basket carriage. He has now regained control over the bladder, and he can sit erect with ease and comfort; but he cannot stand, or of course attempt to walk. His general health is excellent. In making observations on this case, Dr. M'Donnell draws attention to the following points:—1st. There is nothing in the operation of a necessarily fatal kind; neither is it of necessity followed by exfoliation of bone, formation of matter, &c., which makes convalescence very tedious, if not impossible. and. He thinks that even those who do not advocate the operation in question must admit that in this case the operation was the cause of improvement. 3rd. Judging from our present experience, he recommends that in future cases the operation should be performed early, before structural change has taken place in the cord, and the muscles have fallen into a state of atrophy, from which it is difficult for them to recover. 4th. He advocates removing the posterior arches of more than one vertebræ as a proceeding which adds little to the difficulty or severity of the operation, and nothing to its danger, and which gives the patient a better chance of ultimately being able to stand and walk.

The PRESIDENT remarked that the paper just read was a beautiful specimen of caligraphy, and he hoped it would be taken as the prototype of future papers.

Mr. URE rose to return thanks for the author's very important communication. The case related was the first in which recovery had followed such a procedure. Mr. Ure referred to Mr. Cline's and to Mr. Tyrrel's cases. In the latter the injury was at the tenth dorsal, and after the operation the patient recovered sensation and motion, and could even to get out of bed, but died in a fortnight of peritonitis. Mr. Ure referred to a case by a French surgeon. The patient died on the fourth day after the operation. In the spinal cord was torn across and the bone much fractured. He agreed with Dr. McDonnell that it was important to operate early, and he thought where there was fracture with depression of one or more laminæ, attended with paraplegia and retention of urine, it was justifiable to trephine without hesitation. Mr. Ure then related a case recorded by M. Louis, in which paralysis of the lower extremities and retention of urine followed a bullet wound of the spine. The bullet was extracted, but the symptoms persisted. Some splinters of bone were then removed, and the symptoms passed off. Twelve years after the occurrence the man could get about with but slight difficulty. He (Mr. Ure) thought this case showed the necessity of getting rid of displaced bone when doing mischief. Dr. McDonnell's case proved that the operation was not so serious as it was generally supposed to be.

Mr. BARWELL thought the record of this case valuable, as proving that such an operation was not fatal, but he thought it proved nothing more. We knew, he said, that such cases do recover, and he related a case in point, in which the symptoms had been precisely those of the case related in the paper.

Mr. SOLLY was a pupil of Mr. Travers when Mr Tyrrel operated on the case referred to. Mr. Solly then said that Mr. Heckstall Smith knew the particulars of the case well. Mr. Travers, who was present at the operation, expressed to Mr. Solly afterwards his fears that the operation never would succeed, as the cord was always too much bruised to be capable of reparation. In consequence of his previous observations, Mr. Solly made a drawing of the cord after death, which verified Mr. Travers' observations. Mr. Solly believed that the opinions expressed by his senior at that time retarded considerably the adoption of the operation.

Mr. HECKSTALL SMITH said he had recorded the case in the Medico-Chirurgical Review for 1827. He had never ceased to take an interest in cases of this kind. There was but little surgery in the country, and he had not come across a case of the kind again; if he had, he would have performed the operation. In Mr. Tyrrel's case, the operation had been performed pretty much in the same way as this. The result led to the operation being discouraged, but it ought not to have done so. After the operation there was considerable improvement, especially on the second, third, and fourth days; but it was not so rapid afterwards. On the ninth day, pleuro-pneumonia set in; it was treated actively, and the patient died. He evidently did not die from the operation, nor from any lesion of the spinal cord, but from pleuro-pneumonia. In this case the condition of the urine alternated from acid to alkaline. Before this case had been published, it had been held that an alkaline condition of the urine always arose from decomposition, but in this instance he (Mr. Smith) had clearly proved that the urine was alkaline when secreted. Mr. Smith concluded by saying that he hoped Dr. M'Donnell's paper would lead surgeons to select cases and to operate.

Mr. SHAW considered the Society honoured by receiving so valuable a communication from across the Irish Channel; and as other important papers had been lately presented from the capital of Scotland, and we had expected one this evening from the western metropolis of England—Liverpool—the Society might without presumption be called the "British" Medical and Chirurgical Society. He had listened to the details of the cases with much interest. He was unwilling to appear captious, but neither of them touched on the very important point—the effects of trephining the spine (as it was incorrectly called) directly after the receipt of the injury. In the successful case, the operation was not performed till the second month after the accident. Now, during that time the vertebral column must have undergone essential changes; if the bones had not perfectly united, at least all the adjacent parts must have become consolidated by the processes of repair. And observation shows that when patients have passed through the first stages of the accident, and have lived long enough for the injured parts to acquire some solidity and firmness, their chances of surviving, although with paraplegia remaining, are greatly increased; the probable reason being that, as they can then be moved more freely in bed, and their positions more frequently changed, the bed-sores are more likely to be cured. Mr. Shaw next made some remarks on the anatomical structure of the spinal cord at the seat of the injury. In Dr. McDonnell's case the fracture was found, on dissection, to have been at the junction of the last dorsal with the first lumbar vertebra;

(Continued at page 424.)

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 13, 1865.

THE SCIENTIFIC INVESTIGATION OF THE CATTLE PLAGUE.

Having expressed last week our opinion upon the pretensions put forth by the homœopathists in reference to the treatment of the cattle plague, we have nothing further to add upon the subject, except to repeat our wish that every facility should be given to those gentry to conduct their experiments, although we have no anticipation that they will be followed by successful results. If, contrary to our views, homœopathy should really prove beneficial, and the fact should be certified by competent observers, we shall not shut our eyes to the truth from whatever quarter it may come.

But leaving such absurdities for the present, as being inconsistent with the gravity of the circumstances in which we are now placed by the prevalence and the increasing severity of the cattle disease in our country, we turn to the more serious questions which have been raised by persons really competent to form opinions on the subject; and, in the first place, as we think it of paramount importance to determine the nature of a disease before proposing measures for its treatment, we offer a slight sketch of the pathology, before noticing the therapeutical indications which seem to be legitimately deducible.

It must be admitted, we think, that the disease is decidedly contagious, and that it thus resembles some of our exanthematous and febrile diseases, although it is identical with none of them. The visible pathological conditions during life consist in an abundant secretion from the mucous membranes, both the gastro-pulmonary and the genito-urinary, and in an appearance of general exhaustion, under which the animal sinks. After death it is found on examination that the internal mucous membranes are marked by patches of redness and congestion in various parts, and that the epithelium is detached in many places. No specific alterations of structure, however, are found in those regions where characteristic changes are often observable in the corresponding diseases of the human subject; thus, Peyer's glands, which are invariably inflamed or ulcerated in typhoid fever, are found wholly uninjured in the bodies of animals suffering from the cattle plague, and indeed these glands in the latter case are found less conspicuous than in health. The glands in question serving in some manner, by their secretion, to promote digestion, are rendered useless in cattle suffering from Rinderpest, because the animals refuse food for some days before death, and as the function of the glands is lost, their structure diminishes in bulk.

Thus it will be seen that the cattle plague is not typhoid fever, nor can it be said to be typhus. It is not small-pox for it is not attended by the characteristic eruption of that disease. In the earlier stages, when the secretions are increased, it somewhat resembles influenza in the human subject, and at subsequent periods, when purging supervenes, it bears some analogy to dysentery, while certain appearances of congestion of the fauces recall a few of the appearances of diphtheria.

The above brief outline, in which we have carefully avoided noticing any points except those established by observation, will perhaps rather show what the disease is not, then what it really is; but still we have enough to prove to us that it is an epidemic and contagious malady, characterised by great depression of the system, and general congestion and softening of the mucous membranes, and sometimes perforation of the intestines. This perforation appears to be the result of the softening and is not to be confounded with that which sometimes follows as a consequence of typhoid fever.

Such then being the pathology of the affection, we turn with considerable satisfaction to the suggestions lately made by the Edinburgh committee on the cattle-plague, in reference to the prevention and treatment. In the document containing these suggestions we find nothing of a dogmatic character, but the committee merely sketch out several plans of treatment which they offer to the consideration of practitioners, and at the same time they invite communications as to the results observed, and express themselves as being prepared to give their best attention to any other plans which may be proposed.

The subject is of so much importance that we have given elsewhere in detail the suggestions of the Edinburgh committee, and we would only offer a few observations in regard to their suitableness and applicability. As the disease consists very materially in a congested condition of the alimentary canal, it is very properly, as we think, recommended that food should not be pressed upon the animals, and that the diet should consist of the lightest and most digestible kinds of nutriment, as gruel, linseed tea, and the like. Again, as cold is one of the chief symptoms of the disease, it is recommended to keep the animals in a regulated temperature, and to try the use of vapour baths and other methods for promoting perspiration, thus sustaining the warmth of the body and eliminating the poison from the system. The use of drugs is cautiously recommended, but it is further suggested that a restorative treatment without drugs should also be tried, and the comparative results recorded. With regard to the prophylaxis, some very simple suggestions are laid down, the administration of the sulphite of soda being recommended, together with McDougall's solution. The sulphite is useful by giving off sulphurous acid in the stomach.

While thus adverting to the recommendations of the Edinburgh Committee, we desire to state our opinion that no plan of treatment hitherto proposed can be considered successful, and our chief reason for expressing approval of the above suggestions is because they make no pretensions to infallibility. They are merely put forward as hints for the guidance of practitioners, and as we have before stated, they are founded upon reason and sound views of patho-

logy. The great and indeed only effective measure at present known for the removal of the cattle plague is prevention; and the Government should take the most vigorous measures to remove the causes of contagion by a strict system of isolation.

DR. RICHARDSON ON THE PREVENTION OF CHOLERA.

This subject may be studied under four heads: 1. What can be done by the Government? 2. What by municipal bodies? 3. What by the household? 4. What by the individual? The governments of England and Turkey could do something to stop the spread of the disease by the pilgrim hordes, if they would establish at certain seaports houses in which all cholera patients should be retained. Quarantine should be abolished, because it can never be made sufficiently effective. Government also could provide an Act, making it a punishable offence to dispose of infected clothing: in support of this necessity, it may be stated that in one case the whole of the infected bedding of several cholera patients was actually thrown into the Thames in 1854. Lastly, the Government might see that the rivers of England are not polluted with sewage. This work is now in hand. Municipal bodies ought to determine at regular periods the condition of the water supplied to their districts. This is done now in the parish of Marylebone by the Medical Officer of Health, and that very efficiently, and the practice is deserving of imitation by all vestries and local boards of health. The municipal authorities ought also to see that drainage is everywhere good; they should provide proper houses for vagrants, giving ample means for washing and drying clothes, and should supply the people with baths and other appliances for securing cleanliness. One duty, not before put forward, could be accepted by our local authorities. They ought to provide in every parish one or more rooms for carrying out the process of disinfection without destruction of infected articles. This could be easily carried out at public baths and wash-houses by having there a room charged with heated air. Again, the municipal body should provide public workshops in crowded localities in which the heads of families might work in health and comfort and relieve their crowded homes during the working hours of the day. Lastly, the municipal bodies would only be following an advanced and enlightened course in taking means to diffuse amongst the uneducated classes a knowledge of the laws of life and health. In the household it is right to see that there is at all times a sufficient supply of water, and that the water is free of organic impurities. In case cholera should break out in a household, the sick person should be placed in a separate chamber, and all infected articles, and the *excreta*, should be disposed of with scrupulous care. During epidemics every article of food that would bear washing should be carefully washed in water that has been boiled. As regards the individual, the great point to remember is, that the poison of cholera can only enter the system, to do harm, by its being swallowed. The individual should avoid cholera poison as he would prussic acid, or other physical poison.—'Social Science Review.'

THE METROPOLITAN SANITARY ASSOCIATION.—This Association intends to hold its first conference meeting on Monday evening, the 14th inst., at the rooms of the Society of Arts, John street, Adelphi. Thomas Chambers, Esq. Q.C., M.P., has consented to preside, and Dr. Druitt, President of the Association of Medical Officers of Health for the Metropolis, will deliver an address "On the Defects of the Existing Sanitary Laws, with Suggestions for their Amendment;" after which, discussion on the subject will be invited.

MEMORIAL TO A MEDICAL PRACTITIONER.—The Officers of Portsea Convict Prison have erected a memorial to the late Dr. Bowler, the surgeon superintendent of that prison. It is in the form of a marble cross over his grave.

CHOLERA IN NAPLES.

(BY THE CORRESPONDENT OF THE 'TIMES.')

NAPLES, DEC. 2.

As compared with the early days of November the cholera is reduced to infinitesimal proportions, and the public spirit is rallying rapidly, too rapidly perhaps, as many of those personal precautions which are at all times desirable are likely to be neglected. For the last two days of which I have seen the reports the cases have been thirty-eight and twenty-three, while the deaths have not been more than fourteen and twelve. The environs show also a similar improvement, as the cases on the same days have not been more than thirty-one and fifteen, and the deaths four and nine. Of those places Ponticelli and Torre del Greco are the greatest sufferers, and I regret to say that at San Giovanni, from which I reported such a grotesque outburst of joy, other cases had appeared. The probability is that the malady has spent its force for the present; the cases that now occur are as nothing compared with the vast population of Naples, and strangers desirous of visiting our city may return with impunity. "The malady," says a Medical friend,—

"Is rapidly on the decline, though I fear we shall not get entirely rid of it for a long time to come; perhaps it may linger on till the spring, and burst out again as it did during the first epidemics at Naples. On the whole, however, we cannot say that we have suffered very much, and certainly not so much as the filth and conglomeration entitled us to. I had only one fatal case, several cases of declared cholera, and a great many of diarrhœa, which would have become so if not taken in time. The more I see of the disease the more certain I am that its ravages might be entirely prevented by a house to house visitation, and an early treatment of premonitory symptoms which are scarcely ever absent. As to the treatment, this epidemic has again taught us nothing; many old remedies have been brought up anew, and puffed, such as quinine and quassia injections, chlorodyne and opium; but the result has been the same as in other epidemics—about forty or fifty per cent. of mortality of the *declared* cases, while the mortality from subsequent typhoid fever has been the greatest in those cases that have been treated by violent remedies, and chiefly by opiates and alcoholic stimulants. The disinfectants used chiefly have been sulphate of iron for the excreta, while the rooms, bedding, furniture, &c., have been fumigated with chlorine gas. In the military hospitals the rule has been that no one left the hospital (of the Medical and other attendants) before having remained a few minutes in a room exposed to those fumigations. The exemption of Sicily (and of Rome) up to the present time is certainly in favour of the complete *ex communicatory* system; but then, again, on the other side, Leghorn and Genoa have been exempted, though a quarantine of only a few days was insisted on."

In addition to this, it may be observed that the islands in the Bay, which, from their position, are cut off from close communication with Naples, have not been afflicted except in one or two cases, which were evidently carried over from the city. As to the quassia experiments, the results are not spoken of by the Medical men who made them with any sanguine feeling. What they say is, that it is premature to form any opinion of experiments made on the decline of an epidemic. In the Hospital of Piedigrotta two or three rooms have been set apart for non-Italian practitioners, English, French, German, Swiss, &c., and as my friend is engaged there his evidence is worth attention. In all the cholera hospitals the staff has been considerably reduced, but in a wise precautionary spirit the hospitals themselves will not be finally closed before next summer, as the experience of other epidemics threatens the possibility of a return. Naples has, however, been submitted to such a thorough sanitary investigation, the precautions taken have been so minute, and the public mind is so much more alive to the secondary causes of the malady, that on occasion of another visit the chances are that cholera would have to struggle hard for a footing. It is extraordinary that during the whole time that the city

has been suffering so much, I have not seen one word published on that great chronic source of all malady here, the infamous system or no system of sewage, yet the evil offends every sense, and, as my friend observes, Naples ought to have suffered a vast deal more.

MEDICAL SOCIETIES.

(Continued from page 421.)

and in Dr. Gordon's it was supposed to have been at the same locality. Now, that is the very place at which the numerous roots given off to form the cauda equina envelope the cord. And it is important to remark that these roots, by thus surrounding the cord afford it a great protection against injury. Accordingly it is allowable to suppose that in both cases the lesion of the spinal cord was not so severe as it would have been had the fracture occurred elsewhere. He (Mr. Shaw) had recorded four cases of fracture, with dislocation, at or below the second lumbar vertebra in which the patients had no paraplegia at all, and recovered. The explanation was that the injury had been committed below the point where the spinal cord ceases, and at a part where the cauda equina alone is contained in the vertebral canal. So it has been observed that in the majority of those rare cases in which the patients have been so fortunate as to have had motion and sensation restored, after they had been lost from fracture, the injury had taken place in the dorso-lumbar region—viz., near the point at which the cauda equina commences.

Mr. HOLMES COOTE said that, without expressing an opinion respecting the propable verdict of the Profession on the operation proposed by Dr. McDonnell, he yet thought that it merited the earnest attention of surgeons. All were aware how fatal were accidents combined with fracture of the spinal column ; it mattered little where was the seat of fracture—death so commonly ensued that a fatal issue was regarded as the rule. A specimen of repair after fracture of the spine of a Welsh miner, who lived several years after the accident, was once shown to him as a great curiosity and rarity. Under these circumstances, he thought the Profession indebted to those gentlemen who had brought the matter before the attention of the Society.

Mr. SPENCER WELLS agreed with Mr. Coote in his remarks upon the extreme rarity of recovery after severe injuries to the spine. In the course of his service in the Navy, and in the Eastern Hospitals during the Crimean war, many such accidents had fallen under his (Mr. Well's) notice, and he did not remember a single instance of recovery. Some lived several months in great misery, but he did not remember one patient who lived a year ; and such cases as those alluded to by Mr. Barwell and Mr. Shaw must be quite exceptional. The only instance of recovery he had met with was in a gentleman who met with a fall when hunting. Inflammation and caries of the intervertebral substances and bodies of three of the dorsal vertebræ followed, and paralysis, which lasted two years. But recovery was so complete that the gentleman lived for twelve years afterwards, married and had a child, rode, danced, and shot, and only died last year of Bright's disease. The spine (which was exhibited at the meeting) showed that the whole of the body of one vertebra and half of two others had been destroyed, and that these two were very firmly anchylosed. While this case proved the possibility of recovery, it was rather to be taken as an encouragement to Dr. Gordon and Dr. McDonnell that the man whose case was before the Society would completely recover power over his legs than as supporting the views of Mr. Shaw and Mr. Barwell in favour of non-intervention. It was very hard upon a surgeon, who might be blamed if an operation was not successful, to discourage him when it was successful by saying that the patient would have done just as well if he had been left alone.

Mr. WM. ADAMS thought the members were much indebted to the surgeons of Dublin for bringing this interesting and valuable case before the Society. In reference to the time which had been allowed to elapse between the accident and the operation—in Dr. Gordon's case this was two months—and the observations made by Mr. Shaw, it was certainly necessary to bear in mind the history of the paralysis in acute and chronic cases. The chronic cases, or those in which much time had been allowed to elapse between the accident and the operation, approached nearer to the cases of diseased spine and in these cases the paralysis as a general rule undergoes spontaneous and complete recovery in a period of from one to two years This Mr. Adams had frequently witnessed, both in children and adults, in cases of disease with angular curvature of the spine. In the case at present before the Society, Mr. Adams only regretted that the operation had not been performed at an earlier period. He should have no hesitation, in a case of fracture of the spine were there was compression, in trephining, or removing the posterior arches of the spine. It is true that the compressing cause is in front, and depends upon the displaced vertebral body, but the cord is compressed between this and the arches posteriorly, so that by removal of the laminæ the compression may be relieved. When the cord itself was not lacerated, as it is sometimes found to be in the more severe injuries, the prospects of relief from the operation were favourably, and the recent cases in Dublin were valuable additions to our knowledge of this subject.

Dr. R. MCDONNELL, in reply, observed that he was greatly gratified, not only at having been able to be present, but at the discussion which this case had elicited. He expressed some surprise that those who were opposed to operation in such cases had not laid more stress on the mechanical objection urged against it by Sir Benjamin Brodie in his well-known paper—viz., that as the body of the vertebra was, in the vast majority of cases, the seat of fracture, and as this part was out of reach, no good could be gained by operative interference. It was quite certain that in such cases it was only that part of the vertebra against which the cord is pushed back that could be removed ; it was only, in fact, possible to take away the counter-pressure. But this mechanical objection took no account of the cases which, although forming a very small proportion of the whole, yet sometimes occurred, in which the body is not broken, the posterior arch being the part fractured. Boyer had recorded such a case. While the operation of trephining the spine, as it is called, is set aside in practice, as it virtually has been, such cases must be lost which might otherwise possibly be saved. He did not conceive that any advocate for the operation would think of performing it in any case when the symptoms of compression of the cord did not exist. It would be less justifiable in such a case than it would be to trephine the skull when there existed no signs of compression of the brain. In reference to the case alluded to by Mr. Barwell, he could only say that the experience of those who had the largest opportunities of seeing such cases, as well as the shelves of the museums of Europe, showed how rare such cases were. In his own limited experience he had never been fortunate to see a case presenting such features as Dr. Gordon's case did just before the operation which had not run a fatal course. Dr. McDonnell did not think it probable that at a period of two months after fracture of the spine any considerable attempt at consolidation had taken place in most instances. It generally happened that the intervertebral substance was more or less lacerated, and the first thing nature does before setting about the work of consolidation is to absorb the lacerated intervertebral substance. This is always accomplished slowly ; and even when the patients lived five or six months after the injury, consolidation was sometimes found to have made but little progress. Dr. McDonnell hoped, and, indeed, from the character of the discussion on the case just detailed he hardly doubted but that some of the surgeons connected with the hospitals of this great metropolis, profiting by the experience of his own and of Mr. Gordon's case, would undertake to perform the operation in question, and he earnestly hoped that, improving upon what had been already done in this field, they might obtain successful results.

HARVEIAN SOCIETY.

THURSDAY, NOVEMBER 2ND.

DR. J. C. LANGMORE, PRESIDENT, IN THE CHAIR.

Mr. J. Z. LAURENCE exhibited

TWO PATHOLOGICAL SPECIMENS OF CANCER OF THE EYE-BALL.

In one of these cases the diagnosis was rather obscure, and the patient had been advised by on ophthalmic surgeon o have iridectomy performed. Mr. Laurence said that this peration was now so much in vogue that it would soon be ecessary to write a pamphlet to explain, not when it should e used, but when it ought *not* to be used.

Dr. TILBURY FOX read a paper entitled

REMARKS ON THE CHOLERA IN EGYPT.

The author explained that the object of his papers was o prove, (*a*) how untenable was the theory of spontaneous evelopment; (*b*) that the source of cholera poison was ndia; (*c*) the influence and great transporting power of hips, and currents of air; (*d*) the line of investigation re uired of the International Sanitary Commission; (*e*) the ction of good food as a preventitive—a word for the poor nd a warning to ourselves—and, lastly, the plan of pre ention and treatment found to be most successful of late; ll of which points directly concerned each member of ociety.

The author had recently visited Alexandria, Cairo, Jeru lem, Damascus, and other Eastern localities, and had en oyed admirable opportunity of investigating the circum ance which accompanied the recent outbreak of cholera Mecca. Cholera first appeared in Alexandria in a retched quarter, filthy to the last degree. Hot winds had revailed in Egypt during this year, and there had been a murrain among the cattle. The heat of the season had een special; 115° Fahr. in the shade in the day, descend ng to 60 at night. The water supply bad and scanty, even n the best hotels. Pilgrims to Mecca, the would-be Hadjis, 00,000 in number, all of them reduced to the lowest ebb f vitality by hunger, filth, and disease, and played upon y the exhalations of 700,000 animals (for each pilgrim was bliged to sacrifice one animal at the prophet's shrine,) ere congregated at Mecca. Cholera now appeared.

Was cholera generated *de novo* at Mecca? No—cholera s a peculiar and special poison, and generated independ ntly of the hygienic influences around the individual, but ttacking most those whose health is undermined by bad et, filth, &c. This cholera poison was clearly brought to urope from the East, and in the East from Mecca to Jidda, ence to Alexandria, Cairo, &c.; and there is sufficient ason for concluding that it was brought from India to ecca; for, previous to the outbreak at Mecca, several ves s arriving at Jiddah from India had lost many passengers m the disease; eighty died in one vessel. The transfer ce of the disease from India to Arabia illustrates the law action of poisonous diseases which require (1) a poison, a transference, (3) a suitable soil.

India was the nursery of cholera, and although the imes' newspaper had lately argued in favour of the nta neous generation of cholera, he, the author, was per ded that, like the *rinderpest*, cholera was contagious. e conductor of the plague from India to Mecca was the r Indian pilgrim, arriving half-starved, with an attack liarrhœa or semifever, at Jeddah, from the cholera hot . Burton mentioned that the cholera had visited dina four times before his visit in 1853. We cannot, refore, the author observed, refuse to see that the ten cy of every succeeding epidemic is to affect more widely range of country around, and that in any further out ak, we, in England, may anticipate a greater likelihood our own country being affected, if we are disposed (as ppears we are) to place less reliance than usual on rantine.

Besides the influence of individuals and ships, currents wind coming from infected localities would account for radic cases occurring at a distance from a focus of infec n; winds could carry the ashes of a volcano for forty or leagues. Fine sand had been seen on the sails of ships five hundred miles distant from the coast of Africa, according to Dr. Sedgwick. We often hear that cholera breaks out in places after a storm, or in a ship at sea when a stinking cloud has passed over it. The true and effectual check by which the epidemic might be strangled in its birth must be applied before pilgrims reached Mecca. There should be quarantine of all vessels arriving at Jeddah from India. It was the duty of England to see to this matter, since our India was the nursery of the disease and English ships brought it to Africa and Europe. Cholera appeared to be decreasing in France; but it may linger on the continent and enter England through Russia or Denmark in the spring. It is therefore necessary to be on our guard. Persons who committed excesses, whether rich or poor, were most liable to attacks in the late epidemic in Marseilles in August and September. Good food was an important means of keeping the disease at bay. Dr. Tytler had shown that the influence of bad rice had been well marked in the production of the disease in India, probably by affording a suitable nidus for the disease.

In quarantine establishments great care should be taken to give the inmates good food, as, too frequently, diseases of an epidemic character were fanned into flame by the miserable diet allowed on board of quarantine ships.

Dr. Fox then called attention to the unfortunate fact, that in case of any epidemic of cholera in the spring, the prospects of the poor in this country for this winter were far from cheering. The price of butchers' meat was high, and so were coals. The care of the poor was a sacred duty which the rich should not neglect, if merely on selfish grounds, and of what avail was it to preach sanitary views to the poor when their poverty prevented them from having sufficient food and warmth, &c. He spoke with praise of the dining-halls for the poor established under Lord Brougham's patronage.

Diarrhœa was not by any means necessarily an early stage of cholera. Collapse is independent of the diarrhœa in true cholera—although in chlorine it is not so—all drains and closets should be disinfected, a cholera belt should be worn, all attendants on cholera patients should wear respirators—a layer of silk is as good as anything—the nurses should also drink alkaline sulphites as antiseptics. In the East, cherry laurel water, opium, chlorodyne, and especially nux vomica, were used, and also for diarrhœa, acetate of lead, dilute sulphuric acid, with chloric ether, opium, and kino. The most successful plan has been that which aimed at restoring the force of the circulation by artificial heat, and controlling the diarrhœa. When the poison acts powerfully and produces collapse at once, stimulants are indicated, such as succinated spirits of ammonia; in medium cases stimulants are not required. Hot mustard baths, or hot air baths, with warm drinks are then useful. In cases of collapse, one-twelfth of a grain of strychnine has been given with good effect; or even one-fourth of a grain in more severe cases. Belladonna given freely internally is sometimes of use, and ice to the spine sometimes is beneficial. Frictions with oil of mustard, or aconite ointment with cajeput oil and turpentine stupes. He protested against the *indiscriminate* use of ice to the spine. For *thirst*, ice or effervescing draughts may be given. For sickness, cherry laurel water. As there can be no question that the dejections of cholera patients held the poison, alkaline sulphites may be administered as antiseptics. Concentrated broths and soups should be given and the sulphites put into these. Calomel in large doses has been praised; it probably acts locally, and the alkaline sulphites are much preferable, do more good, and no incidental mischief. *Salines* are not of any use; and although it is by no means certain that absorption is absent in collapse, yet, as it seems sometimes to be lost, the hypodermic treatment by salts of morphia seems indicated. By attention to early diarrhœal symptoms, depression and lowering of the pulse, the greatest benefit is to be attained. Still we must persevere unto the end in all cases.

Dr. FULLER observed that few of those present were so well qualified as the author of the paper, to speak of the origin of cholera at present, but for his part he could not believe that the arrival of a ship was necessary for the outbreak of epidemic cholera in any locality. Either the

incubation of the disease must be very long, or it might originate through local agency, and migrate independently of transportation. Thus, he had been informed by captains of vessels that weeks after their ships had been at sea, the cholera had broken out suddenly, and had ceased almost as suddenly. After the siege of Bomersund our fleet was perfectly healthy, and no cases of cholera occurred until the second or third day afterwards, when a stinking cloud came over the fleet, and thereupon the disease broke out in all the ships, and within a few hours many men had died of cholera. Again, with regard to the outbreak near Golden square, which Dr. Snow and others had attributed to the contamination of the Broad street pump-water by the secretions of cholera patients, he must say that he could not subscribe to this theory of the causation of the disease. Its appearance was astonishingly rapid; scarcely a case of cholera existed in the district until about six o'clock on the evening of the outbreak, and within the space of twenty-four hours not less than sixty or seventy persons had perished, and scores of others had been attacked with the disease. No drinking of the pump-water could account for such a rapid—nay, almost momentary outbreak of this epidemic; indeed, he did not give credence to the belief that the evacuations from the intestines of cholera patients had anything to do with the outbreak, for the pump-water was not suspected until after the disease had begun to subside in that locality, and it had been drunk by the inhabitants not only during the progress of the disease, but before the epidemic showed itself, and also during its subsidence when the water must have been excessively charged with the cholera secretion. Dr. Fuller went so far as to question whether the rice water secretions would produce the disease in any person, and expressed a wish that the experiment could be fairly tried. He would not be afraid to drink a pint of them. In fact, he for his part, did not believe much in the contagious nature of cholera. Again, some persons spoke of a contagion in the air, but the disease not unfrequently progresses from place to place against the wind, and that under circumstances which preclude the idea of the transmission by human agency. To avoid this difficulty, the theory of infusorial animalcules had been used; but glycerine traps had failed to discover these animalcules. After all sorts of theory, he felt inclined to attribute the disease to some telluric influence—some agency capable as electricity would be, of being transmitted through land and through water — acting on the organic nervous system, and so affecting it that all secretion ceases. He did not believe in any distinction between cholera and cholerine, the rice stools, and rice water vomiting, the cramps, the collapse, and the suspension of the urinary and other secretions were present in the one as in the other, and the cases differed only in their intensity and consequent fatality. He could not understand how bilious diarrhœa could be confounded with cholera, and he thought the word English cholera was a wrong one, since the disease was either cholera or diarrhœa, and could not be both. The term "sporadic" might be applied to cases occurring when the disease was not epidemic, but essentially these cases are identical with cases of epidemic cholera, and were characterised by the same symptoms. Dr. Fuller regarded the practice referred to by the writer of giving strychnine in quarter-grain doses, or extract of nux vomica almost *ad libitum* as erroneous in principle, and generally mischievous. So long as the state of collapse continued, it was indeed but of small importance what drug was used, or what quantity of it was given, as no absorption goes on during that stage of the disease; but if the unfortunate patient who had been drugged with large quantities of strychnine or opium survived this, the function of the stomach would return, absorption would commence, and he would then inevitably perish by the drugs of the doctor. His own experience of remedies in the collapse was that they were all in vain, and he would prefer himself, if he were in this state, to have only an occasional emetic, iced water to drink, rice to suck, a mustard bath, mustard poultices to the epigastrium, and friction with Cajeput oil or some stimulating embrocation to the extremities. Hot air baths had been praised, but the patient came out of them as cold as when he entered, and as far as he had seen, they were useless. During the early stages he thought much good might be done by dilute sulphuric acid in full doses, calomel and ice, cold water for drink, and mustard hot baths, and mustard poultices to the epigastrium. The application of ice to the spine, which had been much spoken of lately, is not new. In India cold douches to the back had often been tried, and proved very serviceable in allaying cramp, but not in curing the disease. In some cases warm douches proved most grateful to the patient. Neither, however, were of much value in a curative point of view.

Dr. D. MENZIES thought that some of the symptoms of cholera might be compared to the action of an acrid mineral poison, such as tartarised antimony. Considering that the coats of the stomach were in an irritable condition, he combined the decoction of bark with almond emulsion in the treatment of the first case coming under his care in 1831-2, when he was employed by government to watch the progress of cholera. The wife of a fisherman, aged forty-five, residing in an island in the North Sea at the mouth of the Elbe, had caught the disease from her husband, who had brought it from the mainland, from Hamburgh, although the man had only suffered from looseness of the bowels on the voyage. Dr. Menzies found the woman in collapse, apparently beyond hope: no pulse at the wrist, with jactitation as if in a case of loss of blood; rice-water stools; she had great desire for cold drinks; surface of the body cold and covered with a clammy sweat; voice gone. Dr. Menzies had recourse to the bark mixture above described, ℥j. at intervals. The patient gradually recovered the power of retaining food on the stomach. A pill was then given, calomel gr. v; pulv. op. gr. j; aromatic conf. gr. ij, and mustard sinapisms were applied to the epigastrum, with hot-water bottles to the extremities, and frictions, with diffusible stimuli. As the pulse, however, still continued to be absent, he opened a vein in the arm, but scarcely any blood would flow; but, by placing both arms in warm water, he was enabled to get away ℥v. of dark thick blood; about fifteen minutes after this the pulse was felt beating in both wrists. Under gentle mercurial laxatives she came round, and completely recovered. In other cases occurring in the island, he had found the same treatment satisfactory. He had generally observed when in the tropics during seasons of sickness, that thunderstorms were less frequent than usual, and that the atmosphere was oppressive. He thought that the poison of cholera acted upon the economy through the pneumogastic nerve, and the blood, becoming surcharged with carbon and wanting its serous part, failed to nourish the brain, &c.; hence the symptoms of collapse. Asiatic cholera was essentially a disease of hot climates and endemic in India, and was developed by the conditions of the atmosphere before mentioned. Much depended on the direction of the wind; for he had generally observed, that the disease was most prevalent when the wind was in the east; in 1855, when the disease was at Shorncliffe, having been imported thither by soldiers of the German Legion from Hamburgh, he had noticed that the wind was in the east when the disease was most severe. Although a non-contagionist, he thought the specific poison was undoubtedly frequently conveyed through individuals arriving from infected places, and that attendants on cholera-patients were not unfrequently attacked. Hence strict quarantine regulations should be enforced on vessels from infected places. Those attacked also should be perfectly insulated and a *cordon sanitaire* should be kept up. Troops may be removed from the infected district; great attention should be paid to ventilation and cleanliness, and water supply. The treatment of cholera which he had found most successful in India was the administration of small portions of iced water at short intervals. This often relieved the vomiting and thirst. Also a pill containing from five to ten grains of calomel with gr. j of opium, and gr. ij. of aromatic confection was given with effervescing draughts and diffusible stimuli; sinapism to the epigastrium, and hot bottles to the feet, with friction to the extremities. When reaction came on, mild mercurial laxations, nourishing food, &c. Care should be taken to keep the patient in the recumbent position, and the bed-

pan should be used. He (Dr. Menzies) laid great stress upon the quantity of iced water that should be administered. It should *not* be given *ad libitum*, but in quantities of a tablespoonful at a time. This refreshed and gave tone to the stomach. He found this treatment efficacious whether made use of in the earlier or later stages of the disease. In some cases there were no premonitory symptoms; in others there was premonitory diarrhœa. Referring to Dr. Chapman's views as to ice to the spine being of any service, he thought these were somewhat analogous to his own views, and he thought very well of the practice, since its object evidently was to stimulate the nervous centres, to relieve congestion, and impart tone to the nervous system.

Mr. SEDGWICK could not fully agree with the author's opinion respecting the transportation of cholera. He had himself had extensive opportunities of seeing the disease in India, and of hearing the opinions of Indian Medical officers on the subject; and whilst he agreed with the author of the paper that India might be referred to as specially connected with the source of the disease, yet it was impossible to account for its diffusion by the contagion theory alone, or to admit that the late epidemic in Arabia, Egypt, Syria, and elsewhere, could be satisfactorily explained in the manner suggested by Dr. Fox. The contagion theory of cholera was, to say the least, doubtful; and as an argument against it, Mr. Sedgwick mentioned a case in which four members of a family residing in a model lodging-house, consisting of eighteen sets of rooms, died from cholera excited by eating roast mutton in an almost putrid state. There were seventeen other families in the same building at the time, all of whom remained free from the disease. The rooms occupied by the cholera-patients were thoroughly cleansed with chloride of lime, fresh whitewashed, and re-papered, and left unoccupied for four or five weeks; but notwithstanding these precautions, two members of the next family who came to live in them, were attacked by cholera in a mild form, and recovered. The disease showed no tendency to spread, although there was but one staircase common to all the inmates, and no quarantine regulations were observed. Mr. Sedgwick agreed with Dr. Fuller that no internal administration of drugs was of use in the advanced stage of collapse. He thought that the hypodermic method of treatment might, to some extent, be available, and ought to be fully tried in the expected epidemic of cholera. Ice-bags along the spine would no doubt often succeed in producing reaction, but they might also do much harm, by inducing the secondary fever, which had been far more destructive than collapse in the late epidemics of the disease. Mr. Sedgwick referred to the absence of secondary fever in the first epidemic in India, and the almost universal treatment of cholera by bleeding at that period. Although there was now a prejudice against bleeding, yet it had been found extensively useful in this disease. He had often bled patients in the early stage of cholera with good results, the most urgent symptoms being relieved by it; and if this practice were revived, it would probably serve to lessen the tendency to excessive reaction, which had been the chief cause of death in the last two epidemics of cholera.

Dr. BROADBENT expressed his astonishment at the opinions advanced by Dr. Fuller, and especially with the grounds on which he had arrived at them. There was the fact, first, that in all the epidemics of cholera it had travelled from India westward in the track of trade and against the wind, which so clearly pointed to human intercourse as the cause of its transmission; he adduced a number of individual cases of its apparently unaccountable appearances at sea, its simultaneous development in certain districts of London, &c. Equally remarkable exceptions could be brought forward with respect to disease of the most decidedly contagious character, such as small-pox or typhus. In his opinion, when all possible allowance had been made for local causes and atmospheric influences, there was in the history of cholera epidemics something which could only be accounted for on the supposition of a specific poison transported by human agency. Dr. Fox had done good service by tracing cholera from India to Mecca in the last epidemic. The pilgrims assembled there were fit victims for any disease; but the condition, exhaustion, overcrowding, filth, however much they might predispose to cholera, were not those which produced this disease in its endemic habitat India. The impression on the organic system of nerves spoken of by Dr. Fuller, so far from being peculiar to cholera, was an effect common to all the specific blood poisons. As to terrestrial emanations, which had been suggested as a possible cause, no kind of analogy supported this idea. It was in fact confessing that we knew nothing about the cause, and it was better to say so in so many words.

Dr. C. DRYSDALE remarked that, notwithstanding the cogent arguments used by Dr. Fuller, he could not agree to the view that cholera was not contagious, although he would be only too glad to think the doctor right. Dr. Baly's analysis and the whole literature of the subject seemed to show that the only supposition fit to account for all the phenomena was that it was contagious, and that atmospheric or telluric or hygienic causes did not usually create the disease in Europe, but merely assisted its progress. He believed with Dr. Fox that it originated in India, and was carried by individuals to Europe. As to Dr. Snow's theory, he believed the truth to be that bad water of any kind much predisposed to diarrhœa and cholera, and certainly if cholera dejections were present, this must be reckoned the most dangerous of drinks. He did hope that Dr. Fuller would never make the experiment of drinking a portion of the rice-water stools, for however noble and heroic such like experiments were, they were too costly when such eminent lives were perilled by them. No one could fail to admire the heroism of M. Girard, the student at Montpellier, who placed fur from a dying cholera patient's tongue on his own tongue to encourage the attendants. The action was noble only because it was supremely dangerous. How did the non-contagionists account for the appearance of the late outbreak of cholera treading the very path that travellers most frequent—viz., from India to Alexandria, from Alexandria to Malta and Marseilles, thence by rail to Paris, and by boat to Italy? Then again appearing at Southampton on the arrival of a vessel there, and again in America on the arrival of an emigrant vessel. Dr. Baly and Dr. Simpson in Edinburgh, and Dr. Boeck in Christiania, had given the clearest proofs of the contagious character of cholera. In London and Paris, and large towns, it was very difficult to trace the origin of contagious diseases. No doubt it was desirable to prevent our people being terrified by the idea of contagion; but truth was always most advantageous for the mass, on the whole, than error. He would then, with Dr. Fox, urge upon European governments the importance of, if possible by quarantine operations and insulation of those attacked, restraining the ravages of what was now the most fearful scourge of the human race; and if the rinderpest could be, as it had been, so well kept out of south Europe by the German government, he did not despair of lessening the ravages of the cholera. With respect to the hygienic means of fortifying the constitution by good food, &c., he agreed with Dr. Fox that as long as poverty was so common as it still was in all civilised countries of Europe, little could be done in warding off epidemics. When the causes of poverty should be calmly considered and understood, instead of ignorantly and systematically ignored by those who ought, from their education, to know better, some hopes might be entertained that epidemics would in the end be less fatal. Attention to the size of families and emigration was of more importance than even ventilation, &c., since the very poor could never secure either good food, ventilation, or any other comfort. Every effort should be made to secure good drainage, ventilation, and food for the poor in the coming epidemic. With regard to treatment, the multiplicity of drugs used showed the difficulty of attaining great success with any, at particular stages of the epidemic. In cholera, as in other diseases, the rational treatment was always the best. Diarrhœa, if present, should be attacked by opium or sulphuric acid, and laudanum enemata should be used. M. Velpeau's advice—viz., to use five or six drops of laudanum every two hours on sugar, was good, and whatever remedy was used when the doctor was absent

should be as simple as possible. Strychnine, belladonna, &c., were, he believed, contra-indicated and very dangerous even in collapse, and warm applications to the extremities were the great remedies in collapse, with frictions over the body. Ice to the spine did not appear to him likely to be beneficial in collapse, although in diarrhœa it might do good. As to calomel, the empirical school was so devoted to the drug in every disease, that his expression of utter disbelief in any good it could do would have but little effect. Diluents were indicated from the extreme thirst and loss of fluids from the system; stimulants were frequently indicated. He agreed with Mr. Sedgwick that the hypodermic injection of morphia might often do great good in causing cessation of the evacuations. Dry cholera —*i.e.*, cases without diarrhœa—was most uncommon.

Dr. GREENHOW said that he should confine his observations to the point suggested by the last speaker (Dr. Drysdale)—viz., the contagiousness of cholera. He had carefully examined all the evidence adduced by various writers in support of the contagious doctrine, and had had peculiar opportunities for personal observation during the last two epidemics of 1849 and 1854, and yet no real instance of the spread of cholera by contagion had ever come under his notice. Many such had, indeed, been reported to him; but on a careful examination into all the facts every one of them had broken down. The strongest evidence in support of the doctrine of contagion was the general fact, that each severe visitation of cholera during this century had appeared to travel in a westward direction until it arrived in this country, but even this was, in his opinion, rendered inconclusive by various other facts which he should proceed to mention. The truth was that cholera was not new to this country in the present century, for it had prevailed here, although, as it would seem, in London exclusively, during the latter half of the seventeenth century, and had caused a larger mortality in proportion to the population of the metropolis than any of the visitations in our own time. The disease was so well described by Willis and Morton that no one practically conversant with cholera in the present day can doubt the identity of the two diseases. Then again, for several years before the advent of cholera to this country in 1831, there had been an increase in the mortality from diseases of a profluvial character in London, and no less than forty-eight deaths were recorded in the bills of mortality under the name of cholera in 1831, although the disease was not supposed to reach the metropolis until February, 1832. Also during the summer of 1831 several Medical men of reputation had published several cases of cholera that occurred in various parts of England some months before the earliest cases in Sunderland, where the importation of the disease into this country is supposed to have taken place in the month of October of that year. Moreover, there had not only been, annually, since that time sporadic cases which would certainly have been set down as true cholera had an epidemic been prevailing at the time, but there had been several isolated outbreaks which no one had attempted to attribute to importation from abroad. Neither did an investigation into the modern views as to the mode in which cholera is believed to spread by contagion afford any substantial evidence in support of the doctrine. These might all be said to be founded on the theory that the dejections of cholera patients were the exciting cause of the disease. According to Dr. Snow the swallowing of the supposed poison excites the disease just as the syphilitic virus excites syphilis. On the other hand, Dr. Thiersch considers that the dejections must have first undergone putrefaction to render them poisonous, and Dr. Pettenkofer that the dejections must act as a ferment in a porous soil already charged with night-soil in order to the production of the cholera miasm. These several views are, however, only theories which, although they tally in several respects with the local history of cholera, have never been brought to demonstration in particular cases, and all the evidence adduced in support of them amounts to the fact that cholera has prevailed especially where the people respired an atmosphere vitiated by the products of the decomposition of human night-soil, or drank water fouled by the like impurities. This fact was, undoubtedly, true, but it was not true according to his (Dr. G.'s) experience or investigations, that the presence was required in such impurities of the dejections of cholera patients, either in the recent or fermented state. Cholera being then in his opinion largely due to local causes, it might very properly be asked.—Why does not cholera prevail every year? To this he would reply—because at least another factor is needed. During and before every epidemic of cholera in the present century a certain meteorological condition has prevailed. The barometer has been high, the atmosphere remarkably still, the temperature, especially the night temperature, above the average and the rain-fall insufficient. It was also said that there had been a deficiency of electric movement. It was quite conceivable that in such atmospheric conditions both a different form of decomposition might take place, giving rise to unusual products, and that these latter would be retained longer in the vicinity of human dwellings. He could also conceive it possible that some other exceptional telluric influences might exist at such times. However this might be; cholera had come in 1831, in spite of a rigid quarantine; and he did think it most desirable that the attention of the Medical Profession, and of the public generally, should be directed rather to the removal of the local conditions, which appeared under every existing theory to be necessary to the spread of the disease, than to any attempts to prevent its importation by means of restrictions on commerce, which would certainly prove both futile and vexatious.

Mr. CURGENVEN was a believer in the contagious nature of cholera. We find, he said, the cholera following the course of trade. It visits Cairo, Constantinople, Ancona, instead of going to inland towns. Then it comes to Malta, then Marseilles, then Paris. Then to Gibraltar, and thence to Southampton, by the ship 'Nyanza,' on which vessel there were four deaths—yet she was only in quarantine one day. Some cases had appeared in London: one in a mantua maker who had come from Paris, and who died in ten days. Winter had come on and checked the disease; but it would reappear again in spring. Impure air and water would not cause the disease, but predispose those who are exposed to the contagion to take it. Certain epidemics will appear when a soil is prepared for them. Typhoid fever or cholera will ravage one side of a street with bad drains and leave the other untouched. In 1853, at the Royal Free Hospital, there was one nurse who evidently caught the disease from contagion. He had warned her after this against a second attack; but she met a cholera patient at the gate, took the disease, and succumbed. The poison of cholera was in the air in epidemic times, requiring only to meet a fit soil. Calomel was our mainstay in the treatment of the disease, ℈j., with gr. x. of powdered ginger, with + ℥j. of castor oil, and tincture of rhubarb after it. This treatment stopped the purging, and the patients got well. All recovered who were not collapsed before the treatment was used. The calomel was not absorbed. In 1855, in the Crimea, all treated by calomel recovered. In cases of collapse, camphor and opium were useless.

Dr. HART VINEN thought that the progress of cholera pointed to its contagiousness. He had seen several cases that strengthened this belief. E. G., a German baker, died of cholera. The woman who nursed him died of the disease, and several persons who came to see him died of it; the next door neighbours also died. In the time of the cholera outbreak of 1854, he had seen many cases where no alvine degretions could account for the disease. An old lady in St. John's Wood, who kept a school, was one of the first to die in that locality, and the curate also died. As to treatment, he had found calomel in large doses and astringents the best. The ordinary astringent of acetate of lead and opium was very useful.

Mr. OWEN had listened with great interest to Dr. Greenhow's address. Dr. Greenhow had shown that contagion was not necessary to the production of the disease. He (Mr. Owen) was, however, a contagionist, for he thought that that party had the best of the argument. It was hard to prove a negative; and all that the non-contagionists could say was that the disease might arise without conta-

gion. The disease in Epping lately was traced to a person who had been in Southampton where cholera was at the ime. As to the case of the student who swallowed the ice stools, not being infected, that was no proof that nother person would not be destroyed by it; his system ight be proof against the poison at the time. It was ell that there was a difference of opinion on the subject, s this caused the public to be less apprehensive, than if all ere contagionists.

Mr. ADAMS had been connected with St. Thomas's Hosital, in 1848-9 when there were cholera wards there. Mr. rainger's views were those of the non-contagiousness of the isease, and during the epidemic there was only one nurse ed, and none of the students died of the disease. Mr. Adams ade all the post-mortem examinations, and he could only y he did not think the disease directly contagious to inviduals, although the fact of its travelling from India emed hard to get over. No one at that time had any ar of contagion. Denudation of epithelium of the instines occurred in all the cases where collapse was complete. s to treatment, at that time all treatment seemed alike. o one had confidence in any drugs. A pailful of water the bedside for drink seemed the most successful. But hilst the epidemic lasted, no treatment availed anything er another.

The PRESIDENT had seen much cholera in 1832 in hitechapel, and small doses of calomel gr. ij. every ten nutes, with camphor and diluents and warmth to the remities had seemed to him to be of more service than y other line of treatment. He was still a contagionist, en after hearing all that Dr. Fuller and Dr. Greenhow d advanced. With regard to the example cited by Dr. eenhow of a town near Newcastle which was nearly expt from cholera, the same thing had often occurred in India. . Sedgwick's case he thought was one of contagion from walls of the room. Cholera always travelled the high d of trade. Influenza travelled quickly and probably sed by atmospheric influence. Cholera travelled very wly from place to place, just as travellers do.

Dr. MUSHET avowed himself a non-contagionist. Elevan above the sea explained the immunity of some dists over others which lay by the sea and in the course of de. In 1854, at the Marylebone Infirmary, all kinds of atment were used. Castor-oil treatment was always al. Sulphuric acid seemed the best. There was a night se in the cholera ward who lived in it constantly, and not attacked. Those who were attacked seemed to to have been so, because they were near the privies. the surgical wards a man and nurse died, who were a foul privy. The undertakers were not affected, and lived entirely among the dead. Another woman died , but she was a drunkard. He thought there was no cient evidence for the theory of contagion.

r. GREENHOW remarked that in 1854 every one was a contagionist, and now it seemed likely to be the reverse. l stinks were the supposed cause; now he could see Medical opinion had turned round towards contagion. o quarantine, it must be remembered that in 1831 antine existed and to no effect. He did not say that isease was non-contagious; but that he had not himeen evidence sufficient to convince him of the fact.

. TILBURY FOX in reply stated that he had recently ved information from the East corroborative of the l of the present epidemic in India. Before the pil- arrived at Mecca, it prevailed at Aden and Mokullah. ra, it was strange, was unknown in Australia. Con- was now differently defined from formerly. Thus, , a pilgrim, an animal, or a moist cloud from an incity might carry contagion.

IBRIDGE: INCREASE OF MEDICAL OFFICERS' FEES.—e weekly meeting of the Cambridge Board of Guardon Wednesday last, it was unanimously agreed to se the salaries of the district Medical officers. That . Knowles from 60*l.* to 80*l.*; Dr. Ransome's from 70*l.*; and Dr. Green's from 60*l.* to 70*l.* Of course crease is subject to the approval of the Poor-law

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 6th inst:—Robert Wooding Sutton Barraclough, Streatham hill—diploma of membership dated April 20, 1865; John Henry Bryant, Sussex square—May 10, 1865; Fred. John Burge, L.R.C.P., Hammersmith—Nov. 15, 1865; John Davies, L.R.C.P., Ed., Leominster—not a member; Robert Charles Earle, Paignton, Devon—May 10, 1864; Samuel Geo. Freeman, Bolton row, Mayfair—April 21, 1863; Andrew Christopher Jackson, Cape Town—Nov. 14, 1865; Thomas Leigh, L.R.C.P., Chiswick—Jan. 21, 1863; John Loane, Dock street, Whitechapel—July 30, 1863; Henry Weekes, Brompton, Kent—July 26, 1865.

UNIVERSITY OF LONDON.—The following is a list of candidates who passed the late examination for the degree of M.D.:—Frank Buszard, Guy's Hospital; William Dale, Leeds, and Middlesex Hospital; Thomas Fairbank, St. Bartholomew's Hospital; Samuel Jones Gee, University College; Francis William Gibson,* B.A., University College; Gwynne Henry Harries, King's College; Charles Albert Hingston, B.Sc., St. Bartholomew's Hospital; Edmund Holland, University College; Horace Jeaffreson, St. Bartholomew's Hospital; Henry Law Kempthorne, (gold medal), King's College; Thomas Morton, King's College; Walter Rickards, University College; Eustace Smith, University College; R. Patrick Burke Taaffe, M.S., F.R.C.S. (exam.), St. Bartholomew's Hospital; Thomas James Woodhouse, St. Thomas's Hospital.

THE COMMISSION ON VENEREAL DISEASE.—In reference to the statement which had been published that the report of this Commission was on the point of publication, we mentioned last week that the report was not prepared, and would not be ready for some little time, although it was understood that the list of evidence to be taken was closed. At the same time we referred to the general conclusion deducible from what is known of the nature of the evidence given before the Commission. A distinguished witness, H.R.H. the Duke of Cambridge, has, however, this week consented to appear before the Commission. The Commander-in-Chief's opinions are generally understood to be as much in favour of an extension of the system of the examination and early treatment of soldiers and prostitutes as are those of others well informed on the excellent results which that system has had in restricting the extension of disease. We apprehend, therefore, that his evidence will only tend to strengthen the conclusion to which we have unofficially referred.—'Lancet.'

PRESTON NEW INFIRMARY.—The design for this building as prepared by Mr. Hibbert, is accepted by the committee. The number of beds in the western pavilion will be 68, the floor space averaging 110 feet each bed, and the cubic space nearly 1,900 feet. The cost is estimated at 8,000*l.* The plans contemplate the erection of an eastern pavilion at some future time.

THE QUEEN'S HOSPITAL, BIRMINGHAM.—A few friends of the Queen's Hospital met together at the Queen's Hotel, a few evenings ago, to entertain Mr. T. Thompson, late House-Surgeon, Mr. Jones, senior House-Surgeon, and Mr. Gideon Smith, Dispenser at the above institution, to dinner, upon the occasion of their retiring from the duties of their office. At seven o'clock a large number of gentlemen sat down to an excellent dinner. The usual loyal toasts were given, and speeches made in favour of the retiring gentlemen, who responded in an appropriate manner.

REMUNERATION OF MEDICAL WITNESSES.—At the Northern Assizes, lately held at Manchester, the grand jury, on concluding their labours, made a presentment respecting the small allowance to witnesses attending prosecutions, and more especially to Medical witnesses. They stated that in one important case which had come before them it had been proved that application had been made to no less than four Medical gentlemen in succession to attend

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* Obtained number of marks qualifying for the medal.

the case, but they had all refused on the ground that they could not leave their ordinary practice to attend at the assizes for the small fees there allowed. His Lordship promised to forward the presentment to the Home Secretary, and observed that the public duty to attend and give evidence was confined to persons who actually happened to see the subject of the inquiry, and a man was not bound to take the trouble to make himself a witness. The allowances to witnesses, he said, was formerly very great, but it appeared now to have gone to the other extreme.

ALLEGED DEATH FROM CHLOROFORM.—An inquest has been held on the body of Mr. W. T. Davies, son of Mr. Davies of York Town, whose death was said to have resulted from an overdose of chloroform. Drs. Bradford and Collins, of the Royal Military College, attended the deceased until his death. They made a careful *post mortem* examination of the body, but discovered no appearances which would satisfy them as to the cause of death. There impression was, that death was produced by a narcotic, such as chloroform, or a similar agent. Dr. Cowan, of Reading, said that he was obliged to dissent from the opinion of the other Medical gentlemen, and to express his opinion that the deceased did not die from taking a narcotic. In consequence of this statement, when the inquest was resumed, the coroner adjourned the inquiry. Dr. Cowan said that he obtained the information on which he based his opinion from the father, sisters, grandmother, and two aunts of the deceased gentleman. It amounted to this: For the last two months, Mr. Davies had shown a state of health gradually tending to the unfortunate result which had happened. The symptoms characteristic of his condition were disinclination, gradually increasing to active exertion, a persistency to sickness of a character distinctly cerebral in its origin, and an indisposition to study, the heart's action seemed to give him great pain, and he knew he had disease of the heart. These had increased up to the day of his death. Mr. Davies said his son was twenty-five years of age, and, although not in actual partnership, had resided with him for two years since he had completed his studies. Of late he had been sick several times. He was of very temperate habit, and drank nothing but a little beer. He went to his son's bedroom on the Wednesday morning, when he found the door locked. Having forced the door open, he found his son in bed, loudly breathing; and on a small table near the bed stood a small tumbler and chloroform bottle. The heart was beating vigourously, and the surface of the body was quite warm. The jury returned the following verdict:—"That the deceased died suddenly, but whether from natural causes, or from taking an overdose of chloroform, the jury were unable to say."

THE BROMPTON HOSPITAL PATIENTS AT MADEIRA.—The twenty consumptive patients selected from those at the Brompton Hospital to winter in Madeira have arrived safely in that island. The steamer, 'Maria Pia,' whose second cabin was filled by the patients, sailed from London at two a.m. on November 8, arriving at Lisbon at ten a.m. on the 13th, having had a fair wind and fine weather the whole way, though a rough sea. In crossing the Bay of Biscay they experienced a heavy gale. To enable the invalids to recover from the effects of this, the superintendent thought it advisable to give them leave to go on shore at Lisbon for a short time, which did them a great deal of good. They left the Tagus on the 15th, at eleven a.m., and arrived at Madeira on the 17th, at 5.35 p.m. During the passage from Lisbon they had continued fine weather, and no sea. On the arrival of the steamer, Captain Erskine and Dr. Brandt came on board, received the patients with all possible kindness, and accompanied them to the Sanitarium, where they were comfortably quartered by 6.30 p.m. The invalids were visited the same evening by the Bishop of Sierra Leone, who read a portion of Scripture, and offered up a beautiful thanksgiving prayer for their safe arrival in Madeira. The accounts of the patients' health were favourable. Although there had been the average amount of sea-sickness, no spitting of blood had resulted from it, but, on the contrary, it was considered that the voyage had done them all good, and cleared their complexions. They appeared to have been well cared for on board, and spoke of the kindness of the two stewards who attended upon them. At the close of his letter the superintendent says: "I am given to understand that the British inhabitants in general of Madeira have contributed in furnishing the Sanitarium. The walls of the rooms are hung with most beautiful paintings; the furniture is first-class, and nothing is wanted in that line. I consider, jointly with my fellow patients, that our Sanitarium would not disgrace ony merchant in London as a residence." Prince Alfred was in the island when the mail left, and it was expected that his royal highness would visit the Sanitarium during his stay.

DEATH OF DR. HUTTON.—The general public and the Medical Profession have ere this heard with regret of the demise of Edward Hutton, M.D., which sad event took place on Friday last. This accomplished surgeon had been for some time labouring under a painful illness. Dr. Hutton had, after a long and successful career, attained to the highest rank in his profession. His advice was equally sought for as a surgeon or as a physician; a kind and courteous manner, combined with sterling ability, gained for him the regard and esteem of all with whom he came in contact socially or professionally. Dr. Hutton obtained the diploma of the Royal College of Surgeons of Ireland in 1819, and and was soon afterwards appointed Medical Inspector to the House of Industry, now the North Union Workhouse. In 1822 he became Surgeon to the Richmond Hospital, and in the same year took the degree of Bachelor of Medicine in the University of Dublin. He obtained the Fellowship of the Royal College of Surgeons in 1824, and the degree of M.D. in the University of Dublin in 1842. He was a President of the Pathological Society, and was in 1852 elected President of the Royal College of Surgeons. In the following year he became the Secretary to the College, which post he filled up to the present year. He was also Surgeon to Simpson's Hospital. He actively performed his duties in the Richmond Hospital up to last year, when he was appointed by the governors Consulting Surgeon to the Hospital. Dr. Hutton excelled as a skilful and successful operator; his contributions to the literature of his profession were numerous and valuable; and to his precepts and practice the Dublin School of Medicine owes much of its deservedly wide-spread celebrity.—'Dublin Medical Press.'

MEDICAL SERVICES.—The committee appointed to inquire into the causes which have for the last few years materially tended to prevent a high class of professional men from entering the Medical service of the army and navy, and to make a report which may, it is hoped, remove all existing difficulties, consists of the following:—Vice-Admiral Sir Alexander Milne; Major- General Lord F. Paulet, K.C.B.; Sir James Gibson, K.C.B., Director-General of the Army Medical Department; Dr. Bryson, C.B., Director-General of the Navy Medical Department; Captain Galton, Mr. Busk, and Dr. Markham. Mr. Robert Bell, of the Admiralty, is acting as secretary to the committee.—'Army and Navy Gazette.'

HOMŒOPATHIC TREATMENT OF THE CATTLE PLAGUE.—Mr. J. G. Marshall, of Leeds, on finding the cattle plague established in a cowkeeper's herd, took measures for placing the animals under homœopathic treatment in the most promising manner. The cows, seventeen in number, were lodged in sheds specially provided with all appliances for regulating temperature. They were given in charge to three professional homœopathists, two of whom were veterinary surgeons, and the requisite doses of "arsenicum" and other specifics were administered *secundem artem*. As eleven, however, out of the seventeen patients are already dead, and the others are not expected to live, we fear this particular experiment must be pronounced a failure.—'British Medical Journal.'

THE CATTLE PLAGUE.—From the papers received from the country, on Saturday evening, it appears that during the last week the range of the cattle plague has been extended in Cambridgeshire, though the deaths have in some places rather diminished in consequence of the prior annihilation of large herds. In the Yorkshire district the disease is still prevalent in the neighbourhood of Middlesborough, Malton, South Holderness, Beverley, Thirsk, and other places. It has not extended any further in Cumberland, but veterinary skill seems to have utterly failed to destroy it. In Norfolk there have been fresh outbreaks in the Erpingham Union.

Staffordshire also the disease has continued its ravages. e accounts from many other parts of the country are of equally gloomy character.

AT the monthly meeting of the Metropolitan Officers of alth, on the 16th inst., Dr. B. W. Richardson will bring ward his "Researches on the Origin and Nature of the isons which Produce Epidemic or Zymotic Disease."

ROYAL INSTITUTION OF GREAT BRITAIN.—At the general nthly meeting held on Monday, December 4, 1865, Sir nry Holland, Bart., M.D., D.C.L., F.R.S., President, in chair, the Hon. Robert Bourke, the Viscount Cranrne, M.P., the Rev. John Henry Ellis, M.A., John ugh, Esq., Sir Edward Hilditch, M.D., and Stavely ig, M.D., were elected Members of the Royal Institution. special thanks of the meeting were returned for the itions to "The Donation Fund for the Promotion of perimental Researches." Lecture arrangements for the ing season:—Christmas Lectures, 1865 (adapted to a enile auditory): Professor Tyndall, F.R.S., six lectures, n Sound." Before Easter, 1866: Professor Tyndall, .S., twelve lectures, "On Heat;" Professor Frankland, .S., eight lectures, "On Chemistry;" Professor R. Westott, R.A., F.R.S., six lectures, "On the Way to Observe Fine Arts;" Rev. G. Henslow, four lectures, "On Strucl and Systematic Botany, considered with reference to ication and Self-instruction." After Easter: Professor nkland, F.R.S., four lectures, "On Chemistry;" G. arf, Esq., Secretary and Keeper of National Portrait lery, three lectures, "On National Portraits;" Rev. C. ngsley, M.A., two lectures, "On Science and Superstit;" Professor Huxley, F.R.S., twelve lectures, "On the siological Methods and Results of Ethnology;" Proor Ansted, F.R.S., five lectures, "On the Application of sical Geography and Geology to the Fine Arts." An a course may possibly be given by Dr. Du Bois Reynd, "On Electric Fish." The presents received since last meeting were laid on the table, and the thanks of members returned for the same.

BETHLEM ROYAL HOSPITAL.—The following remarks on foundation of this hospital are from a weekly journal: The Bethlem Royal Hospital was planted above six turies ago. It appears from Stow's 'Survey of Westster' that in very early times lunatics and distracted sons were admitted into a house near St. Martin's lane, a which they were sent to the Priory of St. Mary of lem, in the parish of St. Botolph Without, Bishopsgate, founded in the year 1247 by Simon Fitzmary, a en of London. In 1346 the house was taken under protection of the citizens of London, who, in 1546 based the patronage of Bethlem, and in the same year as included in the charter granted by Henry VIII. to Hospital of St. Bartholomew. Bethlem Hospital is cribed in the muniment book in 1632 as the house erein poor distracted persons are kept. One messuage y builded of brick at the charge of the said hospital, ining a cellar, a kitchen, a hall, four chambers, and a t, being added unto the old rooms. Item, the old , containing below stairs a parlour, a kitchen, two s, a long entry throughout the house, and twenty-one wherein the poor distracted people lie, and above eight rooms more for the servants and the poor to , and a long waste room now being contrived and in to make eight rooms more for poor people to lodge there lacked room before." It appears from Stow, n years later than this the house could not accome more than fifty or sixty patients, and he states that ospital stood in an obscure and close place, near many common sewers, and also was too little to and entertain the great number of distracted perboth men and women, who were sent there." After re of London the governors determined to build a ospital with more adequate accommodation, and a g, after the fashion of the Tuileries, was erected in elds, capable of accommodating 120 lunatics and dis persons, and the officers and servants necessary for duct of the hospital. The building which formed ntre of the Bethlem Hospital, and which was the isited by Mackenzie's "Mr. Harley," was completed in 1676. According to Stow the building was 540 feet long by forty feet wide, besides the wall which enclosed the gardens before it, which, Stow quaintly adds, "were neatly ornamented with walks of freestone round about, and a grass plot in the middle; besides which garden there was another at each end for the lunatic people, when they were a little well of their distemper, to walk in for refreshment." As years rolled on, and the population—and the proportionate number of poor distracted persons—increased, it was found that the hospital buildings in Moorfields, although repeated additions had been made to them, were insufficient as regarded extent of accommodation. The foundations, it was discovered, were upon loose rubbish and insecure; the whole building was "dreary low," and likely to induce "melancholia" in even sane persons, and another removal and enlargement was resolved on. An exchange was effected between the governors, who gave up about two and a half acres, the site of the old hospital, in Moorfields, and the corporation, for about eleven acres in St. George's Fields, upon condition that the governors should build an hospital capable of containing 200 patients, and appropriate not less than eight acres for their use, with liberty to employ the remainder for the general purposes of the hospital, and in augmentation of its revenue. The act for the erection of the present hospital was obtained in 1810, but the first stone was not laid until April, 1812, and in August, 1815, the building was completed. The hospital, as at first erected in St. George's Fields, cost about 123,000*l.*, which was met by parliamentary grants, 72,819*l.*; funds of the hospital 23,766*l.*; the Mercers', Grocers', Drapers', Fishmongers', Goldsmiths', Salters', Vintners', Apothecaries', and Cutlers' Companies 5,405*l.*; private individuals 5,709*l.*; the balance from miscellaneous sources.

HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA-PARK.—The new wing of this building is, by the permission of her Majesty, to be called the "Albert Wing." The committee have determined that the new wards shall at once be opened.

UNIVERSITY COLLEGE HOSPITAL.—His Royal Highness the Duke of Cambridge has consented to preside at the annual dinner of the University College Hospital, which is to take place at Willis's Rooms, on the 18th of April next.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, DEC. 13.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; St. Thomas's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 7½ p.m.—Council; 8 p.m. Dr. Ward: "Some Results of Acute Alcoholism, with Illustrative Cases; Microscopical Society, 8 p.m.—Mr. James Smith, "On a Method of Cell-Mounting."

THURSDAY, DEC. 14.—*Operations* at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

FRIDAY, DEC. 15.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, DEC. 16.—*Operations* at St. Thomas's Hospital, 9½ a.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-Cross Hospital, 2 p.m.; Metropolitan Association of Medical Officers of Health, 7½ p.m.

MONDAY, DEC. 18.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m,; Metropolitan Free Hospital, 2 p.m.

TUESDAY, DEC. 19.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Pocket Formulary, and Synopsis of the British and Foreign Pharmacopœias. By Henry Beasley. London: John Churchill and Sons.

A Treatise on the Principles and Practice of Ophthalmic

Medicine and Surgery. Third edition. By F. Wharton Jones, F.R.S. London: John Churchill and Sons.

On Intra-Thoracic Cancer. Part II. By John Cockle, M.D. London: John Churchill and Sons.

The Introductory Address delivered at the Opening of the Medical Department of King's College, London, Session 1865-66. By W. O. Priestley, M.D. London and Edinburgh: W. and R. Chambers.

NOTICES TO CORRESPONDENTS.

It is requested that all communications intended for the Editor may be sent to the Office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-Cross Post-office.

SCRUTATOR. — It is quite true that in a review of Dr. Farre's edition of "Pereira's Materia Medica" in a recent number of the 'Lancet,' the reviewer takes the author to task for omitting all mention of many valuable drugs, among others, *podophyllin*. Podophyllin is not only comprised among the drugs in the British Pharmacopœia, but it is fully described in Dr. Farre's work.

DR. H. S.—We have received the newspaper, but the sentiments contained in the article alluded to are not in accordance with those generally entertained by the Profession.

ALIQUIS.—The use of what they call "auxiliaries" by the homœopaths is either an indication of dishonesty to their own class, or a proof that they begin to see the absurdity of the doctrines of Hahnemann. To pretend that a relief of symptoms is brought about by a decillionth of a grain of "nux," while half an ounce of castor-oil or a glyster is only an "auxiliary," is too monstrous a draft upon the credulity of rational beings.

MR. H. B.—The disease in question, although closely allied to cancer, differs from it in certain essential particulars.

INQUIRER.—We believe that the proposed plan has not met with much acceptance in this country, and we doubt whether it ever will.

DR. B.—The paper has been received.

TO STUDENTS, SURGEONS, DENTISTS, AND OTHERS.

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Third Edition, with Further Remarks by Dr. CORVISART, Physician to the Emperor of the French, edited by W. S. SQUIRE, Ph. D.; published by J. Churchill, London; may be also had of the Author, 277 Oxford street, price Sixpence.

Quinine.—The Medical Profession—the LANCET—Dr. Hassall, and others, recommend "Waters' Quinine Wine" as an excellent and simple stimulant. Manufactured only by ROBERT WATERS, 2 Martin's lane, Cannon stree London, E.C Sold by Grocers, Italian Warehousemen, and others, 30s. a dozen.
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The Medical Circular.

SCIENTIFIC ARTICLES.

ANALYSIS OF A QUACK IMPOSTURE.

By Dr. Attfield,
Director of the Pharmaceutical Society's Laboratories.

I desire to bring before the members of the Pharmaceutical Society, chemists and druggists generally, and the public, an analysis of a substance which is stated to be cod-liver oil, in the form of an agreeable saccharine powder, but which does not contain a trace of that medicine.

This substance is sold in small flat boxes of two sizes, containing respectively about four and two ounces of a white powder, and having labels in French, the translation of which is as follows:—"Oleo-Morrhuine, or Saccharide of Cod-liver Oil; 6 francs or 5 shillings the box; 3½ francs or 3 shillings the half-box. This saccharine powder, by reason of the extreme division of the oil, is, in a very small bulk, more efficacious than all the cod-liver oils of commerce, as already proved by long experience. General depôt, Roberts and Co., Pharmaciens, 23 Place Vendôme, Paris; and Wilcox and Co., Chemists, 336 Oxford Street, London." Around the box is a label, also in French:—"Easy to take and more efficacious than the cod-liver oil of commerce, which often becomes prejudicial on account of the nausea which it inspires." On the inside of the box is another label: "Saccharide of Cod-liver Oil. This powder has the great advantage of being supported by all stomachs, and of easily assimilating itself in the organism. This precious result is obtained by the extreme division of the oil, whose elements (chlorine, iodine, bromine, phosphorus, and sulphur, &c.) are absorbed without repugnance, whilst the oil of commerce is rejected, and often becomes prejudicial by the nausea it inspires."

The obvious intention of these labels is to induce persons ignorant of the properties of oils to believe that the well-known Medicine cod-liver oil has been brought into a state of minute division by being mixed with a saccharine powder; that in this state it is so much more active, that a small dose will have as great an effect as a much larger dose of the oil itself; and that the natural tendency of cod-liver oil to become rancid and nauseating is prevented by the influence of the saccharine matter added. Any one, however, conversant with the characters of oil, must at once see that this nostrum cannot be what it is stated to be. For oil, minutely divided by the agency of a powder, presents so much surface to the air that it becomes rancid in a far shorter time than when in bulk; such a mixture would soon be so offensive to the nose and palate as to be utterly unsaleable. If to this be added the facts that the action of cod-liver oil on the system is *not* materially influenced by its state of division, and the amount of oil which can be added to powdered sugar without the latter losing its pulverulent form is so small, that a teaspoonful of the mixture would have no appreciable effect when swallowed, it must be evident that this so-called saccharide of cod-liver oil contains no cod-liver oil at all.

But if not cod-liver oil, what is it? It is nothing but powdered milk-sugar. A considerable amount of this sugar now extracted from milk, chiefly for use in the manufacture of homœopathic globules and certain varieties of infant's food; it can therefore be obtained readily and cheaply. A quantity costing a few pence is placed in a box, labelled so as to induce the public to believe that it is cod-liver oil in a concentrated, convenient, and palatable form, and forthwith sold for five shillings. Surely this is obtaining money under false pretences.

The method by which the analysis of this quack imposture was effected was simply the application of the ordinary chemical tests for saccharine bodies, the presence of one of which was indicated by the labels. That it was wholly milk-sugar was proved by ascertaining that a given quantity of it, dissolved in water, produced the same kind and degree and effect on a ray of plane polarized light as was exerted by a similar quantity of milk-sugar of known purity. "Chlorine, bromine, iodine, phosphorus, and sulphur, &c." were, of course, absent.—'Pharmaceutical Journal.'

ON THE ANÆSTHETIC AND SEDATIVE PROPERTIES OF BICHLORIDE OF CARBON, OR CHLORO-CARBON.

By J. Y. Simpson, M.D.,
Professor of Medicine and Midwifery in the University of Edinburgh.

At different times I have inhaled the vapours of various fluids besides sulphuric ether and chloroform, with the view of ascertaining their anæsthetic or other therapeutic effects. Several years ago I published some notes on the results obtained from breathing chloride of hydrocarbon, nitrate of ethyl, benzin, aldehyde, and bisulphuret of carbon. (See the 'Edinburgh Journal of Medical Science,' for April, 1848.) All these five fluids give off anæsthetic vapours, but in their manageableness and effects—and more especially in their after-consequences—they appeared to me to be very inferior to either chloroform or sulphuric ether. The same remark applies to other vapours which I have since tried, as those of kersolene, &c.

Lately I have inhaled and used a liquid the vapour of which seems to me to approach nearer in its quality and effects to chloroform than any other anæsthetic agent. The fluid I refer to is one of the chlorides of carbon.

In describing the products of the action of chlorine on one of the anæsthetic fluids mentioned above—namely, chloride of hydrocarbon, or Dutch liquid—Mr. Fownes states (see his 'Manual of Chemistry,' seventh edition, p. 445), that three or four chlorides of carbon can be artificially made from Dutch liquid by the abstraction of successive portions of hydrogen, and its replacement by equivalent quantities of chlorine. He enumerates as belonging to this series—1, Sesquichloride or perchloride of carbon (C_4 Cl_4); 2, Protochloride of carbon (C_4 Cl_4); 3, Subchloride of carbon (C_4 Cl_2); and 4, Bichloride of carbon (C_2 Cl_4).

The last of these compounds—the bichloride of carbon—is the newest anæsthetic which forms the special subject of the present observations. It was first, I believe, discovered by M. Regnault, in 1839. It has already received various appellations from various chemists, such as perchloroformene, perchlorinated chloride of methyl, dichloride of carbon, carbonic chloride, tetrachloride of carbon, superchloride of carbon, perchloruretted hydrochloric ether, and perchloruretted formene (see Gmelin's 'Handbook of Chemistry,' vol. vii., p. 355, and Watts' 'Dictionary of Chemistry,' vol. i., p. 765).

If it becomes, as I believe it will, for some medicinal purposes, an article of the Materia Medica, it will require to have a pharmaceutical name appended to it, and perhaps the designation of perchloroformene, or the shorter term, chloro-carbon, may prove sufficiently distinctive. In its chemical constitution, bichloride of carbon, or chloro-carbon, is analogous to chloroform, with this difference, that the single atom of hydrogen existing in chloroform is replaced in chloro-carbon by an atom of chlorine, for the relative chemical constitution of these two bodies may be stated as follows:—

Chloroform = C_2HCl_3.
Chloro-carbon = C_2Cl_4.

The chloro-carbon can be made from chloroform by the action of chlorine upon that liquid; and Geuther has shown that the process may be also reversed, and chloroform produced from chloro-carbon, by treating, in an appropriate vessel with zinc and dilute sulphuric acid, and thus exposing it to the action of nascent hydrogen. The most common way hitherto adopted of forming bichloride of

carbon consists in passing the vapour of bisulphide or bisulphuret of carbon together with chlorine through a red-hot tube either made of porcelain, or containing within it fragments of porcelain. There result from this process chloride of sulphur and bichloride of carbon, the latter being easily separated from the former by the action of potash.

The bichloride of carbon, or chloro-carbon, is a transparent, colourless fluid, having an ethereal and sweetish odour, not unlike chloroform. Its specific gravity is great, being as high as 1·56, whilst chloroform is 1·49. It boils at 170° Fahrenheit, the boiling point of chloroform being 141° The density of its vapour is 5·33, that of chloroform being 4·2.

Besides trying the anæsthetic effects of bichloride of carbon upon myself and others, I have used it in one or two cases of midwifery and surgery. Its primary effects are very analogous to those of chloroform, but it takes a longer time to produce the same degree of anæsthesia, and generally a longer time to recover from it. Some experiments with it upon mice and rabbits have shown this—two corresponding animals in these experiments being simultaneously exposed, under exactly similar circumstances, to the same doses of chloroform and chloro-carbon. But the depressing influence of chloro-carbon upon the heart is greater than that of chloroform; and consequently, I believe it to be far more dangerous to employ as a general anæsthetic agent. In a case of midwifery in which it was exhibited by my friend and assistant, Dr. Black, and myself, for above an hour with the usual anæsthetic effects, the pulse laterly became extremely feeble and weak. In another case in which it was exhibited by Dr. Black, the patient, who had taken chloroform several times before, was unaware that the new anæsthetic was different from the old; the pulse continued steady and firm, although she is the subject of valvular disease of the heart. The surgical operations in which I have used chloro-carbon have been, the closure of a vesico-vaginal fistula, the division of the cervix uteri, the enlargement of the orifice of the vagina, and the application of potassa fusa to a large flat nævus upon the chest of a young infant. In all of these cases it answered quite well as an anæsthetic. The child did not waken up for more than an hour and a half after the employment of the caustic, which was used so as to produce a large slough. Its pulse was rapid and weak during the greatest degree of anæsthetic sleep. One of the mice exposed to its influence, and which was removed from the tumbler where the experiment upon it was made as soon as the animal fell over, breathed imperfectly for some time after being laid on the table, and then died.

Chloro-carbon, when applied externally to the skin, acts much less as a stimulant and irritant than chloroform, and will hence, I believe, in all likelihood be found of use as a local anæsthetic in the composition of sedative liniments.

In two cases of severe hysteralgia I have injected air loaded with the vapours of chloro-carbon in the vagina. The simplest apparatus for this purpose consists of a common enema syringe, with the nozzle introduced into the vagina, and the other extremity of the apparatus laced an inch or more down into the interior of a four-ounce phial, containing a small quantity—as an ounce or so—of the fluid whose vapour it is wished to inject through the syringe. Both patients were at once temporarily relieved from the pain. The first patient told me her relief at the first application of the anæsthetic vapour was so long that she slept during the following night far more soundly than she had done for weeks previously.

The injection of the vapour of chloro-carbon into the rectum does not prove so irritating as the vapour of chloroform. In one case it removed speedily pains in the abdomen and back.

Chloroform vapour applied by sprinkling a few drops on the hand, and held near the eye, is one of the very best and most sedative collyria in some forms of conjunctivitis, ulceration of the cornea, with photophobia, &c. I have not yet tried the vapour of chloro-carbon, but perhaps it may answer still better, as less irritant, and almost as strongly sedative.

I have found ten or twenty drops injected subcutaneously by Dr. Wood's syringe repeatedly relieve local pains of the walls of the chest, abdomen, &c., without being followed by the distressing nausea so frequently the result of the hypodermic injection of preparations of opium and morphia.

Internally I have only hitherto tried it in small doses in gastrodynia, where it has the same effect as swallowing a capsule of chloroform.

The specimen of chloro-carbon which I have used was made by Mr. Ransford, who sent it down to Messrs. Duncan, Flockhart, and Co., of Edinburgh, under the idea that, by a chemical substitution, it might be converted into chloroform, and make a cheap medium for the manufacture of the latter drug. And perhaps I may be permitted here to remark that the quantity of chloroform used is now becoming very great, and might possibly be rendered greater if it could be produced at a still cheaper rate. We have two or three manufactories for chloroform in this city. The chief of these manufactories for it—that of Messrs. Duncan, Flockhart, and Company—now make upwards of 7,000 doses of chloroform every day, counting two drachms as a full dose; they thus send out nearly 2,500,000 doses a year. Are every two million and a half full doses which are used of opium, antimony, aloes, epsom salts, &c., attended with as little danger and as few ultimate deaths as these annual 2,500,000 doses of chloroform.—'Medical Times and Gazette.'

MEMORANDA OF THE MONTH.

FROM A CORRESPONDENT.

Amongst minor incidents of the month may be noted the steady attendance of Miss Garrett, the "lady apothecary," at the surgical operations of one of our chief hospitals, where, we are happy to see, she has been received with much courtesy and goodwill by the students. We cannot help seeing, however, many impossible and impassable objections and obstructions to ladies taking any high rank in the Profession, even as obstetricians.

Deaths from the chloroform "mixture," proposed by the London Medico-Chirurgical Society, begin to be noticed, so that we have perhaps not yet "got to the bottom" of these most deplorable accidents, nor do these mixtures, which are slow and uncertain in effect, prove an antidote.

The Societies have been engaged with (among other and many things) the interminable question of syphilis and its treatment. Dr. Boeck, who has been for the government prosecuting various experiments on "syphilisation," is about to leave London, transmitting the matter to safe hands, such as those of Mr. Lane, Mr. J. Hutchinson, Mr. Dunn, Mr. Coulson. The non-mercurialists hold their ground, but fear is expressed, that they are more of the nature of bookmen than of calm observers, who go from hospital to hospital, and for a dozen or twenty years have watched the two plans. It is wise not to judge of the proper use of mercury by its abuse; it is well to remember how phagedena is aggravated by it; such men as Skey, Carmichael, Drysdale opposing it as vigorously as Lawrence, Wormald, H. Lee, &c., advocate its use. Learned knights possibly looking at opposite sides of the same shield, according to an old and well-known legend.

The experiments on "syphilisation" for the institution of which Professor Boeck was invited from Norway by the Admiralty Commission, on the "contagious diseases" of sailors and soldiers, have now been going on for three months, chiefly at the Lock Hospital, Harrow road. A few, very few, cases of syphilitic women have been submitted to the remedy; the syphilisation from an original bad chancre, as we understand the learned professor, being renewed every third day, so that the amount of poison in the system becomes a "vanishing quantity," as they say in algebra, and finally disappears. Mercury is the one chief stumbling-block in the plan of cure by inoculation. Various opinions are hazarded on the feasibility of the plan, and practically

it was found almost impossible to carry it out at Guy's and St. Bartholomew's, where it was also tried, but we fear "found wanting."

The cases brought forward by Mr. Henry Smith at the Medical Society of London, on the 20th of November, gave rise to a very spirited and important debate, as to the alleged superiority of ligature in bad hæmorrhoids and prolapsus, over the clamp and cautery or *écraseur*. Mr. Lane, from a very large experience at the hospital for fistula and hæmorrhoids, as also Mr. Ashton bore witness to the extreme value of the ligature in large well marked piles; but there are many cases of small straggling piles; thickened mucous membrane; bad, ill-defined prolapsus, &c., where the ligature can not be so well applied, and here the general feeling of the Society seemed to be that Mr. H. Smith's clamp (a modification of the plan of Cusack, of Dublin) deserves more attention than it has received hitherto especially at institutions for this class of diseases. If there be a chance of much bleeding—there the ligature is best; it must not be forgotten, however, that tetanus has sometimes followed the ligature, and in the case immediately under notice, the death occurred from pyæmia after the ligature, a thing not conceivable under the clamp and cautery.

The paper of the evening by Dr. Anstie, on the "Sphygmograph," as already hinted, was rather curious than practical, singular or ingenious rather than of general every day adaptability to the difficulties met at the bed-side. On the walls the diagrams were rather curiously illustrative of the pulse in health, contrasted with the pulse in typhoid or typhus; where the force of the arterial wave; the occurrence of dicrotism, &c., in fever; the gradual settling down of the pulse to the health diagram in subsequent convalescence were all pencilled with startling force and accuracy. As we know now that wine is called for in fever where the *first* sound of the heart is weak, as we know the portentousness of quick pulse in doubtful phthisical and other cases, it is probable the sphygmograph in hospitals may yet become in good hands a useful aid in diagnosis or prognosis. It might be a question too, no doubt, *cui bono*, what is the use of multiplying difficulties for the young physician already "weighted" more than he can bear with histological, chemical, organico-chemical abstractions whose name is legion, one swallowing up another as one theory succeeds another.

The very remarkable tumour of the shoulder removed by Mr. Fergusson proved to be one of those recurrent fibroid growths that increase with such rapid strides; since they have commenced to grow, it had been growing only since June, all of the scapula and trapezius, all the clavicle external to the attachment of the sterno-mastoid, the entire arm and forearm came now to be taken away; the subclavian was first compressed, then incision made along the clavicle over back of tumour, two semilunar flaps quickly formed; the vessels not divided till the last moment, when happening to have a finger on the pulse, we found it to stop for about half a minute, partly due to shock, partly to the chloroform. The case, we are happy to say, has done remarkably well, and may be classed perhaps with a singular amputation, at the hip-joint by Mr. Gamgee at Birmingham, as a triumph of surgery.

REVIEW OF BOOKS.

The Elements of Prognosis in Consumption, with Indications for the Prevention and Treatment. By James Edward Pollock, M.D., Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, &c. Pp. 432. London: Longman and Co. 1865.

Notwithstanding the numerous works which have appeared on the subject of consumption, the present is a very acceptable addition to the list. There are so many questions still remaining to be settled with reference to this malady, that any collection of trustworthy observations made with regard to its nature must be gratefully received, and more especially when they come from a physician who has carefully watched a number of cases as they present themselves in a large hospital specially designed for their reception. Dr. Pollock informs us in his Preface that his work is founded upon a minute study of cases at the Brompton Hospital, extending over ten years, and the numerous statistics given throughout the book show the diligence with which the materials at his disposal have been collected and arranged.

From the very title 'Elements of Prognosis in *Consumption*' and not pulmonary consumption, it may be gathered that the author considers the disease as a general or constitutional one, and not necessarily confined to, or originating in, the lungs, and this is the view held throughout the work. One of the early chapters, entitled "Phthisis, a Disease of the System," is devoted to the development of this idea, which is advocated at even greater length than seems to be necessary at the present day, when pathologists are pretty well agreed that the deposition of tubercle in the lung is only the local manifestation of a pre-existing taint of the system, and not a consequence of hæmoptysis, pneumonia, bronchitis, or other pulmonary disease. Still, as mistakes might arise from misapprehension on this point, Dr. Pollock does well to insist upon its being thoroughly understood.

Although phthisis is a strongly marked disease, and its symptoms are generally well understood, yet Dr. Pollock, from the facts he has collected, indicates the propriety of dividing it into several varieties, according to the natural characters it assumes. For this course he partly apologizes, on the ground of the tendency at present existing to break up pathology into fragments, but the excuse was hardly necessary, for such varieties as acute phthisis, ordinary phthisis, chronic phthisis, are well recognised in practice, and the distinctions existing between them are pretty generally appreciated. Dr. Pollock adds another variety, which he terms strumous phthisis, by which he signifies that form of the disease which occurs in strumous subjects, generally at a very early age, who present the tuberculous matter in the lung only as an accompaniment to the existence of the same deposit in other parts of the system.

The book is divided into twenty-eight, or rather twenty-nine chapters (for there are two chapters under chapter XIV.), the first three of which are preliminary, being devoted to general pathological considerations. The next chapter, to which we have already briefly alluded, regards phthisis as a disease of the system; the fifth chapter is on the duration of the disease, and Dr. Pollock remarks that considerable misapprehension has hitherto existed on this subject, and that phthisis is very often a far more chronic disease than is generally supposed, some very bad cases having survived or recovered from the disease, and others having tolerated the tuberculous deposit for a great number of years. Then follows a chapter on the premonitory stage of ordinary phthisis, and other chapters succeed treating respectively of acute phthisis, ordinary phthisis, and chronic phthisis, and strumous phthisis. Chapter XV. is headed "Age, a Modifier of Phthisis," and it contains many important observations, not only as to the age at which phthisis is most prevalent, but also as to the modification of the symptoms and of the duration of the disease by the influence of age, the chronic form being most common in old persons, and the acute in the young. Hæmoptysis is generally absent in cases of phthisis occurring in the old. Then the complications, antecedents, or accompaniments of phthisis are brought under review, as rheumatism, gout, disease of the heart, emphysema of the lung, asthma, chronic bronchitis, menstruation, pregnancy, lactation, hæmoptysis, gastric symptoms, diarrhœa, fistula, and pneumothorax. Chapter XXII. is devoted to the important subject of hereditary influence, a predisposing agent which is but too well understood, both by the Profession and the public. In this chapter, Dr. Pollock emphatically points out the great impropriety of allowing marriages to be contracted between phthisical consumptive persons, and shows how much might be done in the prevention of phthisis, if parents and friends, in deciding on this delicate question, were amenable to the arguments of reason and science, instead of being guided, as they generally are, by mere family or pecuniary

considerations. The "Preventive Treatment of Phthisis," which occupies two chapters, includes a number of judicious precepts for the rearing and education of children born of a consumptive stock, and for the selection of suitable occupations for persons with suspicious hereditary tendencies. The specific and direct treatment of phthisis in its different stages, occupies three more chapters, and the last is devoted to climate, a subject which is briefly but clearly and sensibly treated. On this latter subject Dr. Pollock writes with due reserve, remarking that it is impossible to cure tubercular disease by any change of air, and that the effects of climate are therefore only auxiliary means of modifying a constitutional disorder, which is not amenable to treatment by merely local remedies.

We regret our inability to do more than give the above very brief and hasty sketch of a book which is evidently the result of long and patient research in an institution, the records of which are rich in practical lessons; and Dr. Pollock, by the use he has made of the materials placed at his disposal, and by the practical and judicious conclusions he has been enabled to draw upon some very important subjects connected with the history of consumption, has conferred a great boon on Medical science and practice.

The Physicians', Surgeons', and General Practitioners' Visiting List, Diary, Almanack, and Book of Engagements for 1866. Upon a plan furnished to the Publishers by Francis Seymour Haden, Esq. Twentieth year.

This visiting list being now twenty years old, its merits are necessarily well known to the Profession, and in introducing it to notice for the forthcoming year we have only to state that, in point of neatness and portability, in goodness of workmanship, and convenience of arrangement, it is as distinguished as ever, and that it will commend itself to the notice of all classes of Medical Practitioners by the facilities it offers to all of recording their daily engagements, and accurately keeping their accounts.

"CYCLOPS'" THIRTY-SECOND LETTER ON PHYSIOLOGY.

To VIGILANS.

SIR,—The fact of all those glands which are intended by Nature to secrete elements to be used again in the system, and according to their character and position being of very varied shapes and forms, as to lead to their being called complicated, shows that they are designed for manifold purposes, and these are of both an organic and inorganic nature. Organic, because they secrete vital elements to be used again, and inorganic because they use up, and otherwise appropriate a vast amount of non-vital elements; which are equally essential to the economy of the system. That they do this is shown by their structure being permeated by laminæ and fasciæ—which are, "prolongations of the skin or mucous membranes," all these parts being provided with ducts, to carry the combined secretions away. All this shows two distinctive actions most clearly and unequivocally. The first, that secretions are made from the glands themselves, which are basic salts, and secondly, that these are diluted with inorganic fluids, supplied from the fat which surrounds and permeates them everywhere. Now, fat in the living and vital state is kept in a semi-fluid condition, the more aqueous parts of which are constantly passing off in union with the true glandular secretions, while the more solid is maintained for the further formation of fluids. If this were not the case, it would be useless for the glands to secrete at all, for their elements could never get away. To show the impossibility of the blood being able to supply the diluents for this purpose, it has been calculated that there are from fourteen to twenty-eight pounds of blood in the body, more or less, which takes about three minutes and a half to make its circuit—that is, by the arterial circuit distributing its structural powers, and the venous blood carrying the residuary mass into the system again. Now, if as it is supposed, fourteen pounds of saliva alone are secreted in the body every twenty-four hours, how can this be obtained from the blood? Its natural currents would be stopped in a fearfully short space of time. Where, then, do other aqueous secretions of the body of equal or even greater quantity come from? Surely not from the blood! Yet, in face of all this, physiologists persist in saying, "all secretions come from the blood;" but add, "that it is a singular fact that new chemical compounds are formed in the secretions which are not known in the blood." No wonder everything is so apparently mysterious and singular. Not, however, in natural laws, these will always prove to be simple and clear as soon as they are properly elucidated. That which is really mysterious and singular are the theories and dogmas of schools, which I defy anybody to comprehend or understand. Now, it is well-known that if meat is deprived of its water, its valuable properties are destroyed, for in this case scarcely a fourth of its bulk and quantity would remain, and that which does, would be horn-like, tasteless, and perfectly unfit for food. Not less than three-fourths of the substance of animals and vegetables consist of aqueous diluents, which gave rise to Liebig's remark, "that a man's body might fairly be represented by a bucket full of water, with a lump of chalk, and another of charcoal." Thus, as I have previously said, the body must have powers to make its aqueous matters, independently of the blood. But the gases, having been ignored in a physiological point of view, and these being the only means by which these ponds and lakes and rivers are kept up, we have as a sequitur, the thousand false doctrines and dogmas, stopping the way to our better understanding, the economy of Nature. I have endeavoured to show how all these matters can be made more consistent with truth, by the natural formation of fat; by that fat being a retainer or reservoir of the fluids; by these fluids being the natural diluents of the basic formation of glands, and all those other elements made in the body to be used again by it, in the most consecutive and regular manner, entirely independent of the blood. But I will now show that there are other organs which secrete basic salts, and which could never be eliminated from the system unless it were for the presence of their natural inorganic solvents and diluents. These organs are the kidneys, and their secretion is the urine. Here again, it is most implicitly believed that all the urine is secreted from the blood, and there is no greater Medical heresy than to believe or assert anything to the contrary. Endeavouring to prove a bad argument, it is extraordinary what books tell us. *That* the rapidity of the blood circulation is sufficient to account for the shortness of time in which certain fluids reach the kidneys. Then again, it is said the kidneys are of a duller sensibility, and less energetic than other glands. Owing to the rapid passage of fluids through the kidneys, some other physiologists supposed a direct communication with them and the stomach. Anon a host of chemists injected the veins with the prussiate of potass; yet the astonishment was great, because it could always be found more in the urine than in the blood. Even coarse injections pass readily from the renal arteries into the ureters, and so they do into the veins as well. This was said to show the rapidity of the kidney circulation and the *possibility* of a sort of filtration or mechanical separation of the more aqueous portions of the blood. Then it is admitted that urine is the most complex in its elements, and most variable in its qualities of all the animal fluids. Foreign substances appear in it, and even change its composition and other fluids may disguise it altogether. Bile, fat, milk, blood, pus, appear in it, and so it is said the kidneys *reason less* on the sensation produced by the various substances in the blood, but often allows them to pass in a pure state. In short, the ancients considered the urine as a sort of extract of animal substance carrying off all that is impure in the animal economy. Then, again, modern chemists say that it is not merely the abstraction of a quantity of water and salts accumulated in the blood, which the kidneys perform, but that a chemical change is produced by them, either upon the whole blood, or some important parts of it. Even in a case recorded in the last century of an individual's bladder being turned inside out,

so that the flow of the urine through the ureters was watched, as well as the quantity and quality of the urine. In this there was noticed great differences, according to the state of sleep and waking and the quantity and quality of diuretic drinks. With all this, none could understand exactly the reason why such differences occurred, yet still it was believed, as it is now, that everything goes through the blood in some way or other. It never occurred to any physiologists, ancient or modern, that there could be two natural supplies from different sources, to make up the one urinous current. Notwithstanding this, it has been noticed that the urine in the ureters is turbid and imperfect, and the constituent parts, not thoroughly blended together, though it improves as it passes those ducts. One would have supposed that these discoveries would have led to other sources of supply; but it shows that when the mind is warped, how many subterfuges supply a given philosophy. The passage of the urine down the ureters, and the peculiar situation of these tubes in the musculo-membranous portion of the bladder, with the weight of the secretion above rendering the ureters always full, and one drop pushing another out into the bladder, never seemed to offer any suggestion that the due mixing in this passage from the kidneys to the bladder of the organic salts with an aqueous inorganic base, were or could be derived from two distinct sources of supply. Nor in the formation of these organic salts with their inorganic fluids, passing through the ureters, and then mixing again in the bladder, could be at all influenced by the mucous membranes of either. All these fair subjects for research and inquiry appear to have escaped observation entirely. The only philosophy permitted being that the kidneys purge the blood of something which would otherwise be deleterious to it, and the economy of the body generally. There is no doubt that urea is in a great degree a necessary element of the blood. It seems from the very position of the renal arteries that it is necessary to all the organs above them; for instance, the ascending aorta must carry to the contents of the thorax and the brain these essential elements, and the descending aorta doing the same to all the organs supplied with blood above where the renal arteries are given off. But below the renal arteries the only organs to be supplied are the genital. There are no others below compared to all above the renal, and no doubt the genital organs and lower extremities take an equal share of this property of the blood. But if it were not for the renal arteries there would evidently be too much; therefore it is that the kidneys are provided to abstract this extra quantity and so relieve the system. But physiologists are not satisfied with this, for they say the kidneys take all the urea and other salts from the blood, and somehow purge and purify it. If it really did this, I have calculated that we should require at least three pairs and a half of kidneys, instead of only one pair; one pair, for instance, ought to be situated immediately on the ascending and another on the descending aorta, and others elsewhere, but as this would be multiplying organs too much, there ought, then, to be three or four pairs of renal arteries from the above situations going to one pair of kidneys. I am merely showing the absurdity of the idea of what the kidneys with their present one pair of small arteries are supposed to do. Then, as to the urine itself, its difference, variety, and quantity does not depend on the blood circulation nor on the drink taken. Some persons are accustomed to make considerably less urine in comparison to the fluids they take; while others, on the contrary, make a considerable quantity more. Now, the kidneys are differently placed as organs secreting elements to be eliminated from the body, to the glands which have to secrete elements to be used again. These latter are so situated that they are constantly excited to action, while the kidneys are placed out of the way of all the chylo-poietic viscera, and are so shut off from them that they should have nothing to do with these acts, and moreover are surrounded with double and treble the quantity of fat to other glands. Whatever volume and quantity physiologists have given to the blood going from the renal arteries to the kidneys, they have done equal justice to the volume of the residuary mass coming from the kidneys by their proper veins, and have shown, if anything, that this mass is the greatest of the two; therefore, the system makes use of this diluent, minus its urea and other salts which the kidneys have extracted. The great fact of the highly-congeried state of the renal arteries ramifying on the kidneys, shows that they could not secrete the urea from this part of the blood except under very great pressure, and that they do this and leave other elements, clearly shows that we do not yet understand their true mode of action. What elements they do secrete pass through the bodies of the kidneys into their pelves, and must be of a highly concentrated character, for the veins have evidently run away with all serous elements and liquor sanguinus, and there they would be left if not released by other supplies of fluid to dilute and carry them off. The manner of their doing so I will explain in my next letter.

I am &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

GENERAL CORRESPONDENCE.

To the Editor of the Medical Circular.

SIR,—I am sorry to see that Mr. Griffin's appeal to the Poor-law surgeons of England has not been responded to by them in the manner that it deserved. That gentleman's disinterested action has been applauded by the Medical Press, and appears to have been unanimously approved by all those most deeply interested in the movement. And yet (after the lapse of so many weeks), there is nothing done, no one to come forward to give him a helping hand in his honest work. What, then, is the reason of all this luke-warmnesss, this indifference? Is it that we have no grievances to be redressed? All, with one accord, must answer "No," to this question, and, indeed, have so replied for a generation past.

Have we, then, just cause to complain, and do we admit ourselves beaten?

It would appear so from the long silence of the many, and the sad want of enthusiasm manifested by the most of us. If we persistently say to ourselves that all efforts can be of none avail, then, indeed, we do resign our cause into the hands of our opponents, but this is surely not what men generally do, and least of all—Englishmen, educated Englishmen! I deny that a continuous and united effort must be fruitless in results. Never yet was it so in this world's work, and assuredly cannot be allowed to be in this particular instance. I will not believe that we are about to give up all that we have been seeking and asking for during the past ten years! Shall we lack energy and determination to go on and fight the battle until success is certain? No, we will not weary till the public and the legislature are made to know and feel the full extent of our wants, and the evils and sufferings of our poorer neighbours, nor ever rest until those wants be satisfied and those evils remedied.

Let us, then, come together, let us unite under our old and tried champion, and go forward in the right way. He has signified his willingness to remain at his post, and to continue the onerous duties of leadership. Let us not refuse our chosen man, and leave him single-handed in this emergency. No time should now be lost, the time for action is an important one, as he has pointed out.

Then, let us, without further delay come to his assistance. Money is required, nothing can be done without it, but money alone is not sufficient, we must be united, and thus render him moral aid.

Subscriptions should be immediately forwarded to Mr. Griffin at Weymouth, and he will then lose no time in calling us together, and taking the necessary steps to further progress, in the way which he so clearly pointed out to us in his admirable letter published in the Medical journals six weeks since.

I am, &c.,
WM. PROWSE.

Amersham, Bucks.
December 13th, 1869.

ABSORPTION OF MATTER BY THE BODY.

Whilst on the subject of the rapidity of the absorption of matter by the body, I may state that a French physiologist has observed that certain saline matters, such as iodide of potassium, nitrate of potash, or acetate of morphia, will pass in a few seconds through the whole of the system. Thus he was able to detect the presence of iodide of potassium in the urine three minutes after it had been taken by the mouth. But certainly one of the most curious instances published of late respecting the absorption of organic matters in the system is that related by Dr. Letheby, and which tends to prove the correctness of statements which have been published in former times, that certain chemists or persons had a secret of producing poisons, the action of which only became manifest a long period after they had been administered. Thus, Dr. Letheby states, in a paper which you will find in the 'Proceedings' of the Royal Society, and which contains some of the facts which he gave in evidence at a coroner's inquest in London, that the death of a person ensued twelve months after he had taken the substance which caused death. A man engaged in a large chemical works in London, had inspired, during his labours, a comparatively small quantity of a substance called nitro-benzine (now sold under the name of oil of bitter almonds, and used in large quantities for perfumery, and also for giving taste to various culinary preparations), and that this substance had gradually become converted into aniline (a substance now extensively used to produce colours, and also procurable from coal-tar), and had been the cause of the death of the man.

Paracelsus's Theory of Quintessence.

Although time is pressing, I cannot part from you this evening without calling your attention to the fact that every day we are realising the cherished ideas of the alchemist, and of the Medical men of the fifteenth and sixteenth centuries, who laboured, the one to extract from substances what they call the quintessence of them, and the other to apply what they supposed then to be such quintessences. From the imperfect state of science, chemistry included, at that time, they were unable to carry out what they conceived to be essential to arrive at a better and more enlightened treatment of disease. They perfectly felt that the extracts or infusions of the plants they had at their command had not a defined action in their treatment. All men of science know with what enthusiastic perseverance Paracelsus advocated the employment of quintessences; and although in his enthusiastic mind he went so far as to pretend that he carried in the head of his cane the elixir of life, there is no doubt that he and his disciples left a germ which has gradually grown to be a plant, and that the chemistry of the present day is gradually succeeding in extracting from plants their active principles. Although Medical men were convinced of the utility of employing the active principles existing in plants, as quinine, cinchonine (from cinchona bark), morphine (from opium), &c., still we had not a correct idea of the various actions which these diverse alkaloids exerted on the system. We are, therefore, much indebted to M. Claude Bernard for his admirable researches on the therapeutic action of the alkaloids of opium; and owing to his extensive physiological knowledge, as well as his perfect mode of carrying out his experiments, he has proved that we can class the action of the alkaloids of opium under three heads, as shown by the following table:—

THE ALKALOIDS OF OPIUM.

Soporific.	Convulsive.	Toxic.
Narceia.	Thebaia.	Thebaia.
Morphia.	Papaverine.	Codeia.
Codeia.	Narcotine.	Papaverine.
	Codeia.	Narceia.
Not Soporific.	Morphia.	Morphia.
Narcotine.	Narceia.	Narcotine.
Thebaia.		
Papaverine.		

These researches thoroughly prove the correctness of Paracelsus's views, showing that in the employment of opium due consideration should be given to the fact, that in the opium there are various agents acting in a defined manner upon the organs of the patient.—Dr. Crace Calvert's 'Cantor Lectures.'

MEDICAL SOCIETY OF LONDON.

PRESIDENT'S SOIREE.

This *soirée* was held at the Hanover Square Rooms, on Tuesday evening, December 12. The company, who were urbanely received by the president and Mrs. Baker Brown, were so numerous that before ten o'clock the rooms were crowded. In addition to objects of the usual kind, the tables and walls were furnished with many articles of *vertu* and fine art, which added much to the interest of the evening. Thus, decorating the walls, or lying on the tables, were —oil pictures by A. Solomon, Millais, R.A., Lee Bridell, Calderon, A.R.A., A. Moore, and Johnston; drawings by Topham, S. Solomon, and E. W. Cooke, R.A.—all lent by the Secretary; oil pictures by E. Frère, F. Walton, and W. Gale; water colours by David Cox, Laurence, Duncan, W. Hough, and J. C. Reed, lent by Mr. Crofts, of Old Bond street; a number of choice lithographs, lent by Messrs. Day and Co.; the life-size photograph of Chang, &c. on the tables were photographs from the London Stereoscopic Company, by Mr. Smallcombe and others. Mr. H. Swan exhibited a number of very pretty and striking crystal cube miniatures. There were also a number of Medical portraits, lent by Mr. Fitt of Old Bond street, and an interesting collection of portrait medals of Medical men and philosophers. Two exquisitely-carved marble heads by Leonardo di Vinci, and a terra-cotta bust of Michael Angelo (1520), were exhibited by Mr. Joseph, of New Bond street. Egyptian, Byzantine, and Etruscan ornaments, bronzes, and sculpture, exhibited by Messrs. Watherston and Son; specimens of sculpture, exhibited by Messrs. W. H. Bensi and Co., Regent street; rare china, parian, and glass lent by Messrs. Sharpus and Cullum; a collection of antique watches, lent by Mr. Benson, were also exceedingly interesting. Mr. Harry Emanuel exhibited an immense opal "the Idol's Eye," and other very expensive articles of jewellery which attracted much attention. Microscopes were exhibited by various makers, those with binocular arrangement largely predominating. On Mr. Collins' table there was a binocular dissecting microscope (Dr. Lawson's) of a simple and novel structure in which the plan of the refracting stereoscope, as regards the lenses, is reversed. Some excellent specimens of trichina spiralis were lent for exhibition by Dr. Thudicum. A great variety of Surgical instruments was displayed, and at the head of the staircase leading from the refreshment-room the spring bed, invented by Mr. Hamilton, of East street, Manchester square. This new patented bed is remarkable for simplicity, strength, elasticity, salubrity, economy, and cleanliness, and is said to have had extraordinary success in France. Messrs. Savory and Moore made a pretty display of crystallized and rare pharmaceutical products, among which were conspicuous crystals of chloride of chromium and boro-tartrate of potassa. Madame la Baronne de Lavenant exhibited specimens of her process for coating iron and other metals, and preserving them from oxidation. This invention of the Baroness de Lavenant is calculated to supply an important desideratum in the industrial world. In this age of iron, the absence of some efficient means of protecting the metal itself from that deterioration to which atmospheric agency inevitably exposes it has been sensibly felt, and many have been the attempts to accomplish this end. It will be curious, if to a female, and that a lady of rank and a foreigner, the merit of solving such a problem, which has baffled the genius and inventive faculties of those who, in our foundries and workshops, are directly interested in, and occupied with, the material to be defended, should be ascribable. Mr. Piesse exhibited a number of perfumes in bottles, each labelled with a note of the musical scale, according to his fanciful conception of their position in a gamut of odours. Crane

ınd Co. lent a large piano-mécanique, on which several pieces were performed by merely turning a handle, and thus causing a music board of raised brass pegs to move over a suitable arrangement for striking the notes. Rarely, we believe, has any *conversazione* gone off so successfully. The Medical Society owes its cordial thanks to the President, who had evidently spared no pains to make the evening pass with pleasure and interest to all invited.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, NOVEMBER 21.

DR. PEACOCK, President.

Dr. CRISP exhibited

SPECIMENS, DRAWINGS, AND WAX PREPARATIONS OF SHEEP PLAGUE,

y way of contrast with the same disease in the ox. He aid he had examined, in October last, in Norfolk and uffolk, twenty-eight sheep affected with this disease. He ad seen healthy sheep that had been affected when turned mongst diseased sheep, and had examined the viscera of sheep that died after inoculation from the ox; and there ould be no question about the identity of the affection. he chief points of difference in the morbid appearances ere the absence of the dry state of the food in the first nd third stomachs of the sheep, the less definite character f the spots, the absence of the swelling and redness of the eocæcal valve, the general absence of spots on the lips, heek, tongue, and palate, and the greater detachment of ıe epithelial coats of the stomachs. Most of the sheep xamined had soft and granular livers; but this lesion robably existed before the attack. The blood in all these ieep was so fluid that after death the uppermost eye was loodless, whilst that nearest to the ground was very ascular; and so with many other parts. The stellate ppearance of the blood-corpuscles, depicted by Dr. Smart, f Edinburgh, had never been seen by Dr. Crisp in this isease, either in sheep or oxen. He had named the plague he "Malignant Spotted Fever of Ruminants," as, judging om the many animals of this class he has examined, there as no other disease attended with a like eruption, and he ad reason to believe that all ruminants might be affected. le spoke of the inconsistency of the recommendation of ıe Commissioners, which advised the stoppage of cattle ıd allowed sheep free movement.

Mr. J. Z. LAURENCE exhibited a

MELANOTIC TUMOUR OF THE EYEBALL.

he tumour had been progressing two years before the tient, a woman, aged fifty-six, consulted Mr. Laurence at e Ophthalmic Hospital, Southwark. Below the cornea as a greyish, hard tumour; the iris was in contact with e cornea; the pupil was blocked up by a calcareous lens; ıe mobility of the globe was normal. Mr. Laurence moved the eyeball, the pain in it having become extreme. ıe eyeball was filled with a tumour, partly melanotic, rtly encephaloid, with all the usual microscopic chaters of cancer. The optic nerve, where divided in the eration, was neither discoloured, nor swollen.

Mr. J. Z. LAURENCE also exhibited an

ENCEPHALOID TUMOUR OF THE EYEBALL.

ıe patient, a woman, aged thirty-four, first consulted Mr. urence in June, 1864, for amblyopia, of two months' ration, of the right eye. This, examined by the ophthalscope, presented all the appearances of retinitis, with rtial separation of the retina. In six months the patient urned quite blind, the pupil being occupied by a grey ded membrane—detached retina—over which ran some eedingly atrophied vessels. The patient subsequently t ophthalmitis, for which she consulted another Surgeon, ıo performed iridectomy. In October, 1865, she again ısulted Mr. Laurence. The right eyeball was then unirsally inflamed. The left eye was irritable and amblyopic, power of vision being reduced to one-tenth the normal standard; its fundus cloudy; the optic papilla hyperæmic. Mr. Laurence removed the right eyeball on account of the sympathetic inflammation of the left one. To his great astonishment, he found the removed globe the seat of intra-ocular cancer. In the anterior and lower part of the globe was a mass of ordinary encephaloid cancer; in the upper and posterior part was a spherical cavity filled with an aqueous fluid; around the lower part of the encephaloid part was a layer of a fibro-plastic tissue. Mr. Laurence considered the case interesting, in consequence of the failure of diagnosis and of the rarity of white cancer of the eyeball in adults. This was the second case he had met with in eleven years.

Mr. HULKE thought the diagnosis might have been made, had the tension of the globe been taken into account. According to v. Gräfe, this was increased in separations of the retina from encephaloid cancer.

Mr. LAURENCE'S notes of the case, immediately before the operation, described the globe as "very soft." This, he thought, was explicable from the cavity of fluid behind the tumour, and showed that v. Gräfe's rule was not universal.

Dr. ANDREW exhibited a specimen from a case of

EMBOLISM OF THE PULMONARY ARTERY.

A woman, forty years of age. Her toes had been crushed by the wheels of an omnibus which had been passed over them. Mr. Paget removed them October 15. She went on well until October 2L, whon she had pain in the epigastrium and faintness. Brandy was given, and she fell to sleep again. Next day she felt as usual; but her skin was cold and clammy. At night she had a return of the violent symptoms. She became pale, cold, her pulse could not be felt, and she died in three hours. The pulmonary artery was found to be obstructed by a dark red clot built over smaller white masses. No old clots and no pus were found in any of the veins of the injured limb. But on looking into distant veins, such as the mesenteric and the cerebral sinuses, small similar white masses were seen which had not the ordinary characters of blood clot, but consisted of aggregations of white blood cells. Dr. Andrew suggested that this case gave some grounds for the supposition that emboli might be derived from the corpuscular as well as from the fibrinous constituents of the blood.

Dr. TILBURY FOX exhibited several

COLOURED PHOTOGRAPHS OF PATIENTS SUFFERING FROM SKIN DISEASE.

Dr. FOX said: The half-dozen illustrations, nearly life-size, of photographs of skin diseases are kindly placed at my disposal for exhibtion to the Society by Mr. Erasmus Wilson. I think it will be allowed that they are most truthful representations of actual facts, exhibit no contradiction between the colouring and the magnitude of parts; whilst they pourtray the finer and more delicate expressions of disease; and I would leave them to speak for themselves rather than spoil them by further comment. The first is a case of scrofuloderma; the second, lupus non exedens; the third, epithelial cancer of the parotid region and ear; the fourth, a case of cure of lupus exedens; the fifth, syphilitic melasma—a charming illustration of the peculiar wasting of muscles, the earthy hue of the skin, and the pigment staining; the sixth represents another view of case number one. They illustrate admirably the use of photography in securing a correct outline and adjustment in the proportion of parts.

Mr. BARWELL showed a photograph of a

CASE OF EXFOLIATION, AND OF A CASE OF EXCISION OF THE METACARPAL BONE OF THE THUMB.

The photograph showed the same appearance in excision and in what might be called artificial excision by disease. Mr. Barwell described the steps of the operation in his patient's case; the result was satisfactory.

Mr. BARWELL also exhibited a specimen of

CARTILAGINOUS TUMOUR FROM THE TENDON OF THE RIGHT FINGER.

In the operation, Mr. Barwell tried to remove the growth by a subcutaneous incision, but was obliged to open the sheath and dissect it from the tendon. The result was good. Mr. Barwell remarked that M. Malgaigne had said

(Continued at page 444.)

INCORPORATION OF THE MEDICAL CIRCULAR AND MEDICAL PRESS.

NOTICE TO OUR SUBSCRIBERS.—It is with the greatest satisfaction we announce to our Subscribers and Supporters that on and after the termination of the present Volume, the MEDICAL CIRCULAR will add immensely to its power and influence by becoming incorporated with the 'Medical Press,' a Journal which is known to enjoy a great amount of Professional favour and a circulation equal to, if not exceeding, that of the MEDICAL CIRCULAR. The advantages to all parties, whether proprietors, editors, contributors, or advertisers, from such an incorporation will be at once manifest, and when we assure our readers that arrangements are making to extend the circulation to the Colonies, to the United States, and wherever the English language is spoken, we may confidently claim for THE MEDICAL PRESS AND CIRCULAR in periodical literature, a rank equal to that of its most favoured contemporaries. No pains will be spared to make the United Journals worthy of the general support of the Profession, and there will be no hesitation at expense in its production.

We venture to claim for THE MEDICAL PRESS AND CIRCULAR the following advantages which, we hope, will recommend it to a large support from the Medical Profession:—

SPECIAL ISSUES FOR ENGLAND, SCOTLAND, AND IRELAND.

Enjoying the advantage of a triple connexion, and being conducted by a separate Editorial Staff in each of the three divisions of the United Kingdom, it must possess facilities for the acquirement of information which no other periodical conducted by a single local staff can have, while at the same time the strictest caution is exercised to prevent the affairs or interests of any one class in the Profession from predominating in its columns. The purely Medical, Surgical, and Scientific portion of the Journal will be the joint contribution of the Schools of Medicine in London, Dublin, and Edinburgh, each equal to the other in talent and originality, while the Critical and Editorial Department will furnish material at once comprehensive and specially adapted to the requirements of each country.

LOW RATES OF SUBSCRIPTION.

While inferior to none in influence and merit, THE MEDICAL PRESS AND CIRCULAR will be the cheapest weekly Medical Periodical in the United Kingdom, to attain which qualification the Subscription rate of THE MEDICAL PRESS has been considerably reduced. The Subscription will be 17s. 6d. per annum, for Unstamped Copies, and 1*l.* 1s. 8d. free by Post; this latter rate being recommended, as it ensures greater regularity and rapidity of transmission. It is hoped that no Medical Man who desires to keep pace with the rapid march of Medical Science, will hesitate about the expenditure of a sum which would be amply repaid by the acquirement of a single fact of value in the practice of the Profession.

DAY OF PUBLICATION.

THE MEDICAL PRESS AND CIRCULAR courts no competition with other Medical Journals fully entitled to as much confidence as itself can be. It will, therefore, be published on Wednesday—a period intervening between the day of issue of other Medical Journals—in the belief that it will be read alike by every Medical Man whose position enables him to subscribe to other Periodicals, and by the Practitioner, to whom a reliable Medical Record at an economic rate is a matter of importance.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 20, 1865.

THE PROGRESS OF CHOLERA.

The subject of cholera, although a gloomy one, continually forces itself upon the attention of the Profession, and we therefore make no apology for alluding to the long, able, and we might add, exhaustive discussion which took place on this fertile theme a short time since at the Harveian Society, and which we fully reported in our columns of last week. On the occasion to which we refer, the speakers detailed for the most part the records of their own personal experience; no dogmatic views were asserted; no infallible remedies were announced; and even where differences of opinion existed, the grounds on which the differences existed were fully developed and explained. The contagionists and the non-contagionists had each many cogent arguments and facts to adduce in favour of their own views; and on the subject of treatment, while all spoke with reserve, none proposed any plan which could be considered altogether inconsistent with the nature of the malady they desired to combat.

Dr. Tilbury Fox, who opened the discussion by reading a paper on the "Cholera in Egypt," is entitled to great credit for the luminous manner in which he expressed his own conclusions as to the origin, nature, and progress of the disease, as observed by himself in a recent visit to Alexandria, Cairo, Jerusalem, Damascus, and other eastern localities where cholera has lately prevailed. He fixes the original seat of the disease in India, which he considers the nursery of cholera, and he believes that during the late epidemic visitation in the East, it was brought from India to Mecca by the poor Indian pilgrims who arrived half-starved, with attacks of diarrhœa, at the port of Jeddah; and arguing from this circumstance, he urges the necessity of the strictest supervision, by way of quarantine, being exercised at this and other ports, in case of the outbreak of any future epidemic. Dr. Fox is a strong believer in the contagiousness of cholera, and he thinks that the way in which the epidemic might have been strangled at its birth, was by placing under quarantine all vessels coming from India and arriving at Jeddah. In his opinion, England has a great responsibility in connexion with the propagation of cholera, because our ships left India in great numbers and thus brought the disease to Africa and Europe. Dr. Fox, however, was not very successful in explaining the occcurrence of sporadic cases at a distance from a focus of infection, but supposed that currents of air or a moist cloud might in some instances convey the seeds of disease. In reference to a subject which has often been discussed, Dr. Fox believes that diarrhœa is not by any means necessarily an early stage of cholera, and he goes so far as to assert that collapse is independent of the diarrhœa in true cholera. On the subject of treatment he throws very little light, but he protests against the indiscriminate use of ice to the spine, and thinks that salines are useless. He introduces, however, what we believe is a novelty in treatment, namely, the administration of strychnia, one-twelfth of a grain being, he tells us, sometimes given with good effect, or even one-fourth of a grain in severe cases. This alkaloid has probably been recommended from its known power of stimulating the spinal cord, and thus arousing the energies of the system in the stage of collapse; but we cannot believe in the propriety of using so powerful and dangerous a remedy until very strong reasons are advanced in its favour by the advocates of the plan.

Dr. Headlam Greenhow, who has had peculiar opportunities of observing the progress of cholera during the epidemics of 1849 and 1854 in this country, declared that no real instance of contagion had ever come under his notice, and we think that this gentleman's evidence on this point is entitled to very great respect. In reference to the views of those who advocate the endemic or local origin of cholera from foul air or vitiated water, and in answer the question why, if such be the causes of cholera, the disease does not prevail every year, he observes that another factor is needed in addition to the local causes, and this is a peculiar meteorological condition which has been found to prevail during and before every epidemic of cholera. The barometer has been high, the atmosphere remarkably still, the temperature above the average, and the rainfall insufficient. He considered quarantine regulations as useless, and he thought that the attention of the Medical Profession and of the public generally should rather be directed to the removal of local conditions, which appeared, under every existing theory, to be necessary to the spread of the disease. We think it very difficult, especially for those who watched the epidemics in 1849 and 1854, to doubt the cogency of Dr. Greenhow's remarks.

We ourselves, however, desire to offer no dogmatic opinion upon the disputed questions connected with the origin or progress of cholera, but as all the authorities agree upon certain points, we would urge these upon general notice. The points of agreement, then, among contagionists and non-contagionists, are that poverty and misery, bad ventilation, overcrowding, and dirt, are, if not the originators of the cholera epidemic, among its most favoured allies, and where these are absent, cholera obtains but few victims. The recent epidemic on the continent of Europe and in the East, bears abundant evidence to the truth of this view, for precisely in those localities where the greatest misery prevails, and the greatest neglect of sanitary measures is allowed, there does the cholera prevail most extensively and commits the greatest ravages. It is not asserted that those who are higher in the social scale, and enjoy a greater degree of comfort, are exempted altogether from the scourge, for persons who live in ease and are surrounded by luxuries, are often swept into the general vortex, while the Medical attendants of the sick often fall victims to their own zeal and courage.

Still the fact remains that among the poor does the greatest mortality prevail during a cholera epidemic, and

with the sad prospects before us this winter of the high price of butcher's meat and of coals, the condition of our lower classes ought to engage the attention of the wealthier portion of the community. It is difficult, if not impossible, for Government to interfere directly in such a matter, but it is the bounden duty of all local authorities to relieve, as far as may be, the distress which they see around them. At the approaching festive season, when the hearts of mankind are warmed to sympathy by the remembrance of the birth of the Great Teacher, who went about doing good, let everyone as he meets his own family circle, *remember the poor*. "He that giveth to the poor lendeth to the Lord," but if a more selfish plea be needed for the exercise of more than usual charity at the present time, it will be found in the reflexion that by providing food, fuel, and raiment for the poor, not only may the impending pestilence be divested of half its terrors, but it may be averted altogether. The cholera poison, whatever be its nature, must have a soil for its development, and this soil is always prepared wherever poverty and destitution, with their concomitant miseries, most abound.

DR. RICHARDSON ON THE POISONS WHICH PRODUCE EPIDEMIC DISEASE.

At the meeting of the Metropolitan Association of Medical Officers of Health, last Saturday evening, Dr. Richardson opened an interesting discussion by reading a paper on the poisons which produce epidemic disease. Instead of describing, as might have been anticipated from the title of his paper, the various malarious influences existing in our streets and dwellings, and giving rise to our well-known fevers and other epidemics, he entered into a very ingenious argument to prove that the theory or hypothesis of the zymotic nature of those affections was erroneous, and that they really arose from the communication of morbid secretions from one person to another, and that, in fact, morbid animal secretions were the poisons causing epidemic disease. The starting-polnt of his own hypothesis was a case of pyæmia, in which he had submitted the purulent matter to chemical analysis, and had obtained it in a separate state by chemical re-agents. From this circumstance he concludes that the rest of the animal poisons have a definite composition, that they are generated by a morbid condition of the albuminous portion of the blood, and that this matter, entering into other bodies, facts like the ordinary poisons, such as morphia, veratria, or strychnia. He believes that these animal poisons are of the nature of alkaloids, that they are combined in the body with peculiar acids, and that they exert a poisonous influence by chemical agency on the blood of persons into whose bodies they are introduced. This view of the nature of epidemic poisons has been worked out by Dr. Richardson with his well-known ability and ingenuity, and if it should turn out that it is supported by a sufficient number of facts, it will modify very considerably our present opinions upon many diseased states. But there are many difficulties in the way of its reception, not because the zymotic hypothesis is altogether satisfactory, but because it is the best that has yet been offered. Zymosis, which is the same word as the Latin *fermentatio*, implies the disturbance caused in some compound body by the introduction of something, which both decomposes the surrounding fluid, and multiplies itself indefinitely, as is seen in the introduction of a portion of yeast into a beer-vat. Although it cannot be said that the phenomena of an attack of typhus or cholera are exactly analogous to those of fermentation, yet there is a certain degree of resemblance in the two processes, quite sufficient to justify the use of the word *zymotic*, and although the miasm of contagion has not yet been isolated, it is only fair to conclude that such a body exists. But Dr. Richardson declares that in one case he has actually isolated the contagious matter, and he infers, as we have stated, that it acts upon the blood like an ordinary poison, and not as a catalytic agent, in the sense in which that term is generally understood. But we shall hereafter notice more fully the facts on which Dr. Richardson endeavours to establish his proposition.

THE CATTLE DISEASE.

This malady, in spite of all that has been done and attempted, has attained proportions much beyond what might have been reasonably anticipated. Its progress has not been checked, but, on the contrary it has entered districts hitherto free from its fatal influence, and, according to carefully collected returns, there are only three counties in England where it has not appeared with more or less severity, and eight in Scotland ; while in Wales there are only two counties wherein it has broken out. The Privy Council returns, however, do not profess to give the total number of cases which occurred in Great Britain, but only those which have been ascertained from the official information received from inspectors, or by the local authorities. According to these returns the total number of reported cases since the first appearance of the plague amounted up to 39,714, of which number 10,787 were killed, 19,936 died, 2,900 only recovered, while 6,082 still remained in a suffering state. Middlesex, including the metropolis, Yorkshire, eastern counties, south midland counties, south eastern counties, and north western counties appear to have been the principal seats of the disease in England. Scotland has also suffered severely, having had 12,424 of her beasts attacked by the disease. Of these 1,999 were killed, 6,603 died, 1,258 recovered, and 2,564 are still suffering. It is calculated that of the total number of cattle in farms, in sheds, and other places where the disease has been officially reported to exist in Great Britain, 44·123 per cent. have been attacked. In the metropolitan districts there has been the greatest loss, the number attacked being 61·238 per cent. of the whole existing number. These figures measure, with unerring certainty, the extent of the disease.

The Government, through the medium of the Privy Council, have given proof that they have not underrated the gravity of the disease. They have taken every step they could to obtain information upon the subject, both in this country and on the Continent ; and they have ever shown themselves ready to listen to all complaints and to entertain all suggestions having for their object both prevention and cure. They have availed themselves of the powers placed in their hands by law, within certain limits, and have promptly endowed the local authorities with such powers as they required to deal with the disease. All that has been done, had to be done under great disadvantages, because the malady to be encountered was unexpected as well as new.

The Royal Agricultural Society, have exerted themselves to suggest means to subdue the malady. On Thursday week a deputation from that body waited on Earl Granville and Sir George Grey with a set of resolutions embodying the views of the council on the subject, and submitted them to the Government. The society recommended very sweeping measures, the most effectual of which, they think, would be to stop all fairs and markets. If this cannot be done, they would brand and kill any cattle, sheep or pigs offered for sale in a market or fair, or near any town, with the object, apparently, of preventing any sales except for immediate consumption. They desire that no cattle, sheep, or pigs should be offered for sale more than once, except on the premises of the owner, and they would brand and kill all cattle offered for sale in any other place whatever, provided they had not been in such place for three weeks. They would have all foreign animals slaughtered at the port of disembarkation, but, if that cannot be done, then they propose that these animals should be inspected, certified, branded, and sent in to be killed at specific places. They would prohibit the transfer of animals from any farm or place where the disease has appeared within two months. They wish the Government io supersede the local authorities in enforcing these regulations, and, finally, they ask the Government to make extensive experiments, with the view of discovering the real nature of the disease, and testing the various methods of prevention and cure.

These recommendations, however, were deemed by the Government of a far too sweeping tenor and character, and Sir George Grey remarked to the deputation that, in most of the places where the disease has appeared, fairs and markets have been discontinued, and he thought it best to leave the local authorities to deal with the cases as they deemed fit. But to this it was answered that the local authorities were not sufficiently prompt, and Lord Washingham pointed out that in some places the authorities have a pecuniary interest in keeping the markets open. Where markets are kept open for motives of that kind it might seem right to interfere, but it may be fairly questioned whether that allegation would afford ground for making one iron rule for the whole country.

On Thursday morning a meeting was held at St. James's Hall of the representatives of the local agricultural societies and farmers' clubs of the United Kingdom. A large number of gentlemen attended, and on the motion of Mr. Tollemache, M.P., Lord Combermere was voted into the chair. A letter was read from the Duke of Rutland expressing an opinion that the Government would be much to blame if they did not take more stringent measures to prevent the removal of cattle, and advocating the establishment of a National Insurance Society with a Government guarantee.

Several speeches were made and resolutions moved, and eventually a deputation was appointed to wait on Sir George Grey.

The deputation appointed at the meeting had an interview after the meeting with the Home Secretary at his official residence, Downing street, with a view of laying before him the views there expressed. The deputation consisted of Lord Combermere, Lord Hill, Lord Leigh, Sir J. Tyrell, Hon. C. H. Cust, Colonel North, Mr. C. S. Read, M.P., and deputations from upwards of thirty counties and 100 local agricultural societies. The deputation was introduced by Lord Combermere, who, as chairman of the public meeting previously held, explained its objects, and read the resolutions which had been unanimously adopted by the meeting over which he had presided.

The resolutions advocated the entire and complete suppression of the transit of cattle from place to place for a limited period, unless the transit could be regulated in a uniform manner by Government.

Sir George Grey considered that the present Orders in Council were sufficiently stringent in their character, and from all he could learn he was of opinion that, if properly acted upon by the local authorities, they would be sufficient to meet the exigencies of the case and stay the evil. The disease was unknown in Ireland and Wales, except in one county, that of Denbigh.

Lord Hill had found, as Lord Lieutenant of a county, the action of his magistrates very unsatisfactory. The local authorities were anything but unanimous, and there were almost insuperable difficulties in the way of inducing them to take vigorous action.

Sir John Tyrell could inform Sir G. Grey that the Orders in Council, as executed by the local authorities amounted in effect to a solemn and pompous farce.

A long and desultory discussion ensued, during which several speakers addressed the Home Secretary, one remarking that the reason why the cattle disease had not infected Ireland was because the importation of cattle had been stopped from the first. Another speaker corrected Sir G. Grey's statements respecting Wales, assuring the right hon. gentleman that within the past fortnight the disease had committed fearful ravages in Flintshire. Other speakers pointed out to the Home Secretary, from practical experience, how the Orders in Council were avoided by fairs or markets for the sale of cattle being held and large numbers of cattle being collected together outside the limits of the districts where the Orders had been put into force.

Sir G. Grey asked the gentlemen what course they were prepared to recommend, and how far they would be prepared to recommend or support restrictive measures.

Mr. Clay, on behalf of the deputation from the Farmers' Club of Wakefield, stated that so far as he had been able to gather from opinions expressed in his own locality, and that of the public meeting held that morning, which represented thirty counties—a very large portion of the agricultural interest—the farmers were prepared to submit, as the least of two evils, to the total stoppage of the transit of cattle from one place to another, even upon their own farms, should such transit involve the passage upon the highways, rather than incur the risk of spreading the disease by continuing the present tinkering Orders.

Sir G. Grey.—What! Are you prepared to stop entirely the transit of cattle for breeding purposes?

At this there was some little disagreement. One gentleman considered it impracticable to stop the removal of cattle upon a man's own farm.

Sir G. Grey inquired of Mr. Read, M.P., whether, as he now identified himself with the deputation, his opinions had changed with respect to restrictive measures, as he had been in the minority upon the Cattle Plague Commission.

Mr. Read replied that his opinions remained unchanged. The resolution submitted only asked for a total suppression of the transit of cattle if the Government considered it practicable. Circumstances had changed. What was impracticable some months since might be both practicable and expedient now.

After some further conversation,

Sir George Grey remarked that he should be most happy to lay the views of the deputation before the Privy Council, with the resolutions which had been submitted to him. He would do it in this form—that a majority of the deputation was in favour of the opinion that a total suppression of the removal of stock, even upon a man's own farm, was expedient for a limited period.

Here Lord Hill interposed, and said that was the unanimous opinion of the deputation, and begged leave to put it to the vote. He invited a show of hands upon the question, and at his request about fifty hands were held up in favour, and only three in the negative.

The deputation then thanked Sir G. Grey and withdrew.

The following memorial has been presented to the Lords of Her Majesty's Most Honourable Privy Council:—

"We, the undersigned occupiers of land near Lincoln, beg respectfully to state to your Lordships our conviction that in nearly all cases of rinderpest the outbreak of the disease has been occasioned by contact with affected animals, and that the only preventive against its universal spread is the isolation of cattle as far as can be carried out.

"Strongly entertaining this view, we beg to submit to your Lordships that no cattle should be allowed to be removed from any farm or market except for the purpose of immediate slaughter; that the driver of cattle so removed

should be furnished by the owner with a ticket signed by him, and stating the name and residence of the butcher to whom they have been sold; that the police should be empowered and required to inspect such ticket in all cases when they find cattle driven along any highway.

"That in all cases where a ticket containing the required particulars cannot be produced, cattle should be returned to the owner, who should be liable to a penalty.

"That in the case of cattle bought from a farmer, or in any fat stock market still remaining open, such cattle should be so marked or branded that they may afterwards be known and that the owner be liable to a fine of 20*l.* if they be found alive after forty-eight hours from the time of their having been exposed for sale, or from the time of their having been received into the possession of any butcher.

"That the manure from yards or land on which affected animals have been shall not be placed within 200 yards from any highway.

"Your memorialists, as practical men, are well aware of the inconvenience attending such a course of procedure, but having seen the spread of contagion by the unrestrained removal of cattle from markets at York and Beverley, and attributing the absence of rinderpest in this immediate locality to the fact of the Lincoln market having been effectually closed, and to the exertions of the police in seeing that every head of cattle brought to Lincoln has either been slaughtered or directly returned to the owner, we, your memorialists, therefore pray that your Lordships will take these matters into your earnest consideration, and make such orders as you may think necessary to prevent the further spread of this contagious disease.

"Signed by the memorialists."

MEDICAL SOCIETIES.

(Continued from page 439.)

the sheath of these tendons should never be opened, but Mr. Paget had shown that cases in which they had been thus interfered with, did well.

Mr. BALMANNO SQUIREL showed a

COLOURED PHOTOGRAPH OF KELOID.

In this instance the tumour had formed in a scar left by syphilitic rupia. Mr. Squire entered into a description of the difference between spontaneous keloid and keloid of cicatrices.

Mr. NUNN showed a cast from a case of

UNUSUAL INJURY OF THE ELBOW-JOINT.

The ulna had been dislocated on to the internal condyle. The patient was examined fourteen days after the accident, but then it was impossible to reduce the displacement. Mr. Nunn remarked on the extreme rarity of the accident. Mr. Arnott, who saw the case with Mr. Nunn, had never before seen such an accident. The injury did not seem to impede the action of the joint. Perhaps there was some fracture of the trochlea.

Mr. BARWELL showed a specimen from a case of

STRANGULATED HERNIA IN A TUMOUR OF THE INGUINAL CANAL.

The patient had been under the care of Mr. Chaldecott, of Dorking, for strangulated hernia. He had constipation and stercoraceous vomiting, and yet he refused an operation until he was moribund. At the operation it was found that on one side of the ring was a tumour. The gut was all apparently returned, but the symptoms continued. At the autopsy, the stomach was found to be strangulated though the ring into the tumour. Mr. Barwell then related a case of umbilical hernia, in which there was a similar state of thiugs.

Mr. HOLMES remarked that the specimen was a very rare one, and requested that a report should be made.

Mr. BARWELL, Mr. HULKE, and Mr. HOLMES, were appointed to report on it.

OBSTETRICAL SOCIETY OF LONDON.

DR. BARNES, PRESIDENT.

WEDNESDAY, NOVEMBER 1ST, 1865.

THE PRESIDENT announced that the Council had resolved to hold a *conversazione* in March next, for the purpose of exhibiting a full collection of instruments used in obstetric practice.

Dr. BARNES exhibited a monstrous Fœtus brought to him by Mr. Thane, of Canonbury. Also, a voluminous Fibroid Tumour, weighing 1 lb. 13 oz., which with the assistance of Dr. Hicks, he had successfully removed from the uterus of a lady a month ago.

Dr. RUSSELL, of St. Albans, laid before the Society the particulars of a case of Hydatiform Degeneration of the Ovum.

Dr. AVELING read a

CASE OF OVARIOTOMY IN WHICH THE PEDICLE WAS TIED AND RETURNED, AND THE LIGATURE REMOVED IN FORTY-EIGHT HOURS.

The operation was performed as follows:—As soon as the cyst was reached it was tapped, and the fluid (twenty-one pints) withdrawn. No adhesion existed, and the sac was withdrawn easily. The pedicle, which was short, and about four fingers in breadth, was transfixed by a needle carrying a double thread. The two ends of each ligature were then brought up on either side, and drawn through two wire coils five inches and a half long. Each coil had fitted upon its end a cross-bar; and around these cross-bars the ligatures were secured after they had been drawn sufficiently tight to compress the vessels. The pedicle, after it had been placed on the hook of Dr. Aveling's polyptrite and crushed through, was then returned *in situ*, and the wound closed with iron-wire sutures. The coil-clamps were removed in forty-eight hours; and the patient made a favourable recovery.

Mr. SPENCER WELLS said that no one method of dealing with the pedicle could be applicable in all cases of ovariotomy. A long pedicle was dealt with so successfully by the clamp that he desired no better method; but it was still doubtful what was the best mode of proceeding when the pedicle is short. The plan of leaving the ends of silk or twine ligatures hanging out through the wound was so unsuccessful, that the apparatus of Dr. Aveling would probably prove of great advantage in cases of short pedicle in weak patients.

Dr. MARION SIMS said that the clamp was a great improvement on the ligature. He thought Mr. Baker Brown's plan of severing the pedicle by the actual cautery promised great results. He viewed Dr. Aveling's method with favour. He always used a silver wire, and left it to be sacculated. He said the distal end of the severed pedicle did not slough where the wire was applied. The wire became imbedded and hidden in its tissues.

Mr. GEORGE ROPER read the particulars of a

DIFFICULT CASE OF LABOUR, IN WHICH THE CERVIX UTERI WAS HYPERTROPHIED AND UNEVOLUTED.

A. E——, aged thirty-seven, in labour with her eighth child, was found to have the cervix uteri elongated and enlarged, so as to fill the vagina. The os externum was sufficiently dilated to admit the hand, but the os internum was undilated. The occiput presented. Version having been tried and failed, and the funis being pulseless, the head was perforated, and after some difficulty the child was extracted. During extraction the cervix uteri protruded from the vulva, and the effects of pressure and distension on it could be well observed. The difficulty consisted, not in having a rigid os uteri to deal with, but the entire cervix had to be expanded, dilatation of the os internum constituting the chief difficulty. The author discussed the question whether craniotomy alone, or dismemberment and exvisceration of the fœtus, is the best for such a case.

Dr. J. MARION SIMS read a paper on

PROCIDENTIA UTERI.

He said that a procidentia was complete when the vagina was inverted and formed its outer covering—incomplete when the cervix only passed through the vulva; that a

broad pubic arch, divergent rami, a relaxed perineum and a retroversion, were essential to its production; that in some cases the infravaginal cervix was elongated, and came down first, but that in the majority of chronic cases a vagino-cystocele formed the first stage of procidentia. For the first he advocated amputation of the cervix, and said this was generally alone sufficient; but for the second he preferred to narrow the vagina. This idea, he said, originated with Marshall Hall; but he did not think the operation had ever succeeded till the introduction of metallic sutures. He then gave an account of the operation from the time he first performed it in 1857 till now, showing its gradual advancement to its present state of perfection. He illustrated the subject fully by diagrams. In 1857 he narrowed the anterior wall of the vagina by exsecting a large ellipsis of it, and then bringing the lateral borders together with silver sutures. Afterwards he simply denuded the surface of its epithelial membrane; then he simplified the operation by making a V-shaped scarification; and subsequently he made it trowel-shaped or triangular, the point being at the neck of the bladder, and the broad portion in juxtaposition with the cervix uteri. In all these methods, the object was to remove the systocele, and afford a support to the parts just at the anterior cul-de-sac. By diagrams he illustrated the method of operating, and claimed for it, when properly done, the greatest success. He did not pretend to institute a comparison between this and the perineal operation for the same trouble, but he had been driven to work out this plan in consequence of having often failed with the other. He only wished to add another resource to our means of curing such a disgusting infirmity, for we now had three methods: 1st, amputation; 2nd, the perineal operation; 3rd, the narrowing of the vagina, as advocated by him.

Mr. NUNN stated that he had on several occasions operated for prolapsus uteri after the plan recommended by Mr. Baker Brown. In most of the cases a partial rupture of the perineum had existed. In them the result of the operation was satisfactory on the whole. Where no rupture of the perineum existed, as in young women who had never borne children, Mr. Brown's operation failed. He also stated that he had himself adopted, and had also seen Mr. Brown on many occasions practise, a proceeding *somewhat* resembling that described by Dr. Sims—namely, the removal of a V-shaped portion of the mucous membrane of the vagina reaching from the fourchette to within an inch or so of the cervix, the difference being that this removal was made from the posterior instead of the anterior or vesicall wall of the vagina.

Mr. SPENCER WELLS said that the operation suggested by Dr. Marshall Hall had been performed many years ago in London. He (Mr. Wells) had seen two ladies upon whom it had been performed by the late Dr. Hemming, of Kentish town.

Mr. CHAMBERS regarded Dr. Sims' proposal as a valuable contribution to female surgery; but, in common with Mr. Baker Brown, he (Mr. Chambers) had for years past combined the two operations in cases requiring such a procedure, and he felt bound to say that the antrior operation, as performed by Mr. Brown was a very simple one when compared with Dr. Sims'.

Dr. WYNN WILLIAMS remarked that, as regards the success of the operation performed by Mr. Baker Brown, he had met with several cases, and he must say that the patients appeared to him to have been but little benefited by the operation. He recommended a pessary, which acts by making tense the mucous membrane reflected from the vagina to the uterus, the uterus being suspended between the blades of the pessary.

Dr. WILKINS, of William's town, Australia, stated that he had operated on two cases of procidentia uteri, following closely the method of Mr. Baker Brown as described in his book. Permanent success had followed the operation, even though one of the cases had been of twelve years' standing. Dr. Tracy, of Melbourne, had also operated on several cases, and he believed with similar results.

The PRESIDENT said he had himself performed Mr. Brown's operation several times. He had found prolapsus return in spite of the provision of a good perineum. Further, he had repeatedly seen the uterus return *in situ* notwithstanding large perineal luxation. It seemed to him that Mr. Brown's operation was performed in the wrong place. It had no effect in providing support where it was wanted—namely, anteriorly, at the connection of the cervix uteri with the base of the bladder. This object seemed to be perfectly accomplished by the admirably reasoned-out and ingenious operation of Dr. Sims.

Dr. SIMS, in reply, seid that no one method of operating could be applicable under all circumstances to all cases. If there was a lacerated perineum it was proper to restore it. If there was elongation of the infra-vaginal portion of the cervix, then the proper operation was amputation of the cervix, and this was probably all that was necessary in such cases. In the majority of cases of procidentia—in all those where a vagino-cystocele formed the first stage of descent—he was satisfied that the operation he had described—viz., that of narrowing the vagina by forming a longitudinal fold of its tissue on the anterior surface, reaching from the neck of the bladder to the neck of the womb, would be one of the safest, simplest, and best.

ABSTRACT OF A PAPER ENTITLED "NEW REMARKS ON THE PREMONITORY STAGE OF CHOLERA." BY M. GUERIN.

Since his first memoir on the subject, M. Guérin has ascertained the fact that not only individual cases, but epidemics in general, are preceded for several months by a kind of premonitory diarrhœa. This view is now fully confirmed by our recent experience. Diarrhœa gives notice of the imminence of cholera in individuals, and prevails extensively in the districts threatened with a visitation of the scourge; its presence is observable in localities adjacent to those in which cholera has already made its appearance, and in the towns and villages invaded by that disease, and often may be noticed in entire quarters, streets, or sides of streets; while cholera decimates the population in other quarters, streets, or sides of streets in the same city.

These collateral facts are assuredly sufficient, in M. Guérin's opinion, to establish the close and reciprocal connection existing between premonitory diarrhœa and cholera, and to show that in persons labouring under confirmed cholera, as well as in those who are merely attacked by premonitory diarrhœa, and also in the localities in which the disease has not yet assumed its most aggravated form; in short, that wherever diarrhœa prevails during an epidemic of the Asiatic affection, the seeds of cholera are present, and only await a favourable opportunity to acquire their full development.

If any doubt remained on this point, it would, according to the learned editor of the 'Gazette Médicale,' be dispelled by the remark that the diarrhœa consequent on cholera poison, whether premonitory or characteristic of the confirmed disease, scarcely ever exists alone, but is almost invariably accompanied by nervous disturbances, such as singing in the ears, giddiness, slight cramps, a sensation of chill, cold perspiration, nausea and marked general debility. These symptoms are obviously but the attenuated outline of true cholera, impart to the coincident diarrhœa suggestive characters, and demonstrate the common origin both of the diarrhœa and of confirmed cholera.

What was formerly called the *epidemic constitution*, and was considered to be a peculiar state of the atmosphere, and of the system of man and animals, induced by undefined and latent causes is, therefore, for the author but the partially developed produce of those causes which will subsequently generate disease in its complete form.

From these data, M. Guérin derives Medical and administrative inferences.

The former the author has expounded in his earlier publications on the subject; in these he expatiated on the practical benefits derivable from a knowledge of the existence of a premonitory stage in cholera, during which the symptoms are amenable to treatment. If diarrhœa is controlled, cholera need never be apprehended; a fact now fully demonstrated,

but which should be further promulgated. M. Guérin observes, with regret, that the researches of investigators seem rather to be directed towards the discovery of some specific sufficiently powerful to resuscitate the dead, than towards the study of the period at which the impending evil may yet be averted. But what science has but limited means of accomplishing can easily by realised by the executive. In this respect, a thorough conviction of the existence of a prodromic stage in cholera, marked by painless diarrhœa might lead to the adoption of measures of paramount importance to the public.

Thus in England, a country in which practical suggestions are certain to find an echo, the public has received the benefit of the natural inferences from the facts it is my purpose to establish. Whilst in France, the very name of the man who first demonstrated the existence of a premonitory diarrhœa in cholera, is forgotten, a complete system of sanitary measures has been organised in England for the twofold object of pointing out the possibility of arresting cholera in its mild stage, and of teaching what remedies are most appropriate at all periods.

A method of house to house visitation in the localities infected by cholera has been established, which has led to the discovery of the earliest signs of the disease in individuals who had not even a suspicion of its presence. This system applied in 1848 and 1849 in most of the localities invaded yielded results which exceeded the most sanguine anticipations.

In Scotland, at Dumfries, a city which numbers 10,000 souls, 250 persons had already died before the system came into operation; three days were employed in the necessary arrangements, and durings these three days the numbers attacked were successively thirty-seven, thirty, and twenty-three; the deaths were seven, five, six. During the following three days the number of fresh cases was eight, four, two, and the deaths, six, four, and five. Three days after, the epidemic had ceased.

At Glasgow, 13,139 cases of premonitory diarrhœa were placed under treatment, the rice-water dejection existing in 1,000 instances. In twenty-seven only did confirmed cholera ensue.

In London, in the course of three weeks, from the 1st to the 27th October, 1849, the visitors recorded 43,737 instances of diarrhœa, in 778 of which the rice-water appearances were present. Of this large number fifty-eight only passed into confirmed cholera.

In conclusion, in the fifteen principle towns of England in which the preventive system was more or less completely applied, 130,000 persons were placed under treatment, and 250 only became affected with fatal cholera, although 6,000 at least were threatened with the worst form of the disease.

At Munich the same system was resorted to on M. Guérin's suggestion, and under the supervision of Dr. Hartmann, the king's private physician, and the city escaped almost altogether from the effects of the scourge.

The French executive has taken note of these results, and has instructed the Board of Hygiene to inquire into the measures adopted in England, and to report thereon. Dr. Mélier was appointed to carry on the investigations and has pursued his researches with the utmost diligence; the government is now, therefore, in possession of a complete system of measures which, if so inclined, it might put into operation under present circumstances. — 'Journal of Practical Medicine and Surgery' for November.

TREATMENT OF FRACTURE OF THE INFERIOR EXTREMITY OF THE RADIUS.

This kind of injury is of such frequent occurrence in winter, that it may not be inexpedient to reproduce a brief abstract of M. Jarjavay's practical remarks on the subject.

Few fractures, said the Professor, have attracted so much attention as that of the inferior extremity of the radius. Excellent memoirs and exhaustive papers have been devoted to the mechanism, morbid anatomy, symptoms, prognosis, and treatment of this injury, and the most eminent surgeons have closely inquired into these various points. Indeed, we may say that almost too much attention has been bestowed on the choice of the most appropriate apparatus, and M. Velpeau has shown that the greater number of the dressings applied since the days of Dupuytren have been more injurious than beneficial. Hence, as M. Lecomte sagaciously remarks, has arisen a tendency to simplify the modes of delegation. It is true that a few years since surgeons have used systems of contention of too complicated a nature, but we seem now to have reached an opposite extreme, and some authors have ventured to recommend mere position as an adequate substitute for reduction and bandaging. MM. Hervez de Chegoin, and Robert, for instance, have stated when the forearm rests on a solid horizontal surface, the displacement of the inferior fragment may be reduced by the mere weight of the hand.

A wise practitioner should preserve a just medium between these extreme views, and while desirous of obviating deformity and obtaining a prompt restoration of the functions of the limb, may, after complete and immediate reduction of the fragments, materially shorten the usual length of the treatment.

Many procedures have been recommended for the purpose of effecting reduction. M. Jarjavay enumerated them all, and after glancing at their respective merits, described the plan he has himself adopted, and of which we have on several occasions witnessed the successful application.

The following is the rationale of the procedure:—

In order that the whole of the power applied should be efficaciously used for reduction, it should exclusively bear on the two fragments. The direction of the force must in addition be such that the motion imparted to the fragments be exactly the reverse of that given to them by the force which occasioned the fracture—*i.e.*, that admitting the carpal extremity of the lower fragment to have described backward an arc, the radius of which has its centre in the fracture, the same extremity must, in order to be restored to its natural position, describe an inverse arc of the same extent, but forward. The fracture having bent back the extremity of the bone, its reduction requires the fragment to be bent forward. M. Jarjavay proceeds on this principle as follows:—

The patient's forearm is placed in a prone attitude, with the hand hanging down. An assistant secures the elbow, while the operator, joining both his hands and crossing his fingers, grasps the wrist in such a manner that both forefingers support the lower extremity of the superior fragment, while with his crossed thumbs he presses over the posterior surface of the carpal fragment. The wrist is thus enclosed in a circle, the inferior part of which supports the upper fragment of the radius, while its upper half acts on the inferior fragment. The surgeons then perform with his clasped hands a movement of pronation, which forces back the superior fragment and brings forward the inferior one. M. Jarjavay uses considerable force to straighten the wrist in this manner, and has always found the procedure efficacious. The operation requires very little time, and the pain it induces is of short duration. If lateral deviation exists, the effort is directed in such a manner as to correct the displacement. Reduction may thus be most accurately effected, and the surgeon of hospital Beaujon is never deterred by the fear of producing pain or inflammation, contingences the gravity of which has been much exaggerated.

If the reduction thus obtained was not liable to be easily disturbed by the movements of the limb, all dressings would be equally injurious and unnecessary; but although it may in certain cases persist unchanged, the displacement frequently recurs—hence the necessity of securing the fragments, in all cases with an appropriate bandage.

In order to leave the joints of the hands and fingers at liberty, M. Jarjavay applies, from the elbow to the lowest part of the radius, two splints somewhat narrower than the forearm.

One of these is laid along the back and the other along the front of the limb, from which they are separated by a soft pad destined to protect the integument from the effects of pressure. The splints are secured at their upper and

lower extremities with a strip of adhesive plaster, the interval between them remaining uncovered. This apparatus is analogous to that used by M. Malgaigne, with this difference, that the hand is left entirely free. The carpal fragment is secured in a proper position by the dorsal splint, and for a few days the arm is worn in a sling, after which the patient is permitted to use the hand as if no dressing had been applied. This system of bandaging prevents the stiffness of the wrist consequent on the use of a more complicated apparatus involving the hand, while it affords all desirable security against displacement.

The period at which this dressing may be safely removed, and the time required for consolidation of the fracture, must now be considered.

From his experience of these injuries, both at hospital Saint-Antoine and at Beaujon, M. Jarjavay infers that in subjects under fifty years fracture of the inferior extremity of the radius is consolidated between the twelfth and the sixteenth day after the occurrence of the accident, and that the dressings may therefore be safely dispensed with after the sixteenth day.

In his private practice, M. Jarjavay does not even delay so long the removal of the apparatus. He conceives that on the fourth or fifth day, and *á fortiori* on the seventh, eighth, or ninth after fracture of the lower extremity of the radius, the surgeon is justified in dispensing with the splints, and in merely prescribing the use of a sling, and some caution in the movements of the limb. In addition, the dressing may always be easily reapplied, if displacement or undue mobility of the fragments is observed. If, on the contrary, no indication arises pointing to the necessity of a reapplication of the apparatus, the movements of the wrist and hand are restored with much greater speed, an advantage which all practitioners will fully appreciate.—'Journal of Practical Medicine and Surgery' for November.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on the 7th inst.:—John Davies, Wrexham; Henry Denne, Sandwich, Kent; John Prince, Staines; Reginald Palgrave Simpson, Torrington street; Alexander Tyndall M'Ivor, Falsgrave, Scarborough.

The following gentlemen also on the same day passed their first examination:—Robert Anderson, St. George's Hospital; Edgcumbe Cornish, University College; Alfred Courtnay B. Melhado, St. Bartholomew's Hospital; Edward Matthew Owens, Guy's Hospital; Edmund Cuthbert Ring, St. George's Hospital; Samuel Hignett Smith, King's College; William Edwin Williams, St. Bartholomew's Hospital.

CHARTER HOUSE.—We are happy to observe that Dr. Robert Fowler is a candidate for the vacancy created by the retirement of Mr. Miles. That gentleman is well and favourably known to the Profession by his very useful Medical Lexicon, a work displaying sound acquirements and great industry. His professional qualifications also are of the most sterling kind.—'Lancet.'

MR. WALTER RIVINGTON, F.R.C.S. Eng., &c., has just been presented by several students at the London Hospital with a handsome clock, "in grateful appreciation and remembrance of his services as Demonstrator of Anatomy during the winter session of 1864-5."

ANDERSONIAN MEDICAL SOCIETY, GLASGOW.—The following gentlemen have been elected office-bearers for 1865-6:—President: Dr. J. G. Wilson. Vice-President: Mr. Samuel Woodcock. Secretaries: Messrs. W. Dove Macfarlane and Robert Colquhoun. Treasurer: Mr. W. Easby. Librarians: Messrs. A. C. Moffat and J. H. Hill. Auditors: Messrs. James Robinson and J. T. D. Hughes.

IN MEMORIAM.—The professional associates of the late Dr. Bickersteth have gracefully paid their tribute to his memory by placing a tablet in the vestibule of Somerset Hospital, commemorative of his distinguished talents and eminence as a physician. Dr. Bickersteth's celebrity was not confined to the Colony, and we believe that thousands, in all parts of the world, who benefited by his counsel will endorse the words in the inscription, that "in his death Medical science and the public sustained a grievous loss." The tablet is of the purest marble, and bears the following inscription:—

In Memoriam
Henrici Bickersteth, M.D., F.R.C.S.,
Chirurgi Nosocomii Somerset
hunc lapidem
Socii illius Medici statuunt,
famam ejus celebrem,
dotesque insignes, admirantes
et collaudantes.

Mors ejus et Medicæ
arti et populo, magno
damno fuit.

E vita excessit
die vi. Augusti, mdcccclxii.
Æt. 49.

NATURAL SCIENCE TRIPOS, CAMBRIDGE, 14TH DECEMBER, 1865.—*First Class.*—Goodman, Pelerhouse; Hartree, Trinity; Dickson, St. John's.—*Second Class.*—Bennett, Emmanuel; Doughty, Downing; Danford, Trinity; Ramsbotham, Caius; Ward, Trinity; Neville, Magdalen.—*Third Class.*—Josswill, Caius; Lawes, Trinity.

THE RIBERI PRIZE.—Although more than sixty memoirs and works published during 1862-64 competed for the first, Riberi prize, the committee of the Turin Academy of Medicine has come to the decision that no one of them was of sufficient value and importance to call for its award. The seven authors whose works approach nearest the desired goal are arranged in order of merit as follows:—1. Polli, of Milan. 2. Desormeaux, of Paris, and Sperino, of Turin, *ex æquo*. 3. Simpson of Edinburgh. 4. Borelli and Cortese of Turin, and Marey, of Paris, *ex æquo*.

THE CHOERA IN PARIS.—The total number of deaths officially returned from October 1 to December 3 inclusive amounts to 6,011 Of these 4,602 occurred in October, 1,365 in November, and 44 in December. Of the 6,011 deaths 3,845 occurred in prisons and Hospitals, and 1,835 *à domicile*—The whereabouts of 331 not being stated.—'Gaz. Hebdom.,' Dec. 8.

RINDERPEST IN THE FRENCH ZOOLOGICAL GARDENS.—The 'Echo Agricole' states that the cattle plague is spreading among the animals in the Zoological Gradens of the Bois de Boulogne. It has attacked the goats, four of which were killed on Tuesday, making eighteen deaths among the animals since the arrival of some gazelles from London. Fortunately, the disease has not been observed outside that establishment, and the greatest precautions are taken to prevent it from spreading. All animals suspected of being infected are immediately killed.—'Times, Dec. 2.

DECLINE OF CHOLERA IN ITALY.—(From the 'Times'' Correspondent).—Florence, December 11.—The cholera seems dying out in Italy, and the daily bulletins from Naples and elsewhere record but few cases. The doctors are apprehensive of a fresh outbreak in spring, but the respite is at any rate agreeable, and it is to be hoped that advantage will be taken of it to adopt measures of cleanliness and other sanitary precautions, greatly needed in most parts of Italy. A Nice journal lately informed its readers that the cholera had appeared in Florence and daily carried off numerous victims, and that the foreigners who found themselves here had hastened in great numbers to quit the infected city. The 'Official Gazette,' of the 9th instant, denounced the above statement as a mere fiction, and declared the sanitary state of this capital to be in all respects excellent, and that there were no grounds for even suspicion of the existence of cholera. The object of the invention is not difficult to divine. Nice would gladly profit by the exceptional circumstances that have deterred so many foreign visitors from proceeding to Rome and to Naples. Cholera and quarantine have kept numbers back when actually on their way to one or the other of those cities, and with such travellers Florence seems to have been the favourite refuge. Doubtless the Nizzian hotel and lodging-house keepers view the influx to the new capital with jealous eyes, and really Florence might well spare them a portion of its unusually large floating population. Every corner is crowded, and has been for some weeks past.

CHEWING TOBACCO.—Mr. Hereford, Manchester city coroner, held an inquest on Thursday as to the death of John O'Neill, the son of a labourer, who lives in Gun street, Ancoats. The deceased, although only twelve years of age, had been employed in the manufacture of tobacco for three years. He was latterly in the service of Messrs. Brook and Waterworth, tobacco manufacturers, Swan street; but about three weeks ago, after experiencing the failure of his appetite, he complained of a lightness in his head, and ceased to work. He subsequently became very drowsy, and was seized with pains in his stomach. Medical aid was called in, but the lad died on Monday. It was suspected that his illness had been produced through the use of tobacco, and a post-mortem examination was made by Dr. Braddon, who found the mucous membrane of the stomach much inflamed and stained, and the heart pale and flabby. The brain was congested, and the coverings of the mouth and throat were stained brown. Dr. Braddon was of opinion that these appearances must have been produced by the chewing and swallowing of tobacco, and that the cause of death was the absorption of nicotine, the poisonous property of tobacco. The boy would not, he believed, have received any particular harm from his occupation. The deceased's mother said she had seen him smoke once, and his brother stated that he had seen him chew tobacco on one or two occasions. The foreman under whom deceased worked said that from the appearance of his mouth he suspected he chewed tobacco, and he also stated that he was in the habit of breaking the stalks with his teeth instead of cutting them. The jury returned a verdict of "Death from the absorption of nircotine."—'Manchester Guardian.'

A DRUGGIST FINED FOR SELLING ALMOND FLAVOUR.—A case of considerable interest was heard at the Borough Court at Bolton (December 2), in which Mr. Thomas Goodman, druggist, of Bradshawgate, was charged with having sold to a young woman "A certain quantity of virulent poison—to wit, half-an-ounce of almond flavour, such sale not being made in the presence of a witness," and defendant "not having at the time of such sale correctly entered in a book the names and addresses of such person and witness and the nature and quantity of the poison purchased, and the alleged purpose for which it was intended to be used, contrary to the Bolton Improvement Act, 1854." Mr. Hall, in opening the case, said the summons was laid under the 17th and 18th Victoria, otherwise the Bolton Improvement Act, 1854, the 138th section of which said that "If any chemist, druggist, or other person in Bolton sell any virulent poison to any person, except in the presenc of a witness, and do not, at the time of such sale, correctly enter into a book the names and addresses of each person and witness and the nature and quantity of the poison purchased, and the alleged purpose for which it is intended to be used, every person so offending shall for every such offence forfeit not exceeding five pounds: and the burden of proving that this enactment has been complied with shall rest on the person charged with such offence." In this case he should be able to show the Bench that on Friday night, the 24th ult., a young woman named Catherine Joyce went into the shop of Mr. Goodman, the defendant, and asked for some almond flavour, and that he gave her half-an-ounce. She afterwards drank the poison, and it destroyed her life; but Mr. Goodman was not held responsible in any way for the use to which she applied the liquid. It showed, however, the necessity there was that there should be such regulations as were described in the Act, in order to preserve life, and prevent persons from probably using a poisonous article for a purpose for which it was never intended. The poison in question, it was alleged, was sold without the necessary care being exercised, there being no witness there at the time, and no particulars asked from the young woman as to what her name was and where she lived, all of which particulars should be entered in a book. Mr. Hall then called witnesses to prove this case. Mr. Richardson for the defence, admitted the allegations which had been made against Mr. Goodman, and then proceeded to call the attention of the Bench to an extract from the "Manual of Medical Jurisprudence," in which Taylor said, "I cannot avoid remarking that we have here another instance of the disgraceful state of Medical police in this country, in the fact that a deadly poison like this is allowed to be sold by confectioners and others for the purpose of giving flavour to pastry and liqueurs." Mr. Hall: But read on, and you will find he says that almond flavour is a deadly poison, and gives several instances in which it has produced fatal results. Mr. Richardson: I have no doubt about it. But there was not a chemist and druggist in Bolton—and he now spoke in the presence of several—who would enter in their book particulars with respect to the sale of this article, because they did not believe it to be that virulent poison contemplated by the statute, such as prussic acid, or arsenic *per se*. On the contrary, almond flavour was used by confectioners generally—apparently innocently, but yet, if taken in excess it would be dangerous to life—it was used by them for the purpose of flavouring cakes. Still, Mr. Goodman, he was sure would in future, as would also most likely the whole of the respectable body of the chemists and druggists, feel it to be necessary to keep a record of the sale of this article. He deeply regretted that a fatality like this had happened; but the Bench must bear in mind that in no way had he been ancillary to the death of the young woman, because it had been shown that it was common for her master to send her to Mr. Griffin for almond flavour, and therefore if Mr. Goodman had even complied with the statute, yet if the deceased had been so minded, as was well said by the Coroner at the inquest, nothing could have prevented her taking the poison, so that there was no injury inflicted upon society so far as this case was concerned. Having met the case, then as they did, he thought the Bench would be of opinion that the infliction of a merely nominal penalty would meet the ends of justice. Alderman Haywood said he thought the inquiries indicated in the Act should be made in every case of a sale of poison, no matter how small was the quantity purchased, and that large quantities should only be sold to persons engaged in the confectionary business. Mr. Richardson said there were thirty-one chemists and druggists in the town, everyone of whom no doubt retailed the article in question. The Mayor, after a short consultation, said the Bench were unanimously of opinion that the case would be met by the infliction of merely a nominal fine, so as to act as a caution, and defendant would therefore be fined 5s. and costs. He thought the regulations of the Act should be carefully attended to in future, and that no poison, however small in quantity, should be sold without being entered according to the statute.

CRAMPS.—M. Guyon mentioned a plan which he had already described in 1852, and has again been found effective as a remedy for the cramps. His plan consists in straightening the contracted parts; the forearm for instance is firmly held in one hand, while with the other the fingers and hand are stretched out. In the same manner, when the spasmodic contraction occurs in the legs, the heel should be held in one hand, and the toes and foot straightened. The operation should be slowly performed, and the hand may or not be previously greased. The cessation of the cramps is immediate, and the procedure was adopted fifteen years ago with the best effects at Tunis, at the author's suggestion.—'Jour. of Practical Medicine and Surgery.'

OVARIAN EXCISION.—M. Ch. Labé then communicated a case of ovarian excision performed with success in Paris, and M. Verrier read a paper on the prognosis and treatment of pneumonia occurring during pregnancy. When pneumonia coincides with pregnancy, the period of gravidity is of no importance with regard to prognosis. Abortion before the seventh month is not more probable than premature delivery after that date. If abortion supervenes, it should be attributed not to the treatment, but to the progress of the pulmonary inflammation. Hence the author concludes that pneumonia, coincident with pregnancy, should be treated in the same manner as if no such complication were present, and that no consideration should interfere with the adoption of the necessary measures.

A KINDLY SUGGESTION.—The following letter to the editor of the 'Times' by one who signs only his initials, deserves the widest publicity:—Sir,—A letter which

appeared in the 'Times,' headed "A Kindly Suggestion," mentions that in Tothill street, Westminster, "a good dinner is provided for poor children of the Ragged School, and that the change in the physical appearance of the children has been most marked, far beyond what could have been believed before the trial was made, as can be testified by numerous visitors." Will you allow me to say that I can endorse the latter part of the above from the experience of the last two years, during which time a similar charity has been in operation, and has relieved more than 3,000 poor sick children? The Poor Sick Child's Dinner Table is at No. 2 Woburn buildings, near Upper Woburn place, St. Pancras. The dinner takes place every Monday and Thursday at 12 o'clock, and during the half-hour of dinner ladies from the neighbourhood are present to attend upon the children, and receive any visitors who may wish for information. These dinners are more particularly for sick and puny children, such as the doctors would say require food more than medicine. There are scores of such children in the immediate neighbourhood, and to whom a good dinner even once a week would be a great boon. The dinner tickets are sold to subscribers in small books of ten, and average 4d. each. The words "sick children, are interpreted widely, and include those who, from being half-starved, would actually become sick but for the relief thus afforded. We have had children so weak that they have had to be carried to the table, and the same children now walk in and take their places without assistance. You would be doing a good service to thousands of poor children if, by making this charity more known, you thus induced hospitals and dispensaries to send us children. I will undertake to supply any hospital or dispensary with tickets gratis for any number of children they may send, only hoping that the inhabitants of the district will enable me to continue the supply from year to year.

THE VENEREAL COMMISSION.—The Commander-in-Chief has, we hear, done the Venereal Commission the honour of appearing before it to give evidence. His evidence is said to be in favour of the regular examination of both soldiers as well as prostitutes, as a prophylactic remedy for venereal disease. How far the sentiments of the country generally have advanced towards the acceptance of a legalised system of prostitution, we have yet to learn. That public health and public morality are somewhat at issue in such a system is evident enough. Their reconciliation remains to be settled; and perhaps the Venereal Commission may have satisfactorily arranged the discrepancies between the two apparently opposing facts. The other point is a still more difficult one, if we understand it aright. It is the proposal that the soldier, as well as the prostitute, shall regularly undergo examination to show his freedom from venereal affection. At what rank in the service the examination is to stop, we do not know; whether it is to be limited to the privates or extend up into the higher branches of the military hierarchy. Another question will also here be raised: How will military surgeons approve of the business, should they be called upon to perform it; viz., of regularly passing in review the condition of the soldier in this delicate particular? We apprehend that not many of our Medical brethren would care to accept the appointment of regular examiner to a house of prostitution; and, for a similar reason, we suspect that the Medical army officer may take a moral objection to the business involved in what, as we understand, may be a part of the proposal of the Venereal Commission.—'British Medical Journal.'

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, DEC. 20.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; St. Thomas's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, DEC. 21.—*Operations* at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Harveian Society, 8 p.m.—Mr. Sedgwick, "On the Influence of Age in Hereditary Disease."

FRIDAY, DEC. 22.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m.

SATURDAY, DEC. 23.—*Operations* at St. Thomas's Hospital, 9½ a.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-Cross Hospital, 2 p.m.

MONDAY, DEC. 25.—*No Operations.*

TUESDAY, DEC. 26.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Institution, 3 p.m. Prof. Tyndall, "On Sound." (Juvenile Lectures.)

BOOKS RECEIVED FOR REVIEW.

Australia for the Consumptive Invalid. By J. B. Brown, jun. London: Robert Hardwicke.

Visiting List for 1866. London: Smith and Co.

What Food to Eat. By W. W. Ireland. London: Frederick Pitman.

NOTICES TO CORRESPONDENTS.

It is requested that all communications intended for the Editor may be sent to the Office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-Cross Post-office.

MR. W. PROWSE (Amersham).—The letter is inserted, and the request shall be complied with.

DR. ATTFIELD.—The paper is inserted.

THE OBSTETRICAL SOCIETY OF LONDON.—The report is inserted.

THE HARVEIAN SOCIETY.—The notice is inserted.

GRIFFIN TESTIMONIAL FUND.

SIR,—The following subscription has been further received on behalf of the above fund:—

	£	s.	d.
James Crisp, Esq., Chippenham, per Dr. H. Colborne	0	5	0
Amount previously announced	129	18	3
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Yours obediently,
ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145 Bishopsgate street, Without,
Dec. 13, 1865.

DR. PATERSON'S paper shall appear next week.

AN ASSISTANT.—Ether is, chemically speaking, a base, and is composed of a hypothetical body named ethyle and oxygen.

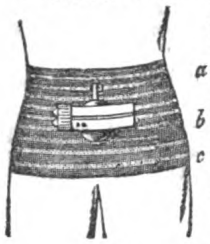
PEREGRINUS.—The Museum of the College of Surgeons is open on Mondays, Tuesdays, Wednesdays, and Thursdays from 12 to 4.

DR. J. B.—Peyer's patches are *not* inflamed or ulcerated in the cattle plague. This fact has now been definitely ascertained.

A STUDENT.—Rymer Jones on the General Structure of the Animal Kingdom.

Huxley's Spiral Abdominal Belt

is constructed on a principle which secures the required support, without being liable to displacement, and is invaluable, when properly constructed, in cases of Pregnancy, Obesity, Ovarian Dropsy, &c. When required, it is fitted with Air-pads for Umbilical, Inguinal and Femoral Hernia, and Band with Air-pad for Prolapsus Uteri and Prolapsus Ani. These goods in addition to Stockings, Thigh-pieces, Knee-caps, &c., supplied 30 per cent. lower than the prices hitherto charged, every article being of the very best quality. — Measures required: Circumference at a, b, c; depth, from a to c.



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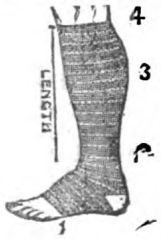

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The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE CAUSES ENDANGERING THE LIFE OF THE FŒTUS DURING LABOUR,

WITH SOME PRACTICAL REMARKS.

By C. K. H. PATERSON, L.R.C.P., L.R.C.S. Edin., &c.

In general domiciliary midwifery, it will not, I trust, be disputed for a moment that occasionally is witnessed the occurrence of, or if not, the tendency to "hazardous states," in certain kinds of labour, calculated to endanger fœtal life. Doubtless not a few labour cases during a year, when seen at the first visit by the obstetric practitioner, are to the best of his judgment in their early stage favourable; while frequently, when an examination has been made later, they have become either difficult or complicated labours. Accordingly, it will be allowed, from the occasional uncertainty of the result in the latter, that it is an important and valuable attainment in midwifery practice to be able to make a right discrimination between the nature of the presentation in each individual case, from that of others known to happen, as well as to determine in time when to proceed in aiding the parturient woman. Whether it be in administering needful nourishment or other means internally or by the mouth, or by having recourse to artificial interference with the same end in view—namely to procure her delivery safely for herself and child. Having thus premised, I shall now proceed to state my views in detail, though briefly, as follows:—

How far the tendency oftentimes in difficult and complicated labours to endanger fœtal life may be obviated, must undoubtedly depend much on the kind of presentation, and how such may be managed. The putting off too long, or not sending for proper Medical assistance in time, often endangers fœtal life.

The management of cases of lingering or difficult labour, though there is no occasion for over-anxiety, provided they are seen in time, and when properly attended to, often ends well to the fœtus. Cases of difficult labour have hitherto often come under my notice, with cephalic presentation chiefly, not a few of which, as might be expected, were accompanied in primiparæ with rigidity of parts, and the labour difficultly and gradually went on, owing to the os uteri and other parts taking in some of these a much longer time than ordinary to dilate and relax before the fœtal head was sufficiently advanced for delivery, notwithstanding previous means were used internally.

Where, on the other hand, there were present (rendering the labour for the time they lasted more than usually difficult) signs in maternal passages of coiling of the fœtal cord round the neck, and when ergot of rye was early made use of and before the head was pretty well advanced, I have seldom seen the expected results accruing from the latter favourable to the fœtus. In my own practice, coiling of the cord round the neck or body of fœtus has been found frequently in the child-births of multiparous woman, and I have observed such an occurrence frequently to endanger fœtal life in no small number of cases.

Misplacement or unnatural shortness above of the cord, when the fœtal head is in the pelvis, and there is found plenty of room for the latter to pass through, may be suspected to exist, if during the continuance of pretty strong and regular pains for some time, the head slowly advances for a given time, and it is ascertained that it retreats after each pain, while the os uteri has become well dilated. Nevertheless, and although relying a good deal on the above sign of the existence of twisting of the cord, I have used ergot less than formerly, preferring non-interference instead of pushing cases of this kind when there was no urgent symptom calling for active and immediate aid, and I have never had to regret doing so. But should the cord be supposed to be round the neck of the fœtus, and notwithstanding it may be the chief cause of retarding the progress of the labour, when not continuing beyond a reasonable time, it is even safer to omit than to have recourse to ergot, and there is less danger to fœtal life, except the labour is near its termination, and then it may be found very serviceable at times. Still there are cases, doubtless, in which it is often necessary to give ergot, and with excellent results, as when the labour is hindered by insufficient uterine action—membranes previously broken—the os uteri being well dilated at the same time, and also ample pelvic room, no discordance between the bony parts and fœtal head, the latter having descended to the lower pelvic outlet or hollow of the sacrum. While, on the contrary, when ergot is given too early, or some time before delivery can be safely effected, or after the liquor amnii has flowed away spontaneously and prematurely, or has been too soon let off artificially, and the os uteri not much dilated, nor soon dilatable, the head not advancing in proportion to the length of time the parturient woman has been in labour, and more especially if, after administering ergot, the labour is not within a reasonable time afterwards terminated, or should it be allowed to linger on instead of adopting artificial interference as soon as the case is favourable for, or demands it, and the measure is not had recourse to, at a period of delay of this kind, it is rare, in my humble experience, to have a live child born in a labour managed as just described. Hence, when the afore-mentioned signs are found in the maternal passages, of the hindrance of the fœtal head during labour from coiling or twisting of the umbilical cord round the neck or other parts of the body of fœtus, as the cord must consequently be much shorter from this circumstance, but if not so, at any rate, it is generally longer in its duration and more difficult; and to my mind it has seemed to be both safer and better practice to omit ergot in such kind of cases until towards the close of the labour, on account of the occasional subsiding of the maternal pains, when at this stage its administration in the usual form and doses will tend less to endanger fœtal life and it will also shorten the labour.

In reference to the above remarks, my usual practice for years past has been, and is still, to *let Nature for a reasonable time do her own work*, and to render extra aid only if requisite, for the safety of both mother and child.

I shall merely at present add a few of the causes in the maternal passages that have conduced more or less to endanger fœtal life in cases attended by me—viz.:—

The fœtal head, when it had rested too long on an unyielding perinæum, or when there is rigidity of parts, especially early and late in life (first pregnancies at full time).

In presentation of the head, it being only expelled, and while immediately after its expulsion is attended with too much delay in delivery, on account of want of sufficient pains to expel the shoulders when large.

In flooding and breech cases from not getting the head when large speedily delivered. In unusual projection of the promontory of the sacrum, in preventing the head from descending in consequence of too little space.

Fœtal head too long delayed in pelvis during labour, from inefficient uterine action, or unusual rigidity of one or more parts.

Prolapse of cord by side of head, or coiled round the neck and other parts of the body of fœtus.

Fœtal umbilical hernia when large.

Fœtal head (male) firmly ossified, and also rather larger than ordinary, and I may mention in addition, maternal mental impressions.

With all these complications we have certainly a wide field for highly important and valuable investigation, as well as interesting questions, obstetrical and physiological, and especially in a medico-legal point of view.

"CYCLOPS'" THIRTY-THIRD LETTER ON PHYSIOLOGY.

To VIGILANS.

SIR,—If we take a sheep's kidney, for instance, enclosed in fat, it will be found that the cortical part is least covered; indeed, in many cases this part may be seen through the fat, while the largest and densest quantity is always on the opposite side. This side is very different in shape to the cortical, which forms a half circle, while the other forms two, with a much depressed centre, representing a comparison between the natural appearance of the nates and the anus. If care is taken in making a clean section through all its substance, from the rounded or cortical side down to these parts, and a perfect incision of the calices and pelves made, without cutting through the entire kidney, but leaving a hinge about the contracted portion, we find just within the pelvis a small piece of fat. In the dissection of this, there will be found some hard semi-cartilaginous bands, surrounding this fat. It has been noticed by casual observers, who are fond of kidneys, that if this part, including the pelvis, be cut out and put into the mouth and masticated, this cartilaginous substance is very apparent. Many persons cut this away entirely and leave it, others cut it off first, masticate it, and put out the hard mass; but it is patent to everybody, whether he is or is not on anatomist, that this semi-cartilaginous substance is always present. It will also be noticed, that there is a true skin or fascia to the inner side of the investing layer of fat, as well as another true skin to the kidney itself. The fascia or skin of the fat from all these parts concentrates round the two nates, and becoming thicker and denser as they dip into the anal portion, and thus, as is were, to secure a free fatty communication with the whole bulk of fat within. It matters not whether it is a single kidney like a sheep's or a pig's or the many lobulous portions that make up the kidney apparatus of the bullock. The pelves of each have a direct fatty pith going into them, which is secured and protected by the cartilaginous arrangement I have mentioned. This at once shows that there is a communication from the body of the fat and that much of the aqueous portion of the fat is continually flowing into the pelvis of the kidney at all times. This being an inorganic fluid, is provided by Nature to mix with the small quantity of organic salts, the principal of which is urea, formed from the blood in the cortical part of the kidney, and, according to the pressure of the surrounding fascia and skin of the fat, so this aqueous matter is pressed through it. The structure here resembling the nates and terminating in the anal portion, shows a funnel-shaped formation which assists the filtering of the aqueous portions. The provision of the semi-cartilaginous rings are similar in use to the cartilaginous rings of the wind-pipe and prevent the communication between the pelvis of the kidney with the great body of fat from being closed or interrupted. It needs no speculation of diuretic drinks exciting the kidneys to greater action, nor of any distinct communication from the stomach or anywhere else direct to the kidneys, to account for their excessive or often rapid action. No fluids which we drink in any quantity can of themselves go direct to the kidneys; nor, as physiologist say, first into the blood and then into the kidneys. Our blood keeps up its normal quantity and pursues the even tenor of its way, and its circulation; but into what a disturbed state would the body soon get if the volume of the blood was to be alternately increased so inordinately by the fluids taken into it, to be only decreased by the action of the kidneys. For the kidneys, like the blood, pursue the even tenor of their way, and only do what is required of them, and that is, to remove what urea is not wanted in the lower extremities. This fact must always be borne in mind, that fluid like everything else taken into the body, resolves itself into primary elements. It is not yet admitted that we micturate beer, or claret, or whiskey, or anything fluid as it is taken. Therefore, why should we imagine that water is an exception?

Here again the laws of the gases rise in judgment against our physiological dogmas. If more hydrogen is formed, oxygen is sure to come to its union, and these combinations always tend to fat formation by inspissation, but if, on the other hand, when excess of fluids are taken, they become first resolved into their gaseous elements, and fluids being reformed, while inspissation being impossible, they are filtered through the natural receptacles, the fat; some passing off through the skin and cellular tissue and the others through the pelves of the kidneys. Hence it is that persons drinking largely, and having to micturate in proportion, pass through their kidneys large quantities of inorganic fluids. Some men I have seen pass several pints after a dinner, when the wine has gone round freely, and it is curious to observe that if they can withhold the act of micturation, they can retain all the elements, but if once they begin to micturate, an exciting action having been set up in the surrounding fat of the kidneys, they require to relieve the bladder almost every half hour. Now, in urine thus made, there is very little urea, or in fact any salts eliminated from the blood by the kidneys, thus showing that the blood is wholly undisturbed, or much influenced by these large libations. If we only reflected for one moment that all these pints of fluids—call it, if you will urine—actually came by elimination from the blood,—in what state would the system be in, or into what state would it get? The question which naturally arises then, is this: Is the whole bulk of urine voided at any time, *a robbery of the blood?* The answer is, it cannot be! There is not a sensible man out of the Profession, or one not bound by any of its tenets, or physiology, that can believe for one moment that the urine is a *robbery from the blood.*

Let us take the three most distinctive characters of the urine, apart from its true and normal state, whatever that may be, which is quite unnecessary to particularise here. There is first the urine which is sparsely secreted, when an individual can go from morning to night and not want to micturate. This is very moderate in quantity, and rather high-coloured, and contains large proportionate quantities of urea and blood salts actually secreted by the kidney. Still, eighty or ninety per cent. is from the inorganic fluids filtered through the fat, and these fluids are more or less very pure in their character. Probably this condition has also been coupled with exercise which has induced an excess of radiation through the skin—in short, more perspiration. Here the fat has filtered the aqueous humours through the cellular tissues. Now, physiology does admit that when an individual at times perspires more freely, he voids less urine. Here then we can make a fair physiological deduction. The second distinctive character of the urine is that which seems to be passed tolerably clear, but of much lighter colour, but on cooling it becomes of a pea-soup consistence, and deposits a large amount of lateritious and other sediments, and is made more frequently than the first. Now, does this show in its analysis greater organic elements such as may be said to be eliminated from the blood? probably it may to some extent. But then are we not to give to the inorganic elements which furnish its greater bulk some share of this morbid action? The inorganic fluids must surely become at times in a morbid condition, and instead of the natural filter, the fat, depositing a clear fluid, it will have mixed with it perturbed elements, therefore, this state of the urine as much depends upon this condition of those elements as certain alterations of the basic salts do upon the condition of the blood. Now, both these conditions of the urine are capable of being retained by the bladder. They do not press for their immediate voidance. There is an intelligence in the bladder itself that shows it can bear their presence during the proprietor's pleasure to void it. The third abnormal character of the urine differs in all this; it is that which is of a pale straw or citron colour, sometimes approaching even that of slightly tinted water. Now this has very little of the organic elements of the blood, and the kidneys themselves have had very little to do with it as secreting organs. This urine is made frequently and in large quantities, and what is more, cannot be retained. It is most irritating to the coats of the bladder. It occurs at such times when there

is very little radiation from the skin or even a tendency thereto. Radial heat seems to have stopped from the centres to the surfaces, and taken that peculiar reverse action from the surfaces to the centres. The consequence is that the fat about the kidneys relieves the body of its surplus fluids and filters them through these organs. Can anyone, however bigotted he be to received opinion, say that this great quantity of mere fluid is a *robbery of the blood*. If it is, it must come through the liquor sanguinus or serum. Let me ask the chemist whether he has ever found in this peculiar urine any element at all resembling the serum of the blood, or that the serum of the blood could at any time furnish so pure a fluid?

Again, it contains scarcely a trace of urea or any of the elements of the blood. It could not, therefore, be possible for the kidneys alone in a few hours to take such amounts of water from the blood to the exclusion of the urea and other salts, especially when the offices of the kidneys are only to do this and *not to remove water at all*. The very construction of the kidneys shows this in a marvellous degree, and what Nature has alone designed them for. Their duty is simply to remove what is not wanted, but their other design is to be a receptacle for relieving the body at certain times of the inorganic fluids, which serve again to dilute their own secretions, and which evidently could not pass without this provision. As we have seen in the third condition of the urine, which is only aqueous and almost purely inorganic in its character, the kidneys are a ready receptacle to pass off through the bladder what certain states and conditions of the body have wisely directed there. As this last condition is sometimes very troublesome and when it continues inordinately, is often very weakening, the physician is called in to relieve the patient. Well, the simple remedy is immediate active physical exercise to such an extent as to use up these fluids and by inducing perspiration to direct them through the cellular tissues to the surfaces. But if this cannot be done either from accident, old age, or impossibility of physical exertion, then to act on the mucous membranes and primæ viæ by cathartics, or aperients, or drastic purges, according to circumstances.

I wish to show that whatever I write has a bearing on the practice of Medicine. Let me observe, that in diarrhœas, how little urine is made, and that in cholera, none! A person recovering from an attack of cholera, the first beneficial symptom is a return of the power to pass urine, and the worst symptom leading to an unfavourable prognosis is the total inability to do so. And now let me ask what is the state of the blood in such attacks of cholera? Is it possible that in the almost anæmic condition of the patient after such an attack, and the great loss of fluids generally, that the blood could bear the *robbery of the urine*, supposing, as it is asserted, that the urine is entirely of itself a secretion from the blood. The smallest grain of common sense brought to bear upon all these facts must show the fallacy of the present doctrines of the kidneys, and their supposed secretion of urine, and all the elements that pass out of the bladder. I have long looked with some degree of mistrust on all these things when I have passed through the wards of our hospitals and seen the numerous test tubes and apparatus for testing and trying the specific gravity of the urine of all the patients. Nevertheless, the physicians must believe that all they see there, in every case they test, shows the condition of organic blood elements alone.

The facts I have now mentioned have evidently never occurred to their minds, for they seem to have taken no consideration whatever of the inorganic elements of the body; nor have they ever thought how much every part of the system was indebted to them; nor to the sources from which they were derived, or the uses to which they were applied, nor to the gases to which so much vital power was due. Without all this and more, I tell them they will never be able to make head nor tail of disease nor ever find out its laws; for it has laws, as everything else in Nature; nor can they ever pretend to treat disease in any scientific or certain manner, until they sweep away and abjure many of their darling tenets, and begin afresh to unravel the truths of Nature, which a severe study of physiology can alone impart. At present, there is little truth to be found in all their books and dogmas and considering the age in which we live, the Practice of Medicine is its greatest opprobrium.

We are told that everything must come to an end. The year will soon come to an end, and these letters have now come to an end. I am fully aware of my boldness in having written much new matter, which I have been compelled to do in a very limited way. If, however, there is any man who takes exception to what I have written in these THIRTY-THREE LETTERS and will in a fair spirit attempt to refute anything I have said and will publish it in THE MEDICAL CIRCULAR, I will engage to answer him. It is my intention at some future time to collate these letters, and, with the addition of more important matter, to publish them in another form. Until then, Respected Vigilans adieu, and Reader, farewell.

I am &c., CYCLOPS.

[The Editor begs to state that he does not hold himself in any way responsible for the opinions expressed in the foregoing letter.]

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, DECEMBER 5.

Dr. PEACOCK, President.

Dr. RAMSKILL showed a specimen of

RUPTURE OF THE HEART.

A woman, sixty-one years of age, was seized about an hour after breakfast with acute pain in the region of the epigastrium. She complained of feeling sick, her face and lips were very pallid, the pulse scarcely to be felt. When told to go to bed she got up and walked into her bedroom. At 1 o'clock, when Mr. Couper, her Medical attendant, called, she was in a doze. A consultation was arranged with Dr. Ramskill at 5 o'clock, but she suddenly died. Mr. Couper was hurriedly summoned to her bedside; she was heard to make several deep-drawn inspirations, and then died. Ten minutes before death she had been talking to her son-in-law. The post-mortem examination was made by Dr. Bazire at the request of Dr. Ramskill. On slitting open the pericardium, it was found to be filled with black blood, partly fluid and partly coagulated (but not firmly, of the consistency of black currant jelly), in a uniform layer round the heart. Pericardium healthy and normally transparent. Heart small, very soft, and flabby; this softness contrasting with the *rigor mortis* of the body. On removing it, black liquid blood was seen to ooze out of a rent in the anterior wall of the left ventricle, about midway between the apex and base, and close to the inter-ventricular septum. The rent measured about a quarter of an inch in length, and was merely linear. The wall of the organ at that part felt softer and thinner than elsewhere over an area of the size of a shilling. There was a good deal of yellow fat deposited on the heart. The coronary arteries were not atheromatous or calcified. On laying open the left ventricle, the inner aperture of the rent was found to be partly covered over by a pretty adherent fibrinous clot, but not occluded. Two or three columnæ corneæ were lacerated, and the thin portion of the wall already mentioned was stained of a dusky red colour from imbibition. The rest of the organ was, on the contrary, paler than usual, and the consistency of its texture was so diminished that it tore easily under the least pressure. The mitral valve had lost its transparency, but was neither puckered nor rough, and the left auriculo-ventricular orifice seemed natural. The right ventricle was completely collapsed, and did not contain a single drop of blood; its walls were

remarkably thin; they were soft also, but less so than those of the left chamber. The pulmonary artery and valves were healthy; the tricuspid valve was normal. The semilunar valves of the aorta felt hard, almost cartilaginous, along their attached border, but were normal in their unattached or free portion. Small patches of commencing atheroma could be seen all round the circumference of the aorta at its origin. The artery higher up was healthy.

Mr. CALLENDER showed a specimen of

FRACTURE OF THE CARPAL END OF THE RADIUS AND OF THE SCAPHOID BONE.

A male, aged forty-five, fell from a height and fractured his skull, his right thigh, and his right radius. He died five hours after his admission into St. Bartholomew's Hospital. On examining the wrist the radius was found to be broken at its carpal extremity, four-tenths of an inch from the joint, the proximal portion of the bone being driven into the distal, completely crushing it, the fracture extending in many places into the wrist joint. The proximal portion of the shaft was also displaced inwards, carrying with it the ulna, the latter bone being torn away from its triangular ligament, to which the tip of the styloid process remained attached. The scaphoid was broken across about the middle, the fissure extending through the bone to the articular surface for the os magnum. The entire hand was displaced backwards and to the radial side, the ulna projecting. The displacement was easily reduced by simple extension, but the outline of the radius remained irregular, rough projections of bone being felt chiefly on the dorsal aspect. The specimen shows the manner in which, when driven with great force, the proximal portion of the radius is forced into the carpal extremity, breaking it up into many pieces, splitting into the wrist joint, and, in this instance, fracturing the scaphoid bone, the latter being a rare complication. "Indeed," Mr. Callender said, "there exists to my knowledge in this country only one specimen in which an injury to the carpus has been sustained in conjunction with any such hurt to the radius. The impaction of the shaft, by which this mischief was occasioned, was prevented from locking together the two portions of the bone by reason of the great comminution which has scattered in all directions the carpal extremity of the radius; it is evident, however, from the position of the shaft, and from the nature of the injury to the ulna, that the impaction was established in a direction forwards and to the ulnar side in the manner which I have described elsewhere. One point of interest remains to be referred to. The comminution caused two fragments of bone to be tilted backwards, and between the two the tendon of the extensor carpi radialis brevior was fixed and firmly compressed, so that it could not be freed from its entanglement until after removal of the soft parts surrounding the portions of broken bone."

Dr. PEACOCK showed a specimen of

DISSECTING ANEURISM ORIGINATING IN RUPTURE OF THE COATS OF THE AORTA AT THE DESCENDING PORTION OF THE ARCH.

This specimen, which was sent to Dr. Peacock by Mr. Hacon, of Hackney, was removed from a man forty-five years of age, a wine cooper, but who had not been accustomed to active exertion. On January 31, he went out into the country with a party of pleasure, and while there he was seized with violent pain in the epigastrium and severe dyspnœa. The attack subsided, but he had several recurrences, and died suddenly in one on February 7. After death a very large accumulation of coagulated blood—several pounds—was found in the posterior mediastinum and behind the left costal pleura. It had separated the pleura from its attachments, and compressed the lung, but there was no blood in the pleural cavity or in the sac of the pericardium; a small coagulum existed also in the anterior mediastinum. On further examination the blood was found to have escaped from a rupture of the aorta at its upper surface, situated immediately behind the origin of the left subclavian artery. The coats of the aorta were torn through by a transverse slit extending around about one-third of the circumference of the vessel, and partly separating the subclavian artery from that vessel. This laceration had allowed the blood to pass between the fibres of the middle coat, to separate the middle from the external coat, and to penetrate to the cellular tissue outside the aorta so as to produce the extensive effusion found in the posterior mediastinum and behind the left pleura. From the transverse rupture, a second, following a longitudinal direction, extended for a short distance the arteria innominata, and involved the origin of the left carotid artery, but this only partially penetrated the coats. From it the blood had passed from between the layers of the middle coat of the carotid, separating them and forming a passage extending upwards of an inch from the origin of the vessel. The ascending portion of the arch of the aorta was somewhat dilated, and its coats were throughout in places atheromatous and thickened. The heart and its valves were stated by Mr. Hacon not to have been diseased. Dr. Peacock remarked that the case was interesting in several respects. 1st. The seat of the rupture at the descending portion of the arch was unusual. Of the cases collected by Dr. Peacock, and of which an analysis was published in a previous volume of the 'Transactions' (xiv.), eighty in number, in eight only were the internal ruptures in this situation, and the five others subsequently referred to (vol. xv.), none had the same position. 2ndly. The termination by the escape of blood into the posterior mediastinum and behind the left pleura, while the pleural and pericardiac cavities were free, was almost unique. Of the cases previously collected, in which the rupture had the same situation as in this instance, none terminated in the same way, and of those in which the internal ruptures were seated in the ascending portion of the aorta one only terminated by bursting into the mediastinum—in that case the anterior mediastinum. 3rdly. The prolongation of life for seven days, and the very large extravasation of blood which was found after death, were also remarkable; though generally when the rupture was more distant from the heart, life was more prolonged than in the cases where the injury occurred at the origin of the aorta. It is not clear from the specimen whether the blood had commenced to escape into the mediastinum at the time at which the injury first occurred, or whether, on the contrary, the rupture was then partial, and became entire only shortly before death; but it seems probable, from the very large amount of blood which was effused, and its firmly coagulated state, that the former had been the case.

Dr. PEACOCK also exhibited, in conjunction with Dr. WALE HICKS, a specimen of

ULCERATION AND STRICTURE OF THE ŒSOPHAGUS.

It was removed from a man, aged fifty-five, a smith, of intemperate habits, who died in St. Thomas's under his care. He had œdema of the lower extremities and chronic bronchitis, and when first admitted the urine was slightly albuminous, but though several times examined no albumen was subsequently detected. He died with symptoms of effusion on the brain. After death it was ascertained that about twelve months before he was suddenly seized with vomiting, and brought up blood, and ever afterwards had had difficulty and pain in swallowing, so that he was not able to take any solid substance.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on the 14th inst.:—William Matthews Robart, Wilmot street, Derby; George Richard Cooke, South Belgravia, S.W.; Nathaniel Edward Davies, Llanrwst, North Wales; Joshua Price Edwards, Tunstall, Staffordshire; John Humphreys, Cheltenham Branch Dispensary; John Shirley Steele Perkins, Exeter; Charles William Philpot, King's College Hospital; John Harrington Wright, Lower road, Woolwich.

The following gentlemen also on the same day passed their first examination:—Charles Adcock, Queen's College, Birmingham; William Stanger, Guy's Hospital; Robert Lewis Willcox, King's College Hospital.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 27, 1865.

THE TERMINATION OF THE HUNTER CASE.

The last act of the drama in which Robert Hunter lately figured has been played out, and his two assailants, having been found guilty of a common assault, have received judgment. One, who was the husband of Mrs. Merrick has been sentenced to pay a fine of 5*l.* and to be imprisoned until the fine is paid, and the other, who appears to have been guilty of a very savage and brutal act of violence in biting Hunter's ear, has been condemned to two months' imprisonment without the option of paying a fine.

It will, probably, be thought that substantial justice has now been done to all parties concerned, and the whole affair may, therefore, be buried in oblivion. Hunter would have received much more sympathy, if he had sought the confidence and goodwill of the Profession to which he claims to belong, but whose support he has forfeited by the questionable manner in which he has sought to introduce himself into practice. Having obtained, as he asserts, a diploma in Medicine from the University of New York, he would have had no difficulty in passing an examination and obtaining a licence or diploma to practise his Profession in this country, and he might then have entered with honour into any field of labour which he chose to select. But, instead of doing so, he commenced a system of indiscriminate advertising in the public newspapers, which actually published his pretentious pamphlets (no doubt for a due consideration) as scientific articles among their editorial matter! Such a course was equally reprehensible in the person who attempted such a scheme, and in the journals which encouraged it, and the whole proceeding naturally excited the disgust and the contempt of the Medical Profession.

But, as we have previously remarked, it does not follow that because a man is guilty of issuing unprofessional advertisements, he is, therefore, to be convicted of a rape, nor, we may add, does it place him so far out of the pale of society that he is to be bruised and beaten, and to have his ear bitten off with impunity. As to the charge of rape, the jury who tried Hunter have shown that they believed him innocent, and we have no fault to find with the verdict. A great degree of solemnity was given to this charge by the statement that the lady who made it was dying of consumption, and on the examination before the magistrate it will be recollected that that functionary actually took her depositions in the sick room; but, as she was able to appear at the first trial at the Old Bailey, and also at the second, when her husband and brother were tried for the assault on Hunter, is to be hoped that her malady is not so serious as it was at first supposed.

THE MURDERS IN HOLBORN AND RAMSGATE.

The man Forward, or Southey, who, in the summer of the present year, committed the horrible crimes of murdering three of his children by poison in London, and his wife and another child by shooting them at Ramsgate, has been tried and found guilty of the latter offences, and has been sentenced to death.

The peculiar atrocity of the deeds themselves, and the antecedents of the murderer, place him almost beyond the reach of human pity, and if, instead of the ceremony of a trial, he had been subjected to the same rapid fate which he inflicted upon his victims, and some Nemesis had strangled or drowned him, or shot him, at, or immediately after, the period of the murders, none, we believe, would have commiserated his doom.

As it is, he has passed through the ordeal of a trial at law, and the defence of insanity has been set up, but without success, by his counsel. The violence of his conduct during the trial, we are told, only convinced all those who were present that he was feigning insanity, and unquestionably the evidence in support of the view that he was really insane, was exceedingly weak. It was, indeed, so weak that we wonder it was brought forward at all, and that his counsel did not content himself with making a speech. At present, we are not yet wholly convinced that he is not insane, but the clumsiness of the attempt made to prove him so, was more injurious than useful, and we do not wonder that it failed.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—I must again crave your indulgence for space, to inform the Poor-law Medical Officers that I have prepared the draft of a Bill on the subject of Poor-law Medical Relief, and have transmitted it to Dr. Henry, the secretary of the British Medical Association, for the opinion of the Poor-law Medical Relief Committee of that Society, as the annexed letter will explain.

Since the last publication of the list of subscribers, I have received the following sums of money, which I have carried to the account of the Association:—

Dr. Sankey, Hollingbourn, 20s.; David Skinner, Hollingbourn, 5s.; H. T. Wood, Tavistock, 5s.; T. Robinson, Cheadle, 5s.; W. Sheppard, Ashford, West, 10s.; W. Woodward, Worcester, 5s.

I am, &c.,

12 Royal terrace, Weymouth, 18 Dec., 1865.

RICHARD GRIFFIN.

Copy of a Letter to Dr. Henry, Secretary of the British Medical Association, Dec. 5, 1865.

"MY DEAR SIR,—If the Committee of Poor-law of the British Medical Association think they can do anything in the forthcoming session of Parliament, I should say no time ought to be lost in determining on the steps to be pursued. For this purpose I send you the draft of a bill which, if your printer (at the expense of the Association) would print and forward a copy to each of the Poor-law Committee, they might then make their remarks upon it, and submit them to you, and if you find we are likely to agree, I should suggest that the Poor-law Board be asked to receive a deputation next month, and that we should then urge the President to bring in a Government measure on the subject. Failing of success with the Board, we

should endeavour to procure an independent member, of some weight in the House, to introduce a Bill.

"I am, &c., "RICHARD GRIFFIN."

To the Editor of the Medical Circular.

SIR,—Will you kindly find space in your Journal for the following remarks which are addressed to the Poor-law Medical officer by one of themselves. I would simply ask them if they are disposed to allow matters to remain as they are, resting satisfied with the small modicum of justice already gained, or do they wish that their claims for redress should be perseveringly and unflinchingly preferred as Mr. Griffin proposes. For my own part, I fully agree with our Chairman, and will gladly and hopefully join in his endeavours to gain for us a just and complete recognition of our services. I believe that gentlemen generally are inclined to take the same view, and would, I feel sure, not object to subscribe towards the Reform Fund if they were personally or by letter applied to for their contributions. I would beg all those gentlemen, who are of our opinion, and think that the movement should be persisted in to notify their willingness and determination by sending a few postage stamps, enclosed to Mr. Griffin, at Weymouth, with as little delay as possible. I am &c.,

Amersham. WM. PROWSE,

HYPODERMIC TREATMENT OF CHOLERA.

To the Editor of the Medical Circular.

SIR,—As the chief obstacle to the successful treatment of Asiatic cholera consists in the fact that medicines introduced into the stomach are not absorbed into the system. It appears to me that the subcutaneous injection of appropriate remedies ought to be followed by more satisfactory results. At any rate it is almost certain that the absorbents in other parts of the system retain some amount of activity for a considerable time after all power of absorption has been lost in the gastro-intestinal canal. Now, it is a well-known and recognised fact, that medicines taken by the mouth lose their power long before the stage of extreme collapse shows that most vital actions have ceased, or, at any rate are in abeyance for the time. This intermediate period then is the time during which it appears to me that the hypodermic introduction of remedies (used, of course, together with the most approved external applictions) promises to do more for us than the administration of drugs by the mouth has as yet been able to effect. I have not seen anything written on this subject, in connection with cholera in any of the Medical journals, and my object in writing these few lines will have been effected if I succeed in eliciting the views of some of the Profession on the subject. I am, &c.,

OXONIENSIS.

THE BELFAST POOR-LAW GUARDIANS.

To the Editor of the Medical Circular.

Sir,—As you were so very kind as to allow me space on a former occasion in your able and most impartial journal to make a few remarks with respect to a correspondence that took place about the month of November, 1861, between an English gentleman from Leeds, named Mr. Joseph Roundtree, and the Belfast Board of Poor-law Guardians respecting the harsh treatment exhibited towards the insane and sick poor of the Belfast Workhouse; and when that honourable Board did nothing at that time but merely pooh-pooh the remarks of the humane English gentleman as false and unfounded, respecting the state of the unfortunate and helpless insane inmates of that great model establishment. So the cat is let out of the bag at last, as you will observe by a Belfast Newspaper, that I have taken the liberty of sending you, and in which you will see that a very sharp discussion has taken place on Tuesday last among the Belfast Board of Guardians themselves, and in which it is now even admitted by themselves, that the state of the insane confined in the Belfast Workhouse is not even yet by any means what it ought to be.

I am, Sir,

Your most obedient servant,

N. M.

Drogheda, December 18, 1865.

The following is the report referred to:—

"Your committee, having inspected the idiot wards, are sorry to find the accommodation very deficient, particularly the female portion, where we have ninety-six patients and eighty-five beds, and a day-room sixty feet by eighteen. The male portion is also very much crowded, there being fifty-eight patients and a day-room thirty-five feet by eighteen. The committee would suggest, to meet this difficulty, that one-half of the school building should be set apart—which would provide ample accommodation for double the number at present in the idiot wards—and the committee would suggest that, until this change could be carried out, the following temporary accommodation should be provided—namely, the ward in the male idiot side adjoining the female department to be given up to the female idiots, and a lower ward to be given up to the male idiots; and the lower ward in the centre of the main building adjoining the nurses room to be converted into an infirmary ward."

PARISIAN MEDICAL NEWS.

DIAGNOSIS OF CANCER OF THE STOMACH.

In one of his last lectures, M. Beau invited attention to three cases of cancer of the stomach, which were at the time placed in his wards. The first patient was an old gardener, aged seventy-seven, labouring under dyspepsia. This man had rapidly lost flesh, was liable to frequent fits of vomiting, and complained of pain and tenderness on pressure in the epigastric region, which suggested the idea of organic disease of the stomach. The second subject was a woman, who, at the period of her admission into hospital, suffered from obstinate vomiting, which yielded to the application of a blister to the epigastric region, but recurred after an interval of three weeks. Another woman who occupied a bed in the same wards, in addition to the functional symptoms indicative of cancer, bore a tumour *in the* abdomen.

Now, although the functional symptoms and physical signs of cancer of the stomach are fully described in every work on pathology, several of them present peculiarities to which sufficient attention has not hitherto been conceded, and to which the late lamented Professor deemed it expedient to advert.

Vomiting, which, coincidently with other indications of dyspepsia, occurs in subjects affected with cancer of the stomach, is viewed as a characteristic symptom of cancer. It is not, however, invariably observed in every case. A carcinomatous tumour may be present, readily discoverable on palpation, and yet neither emesis nor any very obvious disturbance of the gastric functions may exist. M. Beau has occasionally noticed this apparent discrepancy *in patients* bearing a tumour which could be easily felt, and *in* whom dissection subsequently removed after death, all doubt as to the nature of the disease. In these individuals gastric derangement had supervened but a short time before death.

Intercostal neuralgia is another frequent and often most distressing indication of cancer. The Emperor Napoleon complained in his last illness of excruciating pain beneath the left breast, which he compared to stabs with a penknife. This neuralgia occurs, however also in common dyspepsia unconnected with carcinomatous diseases.

The discovery of the characteristic tumour often requires minute attention. Its situation is extremely uncertain; it has been found in different parts of the abdomen, where at first the idea of seeking it would scarcely occur. Thus, it has been detected in the right flank, where its presence

explained by the tendency to displacement of the affected viscus. This circumstance adds considerably to the difficulty of diagnosis, because growths of another nature not unusually accompany dyspepsia. A mistake may, for instance, be induced by a part of the enlarged liver, or more commonly by stercoral accumulations. In this case an error is readily accounted for, because accumulations of fæces may occur both in dyspepsia and in cancer, and do not entirely preclude the occurrence of small and deceptive daily evacuations.

In cancer of the stomach, a considerable degree of anæmia is generally present, but it has peculiar characters by which it may be discriminated from analogous conditions of the system induced by a different cause. The loud arterial murmur indicative of chlorosis is not here to be found. M. Beau related the case of a patient who, under the depressing influence of sorrow, became affected with severe dyspepsia. On auscultation, loud vascular murmurs were heard in the heart and large arteries. The same patient applied again to M. Beau after an interval of several months; he was still weighed down by grief, but his condition in other respects was changed. A cancerous tumour had formed in the epigastric region, where it was plainly discernible on palpation, and its development had coincided with the disappearance of the vascular murmurs. As the mechanical cause of arterial souffle is not accurately known, it is difficult to account for its cessation in cancer; we may, however, remark that although the chlorotic murmur is not audible, the pulse is small instead of being full and soft.

Persons affected with cancer of the stomach do not, like dyspeptic subjects, present in general any analgetic or insensible spots on the surface of the skin. In one case of cancer only has M. Beau been able to detect the presence of this singular phenomenon, and he regarded it as entirely exceptional.

The modes of termination of cancer of the stomach are but too well known. At a certain period of the disease, even liquids are rejected by the stomach, and fatal marasmus promptly supervenes. In some instances, death is the result of hæmorrhage or of peritonitis, which is occasionally the first indication of the carcinomatous affection.

Of course no effectual measures of treatment can be resorted to in cancer; but if any doubt exists as to its nature the remedies applicable in dyspepsia should be prescribed, and thus some slight, though often only temporary relief may be gained. In two of the cases above referred to, for instance, the vomiting was arrested for three weeks by the application of blisters, and appetite was partially restored. Intercostal neuralgia may also often also be calmed by the same method; in short, the practitioner should interfere actively, because the treatment appropriate for uncomplicated dyspepsia, may as a palliative prove useful in confirmed cases. —'Journal of Practical Medicine and Surgery.'

MENINGITIS.

Professor Roger has resumed this subject during the present session, and in opposition with the prevalent opinion, contends that uncomplicated cerebral meningitis is as serious a disease as the tubercular form which is invariably fatal. When a practitioner has the ill-fortune to meet with a case of meningitis in a child, he assumes that no tubercular deposits have formed on the cerebral envelopes, in the forlorn hope that some chance may still remain of preserving life. This, according to M. Roger, is a delusion which should not be entertained, and the dereliction of this erroneous opinion will have the twofold effect of enhancing the merit of the physician's efforts, while it will guide him to a more correct prognosis. It is, of course, not unreasonable to hope that in simple inflammation the morbid exudations may be absorbed, and that a cure may possibly be effected; whereas, when tubercular granulations are present, the permanency of the cause must inevitably lead to disastrous results. This course of reasoning seems theoretically unimpeachable; but in point of fact, one kind of meningitis is as fatal as the other, because simple inflammation is not confined in its action to one limited region of the brain, but promptly extends to the whole of its convexity, or invades the entire base of the organ. This form of disease is, moreover, quite as formidable as tubercular meningitis, because the anatomical changes it induces consist in thick false membranes, in copious morbid secretions, and collections of puriform matter which lie between the membranes, penetrate into the cavity of the arachnoid, and are not included between this membrane and the pia-mater, involving only a small part of the vascular network of the convolutions. These anatomical changes are, therefore, utterly incompatible with the continuance of life, or, at least, present but the very faintest chance of cure.

At all ages pleurisy and pericarditis occur in an uncomplicated form; but it is not so with meningitis or peritonitis, which are both almost invariably the result of some other affection. Otitis, for instance, not unfrequently gives rise to meningeal inflammation; and during the present year a case, in point was admitted into M. Roger's wards, with which the Professor used to illustrate his remarks on the connection of cause and effect which exists between both diseases.

The patient was a girl of fourteen, who on the 8th of April consulted M. Roger at the hospital for a severe pain in the right ear, and a puriform discharge from the auditory duct which had lasted four months. The pain had preceded the otorrhœa, and after occasional intermissions had become extremely violent, and the following was the condition in which the organs were found when first examined:—

The pain in the right ear was deep-seated and incessant; severe headache also existed in the right side of the head, and caused the patient to moan uninterruptedly. The least movement, the lightest contact were unbearable, and the girl reclined motionless on her back. The secretion from the ear was fetid, puriform, and flowed copiously on the application of pressure in front of the ear. Inspection with the speculum showed that the membrana was perforated, and that the remains of the membrane were covered with purple granulations, which evinced a great tendency to bleed. In addition, the eyelids were unable to close over the right eye, which remained partially open, and unquestionable paralysis existed of the muscles on that side of the face. The intelligence was unaffected, common sensation and muscular power had preserved their integrity; but a tendency to coma was apparent, broken occasionally by screams of pain. In addition, fever and bilious vomiting existed, together with intense thirst, and as the sharp pain which had been complained of in the right ear four months previously had returned since a week, it was obvious that the otitis had recurred, or that secondary meningitis had set in. Now, a relapse of acute otitis in the same ear is very unusual, and uncomplicated otitis seldom gives rise to coma and vomiting, symptoms which belong more commonly to meningeal irritation. In addition, opium, the chloroform liniment, and leeching had given no relief, and the persistency of delirium alternating with drowsiness, the gradual increase of the facial paralysis, and the typhoid aspect of the countenance left no room for doubt as to the presence of meningitis.

In the course of the fifth day, the child died without convulsions, and the absence of convulsions as well as the rapidity of death confirmed the surmise that no tubercular complication existed, as it is a well known fact that in tubercular meningitis the patient generally lingers for three weeks or more, and convulsions almost invariably set in before death. On dissection it was further ascertained that no tubercular, herpetic, or scrofulous complications existed, and that the case was a genuine instance of simple meningitis consequent on inflammation of the ear.

This fatal issue is, fortunately seldom the result of otitis; but the practitioner should be aware that a disease usually unimportant may in exceptional cases assume the most formidable proportions. In children, otitis is a very frequent

affection, and is, in general, the result of exposure to cold; it may also be connected with measles or scarlatina, and its symptoms differ according to the constitution and state of the system of the subjects.

Danger is not to be apprehended from deep-seated otitis only. Serious complications have been observed in superficial inflammations of the outer ear. Toynbee relates a case in which death resulted from meningitis consequent on acute otitis, and in which, on dissection, nothing was discovered beyond hyperæmia of the petrous bone and detachment of the dura-mater by a serous fluid. Even when the structure of the temporal bone remains unchanged, inflammation of the external ear may induce fatal results, the irritation being then conveyed to the cerebrum by means of the vascular communications existing between the auditory duct, the diploë, and sinuses.

Our space does not admit of our descanting on the affinity of the meningeal symptoms with their cause in the case of internal otitis. M. Roger views them as the consequence of disease of the ear, although several authors hold a contrary opinion.

With regard to treatment, we may remark that the method usually adopted is avowedly unavailing. Although these measures are merely palliative, they must however be resorted to, in order to allay the pain, and subdue, if possible, the gravity of the symptoms. In primary meningitis, it is, of course, necessary to institute powerful antiphlogistic treatment, but in weak children, affected with symptomatic meningeal irritation, depletion should be much more cautiously ventured on.

MEDICAL NEWS.

ROYAL COLLEGES OF SURGEONS OF ENGLAND.—The following Members of the College, having undergone the necessary examinations for the Fellowship on the 21st and 22nd ult., were reported to have acquitted themselves to the satisfaction of the Court of Examiners, and at a meeting of the Council on the 14th inst., were admitted Fellows of the College:—James Vincent Bell, M.D. St. Andrew's, L.R.C.P., High st., Rochester, diploma of membership dated April 11, 1861; John James, Princes street, Leicester square, July 26, 1847; Henry Thomas Lanchester, M.D. Lond., George street, Croydon, April 16, 1861; Ebenezer Ludlow, M.B. Lond., Royal Infirmary, Bristol, May 7, 1862; Alexander Mason MacDougal, L.R.C.P., Bernard street, Russell square, April 29, 1857; Robert Mason, Thomas street, Woolwich, Feb. 11, 1848; James Earl Moreton, Tarvin, near Chester, April 11, 1853; Henry Sacheverel Edward Schroeder, Army, July 26, 1852; William Johnson Smith, Wisbeach, May 9, 1862; Joseph Williams, Brentford, Feb. 27, 1857.

The next examination for the Fellowship will take place in May, 1866.

There will be a Preliminary Examination in Arts for the diploma of Member next week.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH.—At the November sittings of the Examiners in general education of the above Colleges, the following gentlemen obtained certificates of having passed the preliminary examination in General Education. Those marked * gave in papers of superior merit:—Joseph F. W. Brass, Kirkwall; Archibald Campbell, Perthshire; J. Bremner Crole, Edinburgh; John Kerr Davidson, Wick; John Gillies, Isle of Skye; Archibald Grieve, Langholm; Peter Gowan, Markinch; *Joseph Higham, Glasgow; James Hunter, Peebles; John Gulland Hunter, India; Christopher Jackson, Jamaica; R. A. Jackson, Lancaster; John Lennon, Glasgow; John W. Macdonald, Nova Scotia; David M'Lean, Nova Scotia; Donald Malcolm, Wick; William Jones Morris, Liverpool; Francis Cobham Nicholson, Australia; William Agar Renshaw, Lancashire; William Riley, Warwickshire; *Edward Smith, Arbroath; John A. Sutherland, Wick; Josiah Williams, Swansea.

DEATH.

WING.—On the 15th inst., Edwin Wing, M.D., late Resident Physician Superindent of the General Lunatic Asylum, Northampton, aged forty-seven.

APPOINTMENTS FOR THE WEEK.

WEDNESDAY, DEC. 27.—*Operations* at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1½ p.m.; St. Bartholomew's Hospital, 1½ p.m.; St. Thomas's Hospital, 1½ p.m.; Great Northern Hospital, 2 p.m.; University College Hospital, 2 p.m.; London Hospital, 2 p.m.

THURSDAY, DEC. 28.—*Operations* at the Central London Ophthalmic Hospital, 1 p.m.; St. George's Hospital, 1 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Prof. Tyndall, "On Sound." (Juvenile Lectures.)

FRIDAY, DEC. 29.—*Operations* at the Westminster Ophthalmic Hospital, 1½ p.m.; Royal Institution, 3 p.m.—Prof. Tyndall, "On Sound." (Juvenile Lectures.)

SATURDAY, DEC. 30.—*Operations* at St. Thomas's Hospital, 9½ a.m.; St. Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-Cross Hospital, 2 p.m.

MONDAY, JAN. 1.—*Operations* at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m,; Metropolitan Free Hospital, 2 p.m.

TUESDAY, JAN. 2.—*Operations* at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On Wakefulness. By W. A. Hammond, M.D. Philadelphia: J. B. Lippincott and Co.

"Who Wins." Being the Autobiography of S. B. Carlingford, M.D. Second edition. London: Simpkin and Co., and Hamilton, Adams, and Co.

NOTICES TO CORRESPONDENTS.

It is requested that all communications intended for the Editor may be sent to the Office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office BEFORE NOON on Monday, as we are compelled to go to press on the afternoon of that day.

TO SUBSCRIBERS.—Gentlemen who receive the MEDICAL CIRCULAR direct from the Office, and who have not paid their subscriptions, are respectfully reminded of the omission.

Post-office orders should be made payable to Mr. Thomas Rolfe, at the Charing-Cross Post-office.

CORRESPONDENTS are requested to direct their letters as heretofore to the Office, 20 King William street, Strand, where also all parcels, books for review, and other communications will be received.

CHIRON.—He can recover in a Medical case, but not in a surgical one, unless he possesses the diploma of a College of Surgeons.

ANTI-QUACKERY.—The pamphlet entitled 'Revelations of Quacks and Quackery,' now that it is deprived of its anonymous character, is NO LONGER published at our Office. To append the Author's name is a breach of the understanding with which the Papers were admitted into the columns of this Journal, and we cannot be held responsible for any Addenda which in the pamphlet the Author may choose to make to his papers collated from the Journal. Your question will be brought to the notice of the Anti-Quackery Association.

MR. W. PROWSE'S letter is inserted.

OXONIENSIS.—The letter is inserted.

MR. RICHARD GRIFFIN.—The letter is inserted.

MR. GODFREY.—The announcement is inserted.

N. M.—The subject shall be noticed.